Audit and Assurance Committee

Tue 08 February 2022, 09:00 - 12:30

Agenda

09:00 - 09:00
0 min

1. Welcome and Introductions

John Union

09:00 - 09:00
0 min

2. Apologies for Absence

John Union

09:00 - 09:00
0 min

3. Declarations of Interest

John Union

09:00 - 09:00
0 min

4. Minutes of the Committee meeting held on 9th November 2021

John Union

04 Public Audit Minutes 091121 - DRAFT MDNFMD.pdf (8 pages)

09:00 - 09:00
0 min

5. Action log following meeting held on 9th November 2021

John Union

05 Public Action Log following 09-11-2021 - V1.pdf (2 pages)

09:00 - 09:00
0 min

6. Any other urgent business

John Union

09:00 - 09:00
0 min

7. Items for Review and Assurance

7.1. Internal Audit Progress Reports

Ian Virgil

7.1 Internal Audit Progress Report.pdf (2 pages)
7.1a Internal Audit Progress Report.pdf (17 pages)

7.2. Audit Wales Update

Audit Wales

7.2 Audit Wales Update.pdf (10 pages)

7.3. Audit Wales Report: Taking Care of the Carers' – Management Response

Rachel Gidman

- 7.3 Cover Report Taking care of the carers.pdf (3 pages)
- 7.3a Management Response - Taking Care of the Carers(1).pdf (24 pages)

7.4. Radiology Services - Update on Progress

Audit Wales

- 7.4 Radiology_Report_2021.pdf (20 pages)

7.5. Structured Assessment (Phase 2) Report and Management Response

Audit Wales

- 7.5 Structured Assessment Phase 2 Report.pdf (32 pages)
- 7.5a Structured Assessment Phase 2 Management Response.pdf (7 pages)

7.6. Risk Management System

Nicola Foreman

- 7.6 Risk Management Systems Covering Report.pdf (4 pages)
- 7.6a Appendix1 - Roll Out Plan.pdf (1 pages)

7.7. Review of Standing Orders

Nicola Foreman

- 7.7 Draft Audit Report re Standing Orders.pdf (3 pages)

7.8. Refreshed Governance Arrangements for Covid 19

Nicola Foreman

- 7.8 Current Governance Arrangements Covid 19 Covering Report.pdf (2 pages)
- 7.8a Appendix 1 - Proposed Amendments to Governance Arrangements updated 23.12.21 - CAJ.pdf (2 pages)
- 7.8b Appendix 2 -COVID 19 Board Governance Group Terms of Reference - CAJ.pdf (3 pages)
- 7.8c Appendix 3 - COVID 19 Report Template.pdf (3 pages)
- 7.8d Appendix 4 - UHBGovernance Structure Covid 19V11NF Update after Exec input.pdf (1 pages)

7.9. Audit Wales Committee Governance Arrangements at WHSSC Report

Nicola Foreman

- 7.9 WHSSC AW tracker governance covering report 31 Jan 2022.pdf (5 pages)
- 7.9.b Appendix 1 - Audit Wales WHSSC Governance Tracker.pdf (24 pages)

09:00 - 09:00
0 min

8. Items for Approval / Ratification

8.1. Declarations of Interest and Gifts and Hospitality Tracking Report

Nicola Foreman

- 8.1 Declarations of Interest Tracking Cover Report.pdf (4 pages)
- 8.1a Declarations of Interest Apr 20 to Present - Full Register.pdf (3 pages)

8.2. Regulatory Compliance Tracking Report

Nicola Foreman

- 8.2 Regulatory Compliance Tracking Covering Report.pdf (5 pages)
- 8.2a Regulatory Heat Map - February 2022.pdf (2 pages)

8.3. Audit Wales Tracking Report

Nicola Foreman

- 8.3 Audit Wales Tracking Report Covering Report.pdf (2 pages)
- 8.3a WAO Table February 2022.pdf (1 pages)
- 8.3b WAO Feb 2021 WORKING COPY v2.pdf (6 pages)

8.4. Internal Audit Tracking Report

Nicola Foreman

- 8.4 Internal Audit Tracking Report.pdf (3 pages)
- 8.4a Internal Audit Summary Tables - Appendix February 2022.pdf (3 pages)
- 8.4b Internal Audit Tracker February 2022 working copy v1.pdf (14 pages)

8.5. Timetable for the Production of the 2021-2022 Annual Report

Nicola Foreman

- 8.5 Timetable for the Production of the 2021-2022 Annual Report.pdf (3 pages)
- 8.5a Appendix 1 Timetable for Annual Report 21-22MD.pdf (3 pages)

8.6. Audit Wales Annual Audit Report

Audit Wales

- 8.6 Audit Wales Annual Report 2021.pdf (28 pages)

8.7. Committee Annual Work Plan - 2022/23

Nicola Foreman

- 8.7 Audit Committee Annual Work Plan - 202223 Cover Report.pdf (2 pages)
- 8.7a Audit Committee Work Plan 2022.23.pdf (1 pages)

8.8. Committee Terms of Reference - 2022/23

Nicola Foreman

- 8.8 Terms of Reference Covering Report.pdf (2 pages)
- 8.8a Audit Committee TOR 2022-23.pdf (9 pages)

8.9. Committee Annual Report – 20221/2022

Nicola Foreman

- 8.9 Annual Audit Covering Report.pdf (2 pages)
- 8.9a Draft Annual Report of Audit and Assurance Committee 21-22MDv2.pdf (8 pages)

09:00 - 09:00
0 min

9. Items for Information and Noting

9.1. Response to Audit Wales Decarbonisation Baseline Review

Abigail Harris

- 9.1 Cover Report Audit Wales Baseline Review.pdf (2 pages)
- 9.1.a Audit Wales - Call for Evidence.pdf (26 pages)

9.2. Internal Audit reports for information:

Ian Virgil

9.2.1. Core Financial Systems Final Report

- 9.3a Core Financials_Final Internal Audit Report.pdf (12 pages)

9.2.2. Theatre Utilisation Final Report

9.3b Theatre Utilisation_Final Internal Audit Report.pdf (20 pages)

9.2.3. Retention of Staff Final Report

9.3c Staff Retention_Final Internal Audit Report.pdf (17 pages)

9.2.4. Welsh Language Standards

9.3d WL Standards_Final Internal Audit Report.pdf (17 pages)

09:00 - 09:00
0 min

10. Review and Final Closure

10.1. Items to be deferred to Board / Committee

John Union

10.2. Date and time of the next Committee meeting: Tuesday 5th April 2022 at 9.00am

09:00 - 09:00
0 min

11. Public Declaration

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

Minutes of the Public Audit & Assurance Committee
Held on 9th November at 09.00
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance
Present:		
David Edwards	DE	Independent Member for ICT
Mike Jones	MJ	Independent Member for Trade Union
Ceri Phillips	CP	Vice Chair
In Attendance:		
Helen Lawrence	HL	Head of Financial Accounts & Services
Urvisha Perez	UP	Audit Wales
Robert Mahoney	RM	Assistant Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Meriel Jenney	MJ	Interim Executive Medical Director
Aaron Fowler	AF	Head of Risk & Regulation
Ian Virgil	IV	Head of Internal Audit
Mark Jones	MJo	Audit Wales
Wendy Wright	WW	Deputy Head of Internal Audit
Observers:		
Murray Gard	MG	Internal Audit
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Darren Griffiths	DG	Audit Wales

Item No	Agenda Item	Action
AAC 21/11/09/001	**Welcome and Introductions**	
AAC 21/11/09/002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	
AAC 21/11/09/003	**Declarations of Interest** **The Committee resolved that:** a) No declarations of interest were noted.	
AAC 21/11/09/004	**Minutes of the Committee meeting held on 7th September 2021** Mark Jones (MJo) noted there were some amendments to be made regarding the wording on page 5 and the Action Log. **The Committee resolved that:**	

	a) Subject to the above amendments being made to the draft minutes of the meeting held on 7th September 2021, the draft minutes be approved as a true and accurate record of the meeting.	
AAC 21/11/09/005	**Action log following meeting held on 7th September 2021** **The Committee resolved that:** The Action Log was discussed and noted.	
AAC 21/11/09/006	**Any other urgent business: To agree any additional items of urgent business that may need to be considered during the meeting** **The Committee resolved that:** a) No other urgent business was noted.	
	Items for Review and Assurance	
AAC 21/11/09/007	**Internal Audit Progress Report** Ian Virgil (IV) presented the Internal Audit Progress Report (the Report) and highlighted the following – • Five audits were highlighted that, due to current pressures, were not ready for the November Audit Committee. • Surgery Clinical Board audit report had been issued in draft. • Section 3 of the Report showed the two audits which had been finalised since the last Committee meeting. • The report contained a brief explanation of the current pressures faced by the Health Board which had impacted upon the delivery of the 2021/22 Internal Audit Plan. • It was acknowledged that if the current pressures continued and /or deteriorated over the Winter, the audit could be deferred until further in the year. • Due to delays and COVID, the previous report was not finalised until May 2021. • A postponement of some audits could be appropriate, and a report would be taken to the Health Board's Management Executive for discussion and would be referred back to February's Audit Committee. The Committee Chair queried whether any other Health Boards were in a similar position to Cardiff and Vale Health Board with regards to the delayed internal audits. IV confirmed that all other Health Boards were in the same position. **The Committee resolved that:** a) The Internal Audit Progress Report, which included the findings and conclusions from the finalised individual audit reports, were considered; and	

	b) The proposed amendments to the Internal Audit Plan for 2021/22 were approved.	
AAC 21/11/09/008	**Self-Assessment of Internal Audit (NHS Wales Shared Services Partnership) and Audit Wales – Results** The report relating to the Self-Assessment of Internal Audit and Audit Wales was received. The Director of Corporate Governance (DCG) highlighted the following – • That it was a self-assessment to illustrate how Internal Audit and Audit Wales were performing. • A questionnaire was sent out to 18 people, and had received a response rate of 67%. All responses received were positive. • An information session in relation to the work of Internal Audit and Audit Wales could be facilitated for Independent Members. • The Committee noted that Audit Wales were audited by a private firm. **The Committee resolved that:** (a) the results of the Audit Committee assessment of effectiveness of Internal Audit and Audit Wales were noted.	
AAC 21/11/09/009	**Audit Wales Update** The Audit Wales update was received. The Committee noted that the audit of the 2021/22 accounts would start in the New Year. Urvisha Perez highlighted the following: – • A report on staff well-being was discussed and noted. • The Health Board's management response would be presented in February 2022. • Work was being progressed in relation to the Orthopaedics service review. • The Structured Assessment report would be considered at the next Board Development Session. The Committee noted that in terms of the various public services, the focus was on Healthcare, albeit a whole system change had been raised and discussed. UP commented that that the issue of a whole system change was something that was considered in all of the audits. The Committee noted the document entitled "Taking Care of the Carers?" and recognised the work that was being taken	

	forward to help engage and support a resilient workforce during the pandemic. The recent publication entitled “A Picture of Public Services” was discussed. The Committee noted that paper provided a high-level analysis of trends across public services and had considered some of the choices made about spending priorities between sectors within Wales, and had highlighted the increase in funding for the NHS and social care compared to cuts in other parts of the public sector. **The Committee resolved that:** (a) The Audit Wales update was noted.	
AAC 21/11/09/010	**Review of Draft Charitable Funds Annual Report and Accounts** The review of the draft Annual Report and Accounts of the Cardiff and Vale Health Charity was received. Helen Lawrence (HL) highlighted the following: – • There had been an adjustment in the prior year’s accounts due to work which had been undertaken but had not been invoiced for in relation to Horatio’s Garden. • Levels of income by the Health Charity in 2021 had increased to £1.8million in 2021. • Overall the value of the Health Charity had increased to £9.1mil. MJo commented that it the first Audit Wales had been made aware of the £500,000 adjustment. The Executive Director of Finance commented that the £500,000 adjustment was a material adjustment to the Charity’s accounts and that her team would look into the detail of the matter and report their findings back to the Committee. The Committee noted the Charity remained in a good position. **The Committee resolved that:** a) The Draft Annual Accounts were reviewed; b) The reported financial performance contained within the Draft Annual Accounts were noted; c) the response of the audit enquiries to management and those charged with governance were noted; d) Subject to any further amendments, the Draft Annual Accounts were supported and endorsed.	**CP**
AAC 21/11/09/011	**Procurement Compliance Report** The Procurement Compliance Report was received by the Committee.	

	The Executive Director of Finance (EDF) highlighted the following – • The report had already been shared in a private session of the Committee and had been placed on the Committee's public agenda in the interests of being open and transparent. • As a result of the procurement compliance/breach report the Health Board had seen a reduction in those types of breaches. • • The EDF commended the report and asked the Committee to approve the proposed recommendations. The Chair questioned if the locum fees are subject to tax? The EDF responded that where procurement was used to purchase agency staff that would be subject to tax. **The Committee resolved that:** a) The contents of the Report, which included areas of non-compliance and the actions proposed/taken in order to mitigate matters, were noted.	
	Items for Approval / Ratification	
AAC 21/11/09/012	**Declarations of Interest and Gifts and Hospitality Tracking Report** The Declarations of Interest, Gifts, Hospitality and Sponsorship report was received. Aaron Fowler (AF) provided an update which included the following – • Completed Declarations of Interest (DOI) forms had been requested from all staff. • A decision had been made to adopt a lifetime declaration approach. • The team would issue regular reminders through the year. To date, his team had recorded more than 1300 DOI. • The register would be updated for each Committee and the team hoped to move towards being 100% compliant. • Staff could record their DOI on ESR, but due to the nature of how ESR worked, the team had only received monthly notifications. Staff would be encouraged to share a paper copy. **The Committee resolved that:** a) the alteration of the procedure to enable employees to make a <u>single</u> declaration of interest during the period of their employment, was agreed.	

	b) The ongoing work being undertaken within Standards of Behaviour was noted. c) The Declarations of Interest, Gifts, Hospitality & Sponsorship Register for those colleagues who had declared an interest, was noted.	
AAC 21/11/09/013	**Regulatory Compliance Tracking Report** The Regulatory Compliance Tracker Report was received. AF provided a summary which included the following points: – • Subject to an internal audit, the appearance of the tracker has changed. • Patient safety compliance was now being recorded. • The regulatory tracker had seen some progress since September. • One issue had been identified following an internal review and that had related to capital expenditure. • Involved in the fire safety recommendations. • It was key to include a RAG rating. • A key point was that the team were meeting with the relevant leads more often. • Whilst progress had been made, the team continued to make further progress. **The Committee resolved that:** (a) The approach taken by the Risk and Regulation Team to the tracking and reporting of compliance with regulatory inspections and recommendations was approved. (b) The assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations was approved. (c) The continued development of the Legislative and Regulatory Compliance Tracker was noted.	
AAC 21/11/09/014	**Internal Audit Tracking Report** The Internal Audit Tracking Report was received. AF highlighted the following – • 86 recommendations had been brought forward, with 20 new entries confirmed in the report. • The tracker would continue to have risk owners and leads. • The team would meet with Internal Audit before each Committee meeting to share the tracker to ensure completeness. • Improvements to the tracker were frequently made by the team and the aim was to deliver a tracker which would be a better, more useful tool. The Committee commended the work that had been undertaken.	

	The Committee resolved that: (a) The tracking report for tracking audit recommendations made by Internal Audit was noted. (b) The progress which has been made since the previous Audit and Assurance Committee Meeting in September 2021 provided assurance and was noted. (c) The approach taken towards the management and monitoring of Internal Audit Recommendations was approved.	
AAC 21/11/09/015	**Audit Wales Tracking Report** The Audit Wales Tracking Report was received. AF commented that progress had been made and the number of entries was reducing. The Committee noted the continuing development. The DCG commented that she wanted to reassure the Committee and to highlight that it was an on-going challenge for the Health Board to action each entry on the tracker. The DCG commented further that there could be some slippage going forward as identified earlier in the Committee meeting. **The Committee resolved that:** (a) the progress which had been made in relation to the completion of Audit Wales recommendations provided assurance and was noted. (b) The continuing development of the Audit Wales Recommendation Tracker was noted.	
	Items for Information and Noting	
AAC 21/11/09/016	**Internal Audit reports for information:** The Clinical Audit Final Internal Audit Report and the Five Steps to Safer Surgery Final Internal Audit Report were received. The Committee noted that both reports had provided limited assurance. The Deputy Head of Internal Audit (DHIA) presented the Clinical Audit report and the Committee noted the focus of the review was the Clinical Audit plan and delivery arrangements. A recommendation had been made for a consideration of resources. The Interim Executive Medical Director (IEMD) highlighted the following – • The Audit requirements for Cardiff & Vale UHB (the Health Board) were vast.	

	• The business case highlighted a response to all the issues raised. • The opportunity for end of year funding had been utilised and that request had been successful. • Clinical Audit were appointing to the posts which would deal with the short-term problem. • All Health Boards were being encouraged to use an automated system which gave a clearer platform for audits being completed. It was noted the management actions were accepted and there were some realistic timescales. The Committee questioned if the appropriate level of resource was available to undertake the planned Clinical audit work within a reasonable timescale? The IEMD confirmed that the existing staff had the required skill set. However, there was a need to recruit to backfill vacant posts and to factor in time to train people. The Deputy Head of Internal Audit (DHIA) presented the Five Steps to Safer Surgery report and noted the recommendations spanned across 7 objectives. Observations had been undertaken in theatres. After speaking with staff, the audits had identified some inconsistencies and culture issues. Following the identification of those issues, detailed discussions with managers had taken place. The Interim Executive Medical Director (IEMD) noted that the Five Steps to Safer Surgery was a WHO mandate. The Head of Internal Audit (HIA) confirmed that his team would conduct a formal follow up on the limited assurance reports and would liaise with Executive colleagues. **The Committee resolved that:** a) The internal audit reports were noted.	
AAC 21/11/09/017	**Items to be deferred to Board / Committee** **The Committee resolved that:** a) No items were noted.	
AAC 21/11/09/018	**To note the date, time and venue of the next Committee meeting:** **The Committee resolved that:** a) Tuesday 8th February 2022 at 9.00am	
	Date and Time of Next Meeting: 8th February 2022 at 9am Via MS Teams	

Public Action Log
Following Audit & Assurance Committee Meeting
9th November 2021
(For the Meeting 8th February 2022)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
		Completed Actions			
AAC 20/11/023	Job Planning Update	To provide a further update in 6 months' time.	Stuart Walker	07.09.21	**Complete** - update shared at the September Committee Meeting
AAC 21/04/007	Internal Audit Progress and Tracking Reports	The Director of Corporate Governance (DCG) asked the HIA if the Mental Health aspects had been identified elsewhere, and the HIA responded that it was not in the plan currently, however discussions would be held with the END and the DCG to incorporate it into the plan for next year.	Ian Virgil	07.09.21	**Complete** - update shared at the September Committee Meeting
AAC 21/04/012	Review the system of assurance	DCG would work with the Management Executives (ME) to develop an assurance strategy	Nicola Foreman	07/09/2021	**Complete** – update shared at the September Committee Meeting
AAC 21/06/006	Audit Wales ISA 260 Report	Following audit certification by the Auditor General Audit Wales will issue a separate report setting recommendations and management's responses.	Audit Wales	07/09/2021	**Complete** – update shared at the September Committee Meeting
AAC 21/07/008	Audit Wales Update	The field work is currently under way for the Phase two structured assessment work and they are aiming to report their findings for September	Audit Wales	09/11/2021	**Complete** - Update shared at the meeting on 9 November 2021. Agenda item 7.3
		Actions in Progress			
AAC 21/11/09/010	Review of Draft Charitable Funds Annual Report and Accounts	The Executive Director of Finance commented that the £500,000 adjustment was a material adjustment to the Charity's accounts and that her team would look into	Catherine Phillips	09/11/2021	In progress – Update to be provided at February's meeting.

		the detail of the matter and report their findings back to the Committee.			
Actions referred to Board / Committees					

Report Title:	**Internal Audit Progress Report**							**Agenda Item No.**	7.1	
Meeting:	Audit & Assurance Committee							**Meeting Date:**	08/01/22	
Status:	**For Discussion**		**For Assurance**		**X**	**For Approval**	**X**	**For Information**		
Lead Executive:	Director of Corporate Governance									
Report Author (Title):	Head of Internal Audit									

Background and current situation:

The NHS Wales Shared Services Partnership (NWSSP) Audit and Assurance Service provides an Internal Audit service to the Cardiff and Vale University Health Board.

The work undertaken by Internal Audit is in accordance with its annual plan, which is prepared following a detailed planning process, including consultation with the Executive Directors, and is subject to Audit Committee approval. The plan sets out the program of work for the year ahead as well as describing how we deliver that work in accordance with professional standards and the engagement process established with the UHB.

The 2021/22 plan was formally approved by the Audit Committee at its April 21 meeting.

The progress report provides the Audit Committee with information regarding the progress of Internal Audit work in accordance with the agreed plan; including details and outcomes of reports finalised since the previous meeting of the committee and proposed amendments to the plan.

Appendix A of the progress report sets out the Internal Audit plan as agreed by the committee, including details of proposed postponed / removed audits and commentary as to progress with the delivery of assignments.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The progress report highlights the conclusion and assurance ratings for audits finalised in the current period. The Executive summaries for the finalised reports are also included within the progress report.

The report highlights the delays in delivery of audits due to the pressures on the Health Board and outlines the proposal to remove a number of lower risk / less significant audits from the 21/22 plan. The audits identified for removal were agreed with the relevant lead Executives at the Executive Team meeting held on 22nd November 2021.

The report also includes details of a proposal to combine the two separate audits relating to Recovery of Services and Delivery of the 21/22 Plan into one audit.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The progress report provides the Committee with a level of assurance around the management of a series of risks covered within the specific audit assignments delivered as part of the Internal Audit Plan. The report also provides information regarding the areas requiring improvement and assigned assurance ratings.

Recommendation:

The Audit & Assurance Committee is asked to:

- **Consider** the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports.
- **Approve** the removal of the four identified audits from the Internal Audit Plan for 2021/22.
- **Approve** the proposal to combine the two audits on Recovery of Services and Delivery of the 21/22 Plan.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

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

Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	

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

Cardiff and Vale University Health Board

Internal Audit Progress Report

Audit & Assurance Committee February 2022

NWSSP Audit and Assurance Services

Contents

1.Introduction *3*
2.Assignments with Delayed Delivery *3*
3.Outcomes from Completed Audit Reviews *4*
4.Delivery of the 2021/22 Internal Audit Plan *4*
5.Development of the 2022/23 Plan *6*
6.Final Report Summaries *6*

Appendix A Assignment Status Schedule
Appendix B Report Response Times
Appendix C Key Performance Indicators
Appendix D Assurance Ratings

1. Introduction

This progress report provides the Audit & Assurance Committee with the current position regarding the work to be undertaken by the Audit & Assurance Service as part of the delivery of the approved 2021/22 Internal Audit plan.

The report includes details of the progress made to date against individual assignments, outcomes and findings from the reviews, along with details regarding the delivery of the plan and any required updates.

The plan for 2021/22 was agreed by the Audit & Assurance Committee in April 2021 and is delivered as part of the arrangements established for the NHS Wales Shared Service Partnership - Audit and Assurance Services.

2. Assignments with Delayed Delivery

The assignments noted in the table below are those which had been planned to be reported to the February Audit Committee but have not met that deadline.

Audit	Current Position	Draft Rating	Reason
IT Service Management (ITIL)	Draft	Limited	Delay in commencing audit fieldwork due to the availability of Internal Audit staff resource. Delay in receiving information to complete fieldwork.
Raising Concerns (Whistleblowing)	Draft	Reasonable	Delay in commencing audit fieldwork due to the availability of Internal Audit staff resource.
Capital Scheme - Genomics	Work in Progress		Significant delays in receiving information from Health Board Management.
Management of Staff Sickness Absence	Work in Progress		Agreed to delay fieldwork until completion of Retention audit, to avoid additional pressure on Management.
Nurse Bank	Work in Progress		Delay in agreeing audit brief with Management.
Chemocare IT System	Work in Progress		Delay in commencing audit fieldwork due to the availability of Internal Audit staff resource.
Specialist Services CB – Verification of Community Dialysis Sessions	Work in Progress		Delay in agreeing audit brief with management. Delay in commencing fieldwork.
Children & Women CB – Nurse Rostering	Work in Progress		Delay in completing fieldwork due to the availability of Ward Managers.

3. Outcomes from Completed Audit Reviews

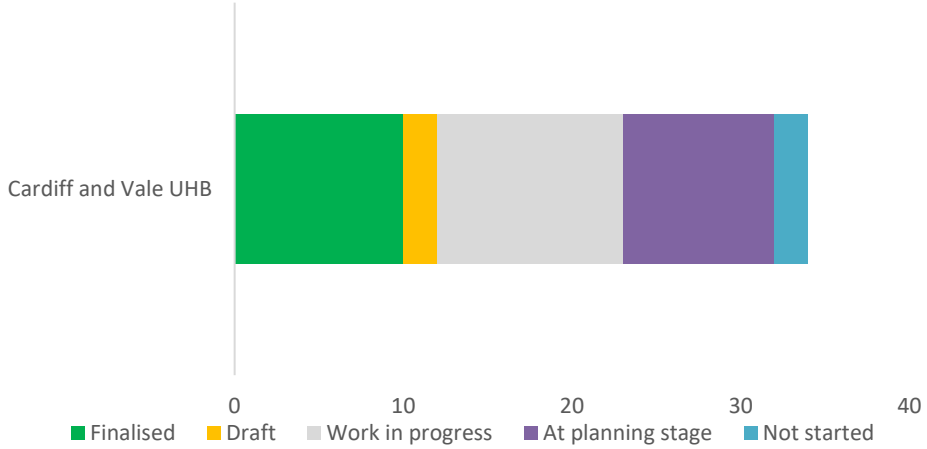
Four assignments have been finalised since the previous meeting of the committee and are highlighted in the table below along with the allocated assurance ratings.

The Executive Summaries from the finalised assignments are reported in Section six. The full reports are included separately within the Audit Committee agenda for information.

FINALISED AUDIT REPORTS	ASSURANCE RATING	
Core Financial Systems	Substantial	
Theatre Utilisation (Surgery Clinical Board)	Reasonable	
Retention of Staff		
Welsh Language Standards		

4. Delivery of the 2021/22 Internal Audit Plan

There are a total of 34 reviews included within the 2021/22 Internal Audit Plan (including adjustment for the proposed changes detailed below), and overall progress is summarised below.



From the illustration above it can be seen that ten audits have been finalised so far this year with two further audits issued in draft.

In addition, there are eleven audits that are currently work in progress with a further nine at the planning stage.

At the meeting in November 21, we highlighted the delays in progressing the delivery of the plan, due primarily to the pressures faced by the Health Board.

The Committee agreed the need to reschedule some lower risk / less critical audits, initially to the end of the 21/22 plan but with the possibility that they could be deferred into 22/23 if required

A paper was taken to the Management Executive Team on 22nd November identifying a number of audits that were potentially lower risk or less critical to the delivery of the annual opinion. Given the on-going pressures being faced by the Health Board, it was agreed with the relevant Executives that the identified audits should be removed from the 21/22 plan and considered for subsequent inclusion in the 22/23 plan, as part of the Planning process described in Section 5 below.

The audits proposed for removal / deferral are as follows:

Audits Identified	Rational for removal / deferral
Medical Equipment & Devices	Already identified for re-scheduling to Q4 due to pressures on key service areas including the Emergency Unit. Pressures unlikely to reduce before April 22.
Medicine CB – QS&E Governance Framework	Already identified for re-scheduling to Q4 due to pressures on the service. Other CB audits completed / in progress will allow appropriate coverage of operational areas to feed into the Annual Opinion.
Medical & Dental Staff Bank	Relatively new service so delay would allow further time for processes to bed in. An audit of the Nurse Bank is in the planning stage which will provide coverage of temporary staffing arrangements / Number of other workforce audits in the plan.
Financial Plan / Reporting	Elements of financial planning / reporting have been covered by Audit Wales as part of their Structured Assessment, which will provide the Health Board with a level of assurance.

The Management Executive also agreed that the two separate audits relating to Recovery of Services and Delivery of the 21/22 Plan should be combined into one audit. This would avoid potential overlap of scope and reduce the required input from key management contacts within the Health Board.

The adjustments highlighted above will mean that a total of 34 audits remain within the 21/22 plan. This will still allow sufficient coverage for the provision of a full Head of Internal Audit annual opinion at the end of the year.

The ongoing situation will continue to be monitored and any further impact on the Internal Audit plan will be communicated to future meetings of the Audit Committee.

Full details of the current year's audit plan along with progress with delivery and commentary against individual assignments regarding their status is included at Appendix A.

Appendix B highlights the times for responding to Internal Audit reports.

Appendix C shows the current level of performance against the Audit & Assurance Key Performance Indicators.

5. Development of the 2022/23 Plan

Meetings have been arranged with the Health Board's Executive Directors during January to discuss potential areas for inclusion within the 2022/23 Internal Audit Plan.

An initial draft plan will be submitted to a meeting of the Executive Management Team during February for comment. An updated draft will then be presented to the April Audit & Assurance Committee for formal approval.

6. Final Report Summaries

6.1 Core Financial Systems

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for the management of Core Financial Systems (General Ledger & Accounts Receivable), to provide assurance to the Health Board's Audit Committee that risks material to the achievement of the systems objectives are managed appropriately.

Overview

We have issued substantial assurance on this area.

The matters requiring management attention are low priority, which include:

- Enhancements to financial procedures to ensure they alignment to key documents of the Health Board, such as Standing Financial Instructions and Standing Orders; and
- Management to review financial controls to ensure leavers of the Health Board are identified in a timely manner.

Report Classification

		Trend
Substantial 	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.	 2019/20

Assurance summary[1]

	Assurance objectives	Assurance
1	General Ledger - Adequate accounting routines operate to protect the integrity of the general ledger and those routines are implemented in practice.	Substantial
2	Accounts Receivable - All income is collected and accounted for in a timely manner.	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising - There are no key matters arising to report on this occasion.

6.2 Theatre Utilisation (Surgery Clinical Board)

Purpose

The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to Theatre Utilisation. The review sought to provide assurance to the Health Board's Audit Committee that risks material to the system's objectives are managed appropriately.

Overview

Our overall assurance rating reflects the enhancements that are required to the Health Board's systems and processes to improve theatre utilisation arrangements.

The key areas to be addressed relate to:

- The absence of a Policy or Procedure to efficiently and effectively direct theatre utilisation presents a control weakness, which if addressed would clarify roles and responsibilities as the Health Board recovers and redesigns services following COVID-19, and further maximise opportunities.
- Surgical specialities should provide richer narrative in the Theatreman system to facilitate more meaningful analysis of utilisation.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary

	Assurance objectives	Assurance
1	Effective governance arrangements are in place	Substantial
2	Formally approved policies and procedures which have been adequately communicated	Limited
3	Systems and processes are in place which facilitate the use of theatre resources	Reasonable
4	Adequate monitoring and reporting processes are in place	Reasonable

Key Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	No formalised Theatre Utilisation Policy and Procedure	2	Design	High
2	Incomplete records on Theatreman require action by surgical specialities	3	Operation	Medium
3	Opportunities to maximise existing theatre resources	4	Operation	Medium
4	Greater detail required in Theatreman to inform theatre utilisations reports and subsequent analysis	4	Operation	Medium

6.3 Retention of Staff

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to staff retention, in order to provide assurance to the Health Board's Audit Committee that risks material to the achievement of the systems objectives are managed appropriately.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Management to consider the value of a separate Recruitment and Retention Strategy.
- The BAF Workforce risk requires review.
- All future retention initiatives should be measurable to facilitate evaluation of impact, in alignment with the People and Culture Plan.
- Consideration of mandating the Leavers' Checklists through Health Board approved procedure to guide managers and staff.

Other recommendations / advisory points are within the detail of the report.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Assurance objectives	Assurance
1	Relevant and effective strategies, policies and plans in place to outline the approach to staff retention	Reasonable
2	Robust initiatives in place that align to agreed strategies, policies and plans	Reasonable
3	An effective leavers process in place	Reasonable
4	Data is collected and analysed in relation to staff turnover, and other relative data	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Recruitment and Retention Strategy	1	Design	Medium
2	Board Assurance Framework	1	Operation	Medium
3	Nurse Retention Action Plan	2	Operation	Medium
4	Reviewing of retention initiatives	2	Operation	Medium
5	Leavers' Checklists	3	Operation	Medium

6.4 Welsh Language Standards

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the actions the Health Board has taken to assess the impact and achieve compliance with the Welsh Language Standards, and to provide assurance to the Health Board's Audit Committee that risks material to the system's objectives are managed appropriately.

Overview

Our overall assurance rating reflects the matters that require management attention, which include:

- A review of roles and responsibilities in the implementation and delivery of the Standards, including the Equality Strategy and Welsh Language Standards Group, Clinical Boards and Corporate Departments, and Welsh Language champions / advocates; and
- Following a period of implementing the Standards, acknowledging there is further work ahead, it would be timely to revisit Policy, Resources and Risk Management arrangements.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Assurance objectives	Assurance
1	Processes to implement the Welsh Language Standards	Reasonable
2	Arrangements for determining adequate resource requirements	Reasonable
3	Monitoring and reporting on delivery of the Standards	Reasonable
4	Staff awareness of the Standards	Reasonable
5	Assessment, recording and monitoring of risk	Reasonable

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

	Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority
1	Roles and Responsibilities	1	Operation	Medium
2	Welsh Language Champions	1	Design	Medium
3	Resource Needs Assessment	2	Operation	Medium
4	Governance arrangements	3	Operation	Medium
5	Policy and Procedures	4	Operation	Medium
6	Risk Mitigation	5	Design	Medium

ASSIGNMENT STATUS SCHEDULE

Planned output.	No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current progress	Assurance Rating	Planned Audit Committee
Legislative, Regulatory & Alerts Compliance	06	Corporate Governance	Q1		Final Report Issued August 21	Reasonable	Sept
Healthy Eating Standards - Hospital Restaurant & Retail Outlets	11	Public Health	Q1		Final Report issued August 21	Reasonable	Sept
CD&T CB – Ultrasound Governance	27	COO	Q1		Final Report issued August 21	Limited	Sept
Mental Health CB – Cancellation of Outpatient Clinics Follow-up	29	COO	Q2		Final Report issued August 21	Reasonable	Sept
Clinical Audit	15	Medical	Q2		Final Report issued October 21	Limited	Nov
Five Steps to Safer Surgery	16	Medical	~~Q1~~	Q2	Final Report issued October 21	Limited	Nov
Theatre Utilisation (Surgery Clinical Board)	**25**	**COO**	**Q1**		**Final Report issued Jan 22**	**Reasonable**	**Feb**
Retention of Staff	**09**	**Workforce**	**Q2**		**Final Report issued Jan 22**	**Reasonable**	**Feb**
Core Financial Systems	**03**	**Finance**	**Q3**		**Final Report issued Jan 22**	**Substantial**	**Feb**
Welsh Language Stadards	**08**	**Workforce & OD**	**Q3**		**Final Report issued Jan 22**	**Reasonable**	**Feb**
IT Service Management (ITIL)	19	Digital & Health Intelligence	Q2		Draft	Limited	April
Raising Concerns (Whistle Blowing)	05	Corporate Governance	~~Q2~~	Q3	Draft	Reasonable	April
Capital Scheme – Genomics	*SSU*	*Strategic Planning*	*Q2*		*Work in progress*		*April*
Management of staff Sickness Absence	07	Workforce	Q2		Work in Progress		April
Claims Reimbursement	04	Nursing	Q3		Planning		April

Planned output.	No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current progress	Assurance Rating	Planned Audit Committee
Nurse Bank	13	Nursing	Q3		Work in Progress		April
Chemocare IT System	21	Digital & Health Intelligence	Q3		Work in Progress		April
Security of Network and Information Systems (NIS) Directive Implementation	22	Digital & Health Intelligence	Q3		Planning		April
Specialist Services CB – Verification of Community Dialysis Sessions	26	COO	Q3		Work in Progress		April
Children & Women CB – Nurse Rostering	30	COO	~~Q4~~	Q3	Work in Progress		April
Post Contract Audit of DHH Costs	34	Finance	~~Q1~~	Q3	Planning		May
Estates Assurance – Waste Management	*SSU*	*Finance*	*Q3*		*Work in Progress*		*April*
Risk Management	01	Corporate Governance	Q4		Planning		May
Vaccination Programme (Flu / Covid)	10	Public Health	Q4		Planning		April
Health & Safety	18	CEO	~~Q2~~	Q4	Planning		May
Digital Strategy Roadmap	20	Digital & Health Intelligence	Q4		Planning		April
Arrangements to Support the Delivery of Mental Health Services (Mental Health Clinical Board - Advisory)	28	COO	Q4		Work in Progress		April
PCIC CB	24	COO	~~Q2~~	Q4			May
Recovery of services and Delivery of the Annual Plan 2020/21	31	COO	Q3/4		Planning		May
Performance Reporting	32	COO	Q3/4		Planning		May
Shaping Future Wellbeing in the Community Scheme	*SSU*	*Strategic Planning*	*Q4*				*May*

Planned output.	No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current progress	Assurance Rating	Planned Audit Committee
Capital Systems Management	*SSU*	*Strategic Planning*	*Q4*		*Work in Progress*		*May*
Major Capital Scheme – UHW II	*SSU*	*Strategic Planning*	*Q1-4*		*Work in Progress* *On-going observer role, proactive input, and overview of the progression through the period.*		*n/a*
Development of Integrated Audit Plans	*SSU*	*Strategic Planning*	*Q1-4*		*Work in Progress* *Plans will be developed for inclusion within the respective business case submissions for relevant major projects/ programmes.*		*n/a*
Reviews Deferred / Removed from the plan							
ALNET Act	36		Q2		Director of Therapies and Health Sciences requested Deferral to 22/23 plan as work currently on-going to embed processes within the Health Board. Agreed by June AC.		
Consultant Job Planning Follow-up	17	Medical	Q4		Removed as assurance level increased to Reasonable after 20/21 follow-up – Agreed by June AC		
Clinical Board's QS&E Governance	12	Nursing	~~Q2~~	Q4	Director of Nursing requested deferral to 22/23 plan. QS&E Governance arrangement currently being reviewed by Audit Wales and a new Framework is also being introduced. – Agreed by September AC.		

Planned output.	No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current progress	Assurance Rating	Planned Audit Committee
Estates Assurance - Decarbonisation	*SSU*	*Finance*	*Q3*		*Deferred to 22/23 plan as HB not requirement to publish Action Plan until March 22. To be agreed by November AC.*		
IM&T Control & Risk Assessment	02	Digital & Health Intelligence	Q3		Deferred to 22/23 as the last assessment was only finalised in May 22 and the agreed actions are being monitored through the Health Board's tracker. – To be agreed by November AC.		
Medical & Dental Staff Bank	14	Medical	Q3		Deferred to 22/23 due to pressures on HB. Agreed by Management Executive. To be agreed by February AC		
Medicine CB – QS&E Governance Framework	23	COO	Q2		Deferred to 22/23 due to pressures on HB. Agreed by Management Executive. To be agreed by February AC		
Financial Plan / Reporting	33	Finance	Q3		Deferred to 22/23 due to pressures on HB. Agreed by Management Executive. To be agreed by February AC		
Delivery of 21/22 Annual Plan	37	Strategic Planning	Q3		Combined with audit of Recovery of Non-Covid services due to potential overlap of scope.		
Medical Equipment and Devices	35	Therapies & Health Sciences	~~Q2~~	Q4	Deferred to 22/23 due to pressures on HB. Agreed by Management Executive. To be agreed by February AC		

REPORT RESPONSE TIMES

Audit	Rating	Status	Draft issued date	Responses & exec sign off required	Responses & Exec sign off received	Final issued	R/A/G
Legislative, Regulatory & Alerts Compliance	Reasonable	Final	20/08/21	14/09/21	25/08/21	25/08/21	G
Healthy Eating Standards - Hospital Restaurant & Retail Outlets	Reasonable	Final	22/07/21	12/08/21	12/08/21	13/08/21	G
CD&T CB – Ultrasound Governance	Limited	Final	27/07/21	12/08/21	24/08/21	25/08/21	R
Mental Health CB – Cancellation of Outpatient Clinics Follow-up	Reasonable	Final	04/08/21	26/08/21	13/08/21	16/08/21	G
Clinical Audit	Limited	Final	17/09/21	11/10/21	07/10/21	15/10/21	G
Five Steps to Safer Surgery	Limited	Final	22/09/21	15/10/21	26/10/21	27/10/21	R
Theatres Utilisation (Surgery Clinical Board)	Reasonable	Final	04/11/21	25/11/21	20/01/22	21/01/22	R
Retention of Staff	Reasonable	Final	14/01/22	04/02/22	24/01/22	24/01/22	G
Core Financial Systems	Substantial	Final	11/01/22	01/02/22	21/01/22	25/01/22	G
Welsh Language Standards	Reasonable	Final	06/01/22	27/01/22	20/01/22	21/01/22	G

KEY PERFORMANCE INDICATORS

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2021/22	G	April 2021	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported (to at least draft report stage) against plan to date for 2021/22	R	73% 11 from 15	100%	v>20%	10%<v< 20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100% 12 from 12	80%	v>20%	10%<v< 20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	A	70% 7 from 10	80%	v>20%	10%<v< 20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100% 10 from 10	80%	v>20%	10%<v< 20%	v<10%

Assurance Ratings

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**No assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Office details:

Audit and Assurance Services
1st Floor, Woodland House
Maes y Coed Road
Cardiff
CF14 4HH.

Contact details
Ian Virgill (Head of Internal Audit) - ian.virgil@wales.nhs.uk

Archwilio Cymru
Audit Wales

Audit Committee Update – **Cardiff & Vale University Health Board**

Date issued: February 2022

Document reference: 2457A2021-22

This document has been prepared for the internal use of Cardiff & Vale University Health Board as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

Contents

Audit Committee Update

About this document 4

Financial audit update 4

Performance audit update 4

Good Practice events and products 7

NHS-related national studies and related products 7

Appendix 1 – Key messages from recent publications 9

Audit Committee Update

About this document

1 This document provides the Audit Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

Financial audit update

2 **Exhibit 1** summarises the status of our current and upcoming financial audit work.

Exhibit 1 – Accounts audit work

Area of work	Current status
Audit of the Cardiff and Vale Health Charity's 2020-21 Annual Report and Accounts.	The Auditor General certified the Annual Report and Accounts on 24 January with positive unqualified opinions; enabling the Charity to submit them to the Charity Commission by the deadline of 31 January.
Audit of the Health Board's 2021-22 Performance Report, Accountability Report and Financial Statements.	We commenced our audit planning in January.

Performance audit update

3 The following tables set out the performance audit work included in our current and previous Audit Plans, summarising:

- work completed since we last reported to the Committee in November 2021 (**Exhibit 2**);
- work that is currently underway (**Exhibit 3**); and
- planned work not yet started or revised (**Exhibit 4**).

Exhibit 2 – Work completed

Area of work	Considered by Audit Committee
Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements	To be considered in February 2022
Follow-up of radiology services	To be considered in February 2022
Annual Audit Report 2021	To be considered in February 2022

Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Orthopaedic Services – Follow-up Executive Lead – Chief Operating Officer	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges. Our findings will be summarised into a single national report with supplementary outputs setting out the local position for each health board.	Current status: Report being drafted Planned date for consideration: April 2022*

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Quality Governance Executive Leads – Executive Nurse Director and Executive Medical Director	This work will allow us to undertake a more detailed examination of factors underpinning quality governance such as strategy, structures and processes, information flows, and reporting. This work follows our joint review of Cwm Taf Morgannwg UHB and as a result of findings of previous structured assessment work across Wales which has pointed to various challenges with quality governance arrangements.	Current status: Report being drafted Planned date for consideration: April 2022*

***** *These dates are subject to change given the current challenges and pressures associated with the ongoing pandemic*

Exhibit 4 – Planned work not yet started or revised

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Review of Unscheduled Care Executive Lead – Chief Operating Officer	This work will examine different aspects of the unscheduled care system and will include analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. Once completed, we will use this data analysis to determine which aspects of the unscheduled care system to review in more detail.	Current status: Data analysis currently being completed with a national commentary due for publication in the Autumn. Date for consideration to be confirmed

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Local Work 2021	The precise focus of this work is still to be determined.	Date for consideration to be confirmed

Good Practice events and products

4 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research.

5 There have been no Good Practice Exchange (GPX) events since we last reported to the Committee in November 2021. Details of future events are available on the GPX website.

6 In response to the COVID-19 pandemic, we have established a **COVID-19 Learning Project** to support public sector efforts by sharing learning through the pandemic. This is not an audit project; it is intended to prompt some thinking and support the exchange of practice. As part of the project, we held a COVID-19 Learning Week in March 2021. The material from the COVID-19 Learning Week, together with other related material, is available here.

NHS-related national studies and related products

7 The Audit Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Administration and Public Accounts Committee to support its scrutiny of public expenditure.

8 **Exhibit 5** provides information on the NHS-related or relevant national studies published since our last Committee Update. It also includes all-Wales summaries of work undertaken locally in the NHS.

Exhibit 5 – NHS-related or relevant studies and all-Wales summary reports

Title	Publication Date
Joint Working Between Emergency Services (A summary of the key messages is provided in **Appendix 1**)	January 2022

Appendix 1 – Key messages from recent publications

Joint Working Between Emergency Services (January 2022)

9 This report examines whether emergency services in Wales are working more closely together to make better use of resources. Our review was completed between March 2020 and October 2021.

10 Overall, we found blue light emergency service collaboration is slowly growing but requires a step change in activity to maximise impact and make best use of resources:

- Emergency services have been working closely together to provide a better service to the public for many years. Innovative partnership initiatives have saved money, reduced local response times, and contributed to protecting the public.
- There are growing expectations from government policy and legislation that collaboration needs to happen more deeply and quickly to ensure front line services can meet the challenges facing 21st century Wales. Different lines of accountability and other practical issues can also influence the extent and pace of joint working.
- The Joint Emergency Services Group is leading the collaboration agenda. However, better collaboration is acknowledged as essential.
- There are examples of collaboration in key areas such as estates and co-location of services, fleet management and workforce, but the overall scale of activity has been limited. In addition, while emergency services effectively share and use data to improve response times and vehicle utilisation, they do not have an effective approach to managing vulnerable people.
- The Joint Emergency Services Group has established a Strategic Collaboration Board to identify and deliver future joint working opportunities, giving a clear signal that a step change is required. Plans for collaboration are developing but some of these are limited in coverage and not supported by consistent project management arrangements. Clear priorities are still to be identified and project work has not yet been fully costed. The Group have also yet to agree how they will judge the impact and value for money of collaboration.
- As the Strategic Collaboration Board arrangements develop, there are opportunities to learn from some of the critical factors that support examples of emergency service collaboration elsewhere in Great Britain. Nevertheless, integrated services are not widespread elsewhere and no 'blue light' collaboration board appears to have fully cracked the secret of collaboration.

Archwilio Cymru
Audit Wales

Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Report Title:	**Taking Care of the Carers Audit – Management Response**							**Agenda Item no.**	**7.3**		
Meeting:	**Audit Committee**							**Meeting Date:**	03.02.22		
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**		**For Information**			
Lead Executive:	**Executive Director of People and Culture**										
Report Author (Title):	**Assistant Director of Organisational Development**										

Background and current situation:

NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health.

In October 2021, Audit Wales published the report, 'Taking Care of the Carers? How NHS Bodies supported staff wellbeing during the COVID-19 pandemic.", the second of two publications highlighting COVID-19 related themes from their structural assessment work of NHS bodies.

The 'Taking Care of the Carers Audit' allows the UHB to respond, provide assurance and outline actions on six recommendations resulting from the report, presenting evidence of how it is continuing to supporting staff wellbeing during the pandemic, and how it will ensure a focus upon supporting and safeguarding staff in the future.

The Audit response has been completed by the Workforce and OD department and is underpinned by the key themes and objectives within the People and Culture Plan.

Theme 1: Seamless Workforce Models
Theme 2: Engaged, Motivated and Healthy Workforce
Theme 3: Attract, Recruit and Retain
Theme 4: Building a Digitally Ready Workforce
Theme 5: Education and Learning
Theme 6: Leadership and Succession
Theme 7: Workforce Shape and Supply

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The UHB has been asked to provide a management response to six recommendations:

R1: Retaining a strong focus on staff wellbeing
R2: Considering workforce issues in recovery plans
R3: Evaluating the effectiveness and impact of the staff wellbeing offer
R4: Enhancing collaborative approaches to supporting staff wellbeing
R5: Providing continued assurance to boards and committees
R6: Building on local and national staff engagement arrangements

The response outlines the work undertaken, and the current and future actions and priorities that will support the wellbeing of every individual who works at the UHB.

The work of the recently agreed 'People and Culture Plan' provides further alignment and a pathway to supporting our staff at every step in their career journey, from attraction through to exit, work experience through to retirement.

Both the monitoring and reporting upon progress of the People and Culture Plan, along with regularly revisiting the Board Checklist, will enable effective governance and assurance that the UHB is 'Taking care of the carers', while ensuring the planning and delivery of the highest quality of care for our patients and communities.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Failure to support the wellbeing and safety of our staff has a range of risk implications, including:

Safety
Financial
Legal
Reputational
Patient Outcomes

Recommendation:

It is recommended that the Committee support the audit response and management actions identified, including reporting requirements and utilization of the Board Checklist*.

*The Board Checklist provides focus for ongoing discussions, setting out some of the questions NHS Board Members should be asking to obtain assurance that their respective health bodies have effective, efficient, and robust arrangements in place to support the wellbeing of their staff.

1. What wellbeing services does the health body currently offer to staff?
2. How much do they cost?
3. How accessible is the health body's current staff wellbeing offer?
4. How effective is the health body's current staff wellbeing offer?
5. Which wellbeing services should the health body offer to staff in the short-, medium-, and long-term?
6. How should the health body deliver its wellbeing offer to staff?
7. How should the health body continue to engage with staff?
8. What assurance does the Board require going forward?

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

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

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

Management Response – Taking Care of the Carers?

Health Body: Cardiff and Vale University Health Board

Completion Date: January 2022

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R1	**Retaining a strong focus on staff wellbeing** NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken	Cardiff and Vale University Health Board (CAV UHB) continues to maintain a strong focus on wellbeing through a variety of initiatives. The overarching framework for this is the development of a People and Culture plan. The UHB People and Culture Plan 2022-25 sets out the actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce through the 7 themes: 1. Seamless workforce models	February 2022-2025	Assistant Director of Organisation al Development (AD of OD)

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
	to safeguard and support staff identified as being at higher risk from COVID-19.	2. Engaged Motivated and Healthy Workforce 3. Attract, Recruit and Retain 4. Building a Digitally Ready Workforce 5. Education and Learning 6. Leadership and Succession 7. Workforce Supply and Shape We know that having healthy and motivated employees will result in improved retention, increased innovation and lower levels of sickness, as well as better patient experiences and outcomes. The ambition for Theme 2 is for us to have a workforce that feels valued, developed and supported, while maintaining their health and wellbeing at work. This year we will create an informed and forward thinking wellbeing Strategy and plan that has measurable outcomes focusing on six key themes:		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		• Wellbeing – ensuring this is integrated, accessible and normalised • Respect – which is multidirectional and embedded • Training a& Education – which is prepared, developed and accessible • Management & Leadership – so our people are supported, effective and visible • IT & Communication – which is clear, fair and consistent • Physical Environment and Facilities – which are modern and fit for purpose Continuation of smoking cessation services and dietetic support are key to ensuring that employees are able to support their own health. In addition, through the provision of healthy food options in line with the UHB Healthy Retail and Restaurant Standards, as well as		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		improving access to drinking water across our sites, we will continue to promote a healthy working environment • COVID Staff Risk Assessments. Staff are encouraged to complete a Risk Assessment on a regular basis or if their circumstances change in a way that could impact upon risk. Risk Assessments are provided both as paper copies and included on the ESR system via an online assessment tool. Regular UHB communications and updated guidance reminds staff and managers about completion and provides guidance on when and how this can be facilitated. All information can also be found on the Staff Information pages on the internet.		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		• Implementation of a Health Intervention team which is engaging with staff and line managers to identify specific work and organisational issues affecting wellbeing in order to develop proactive and preventative initiatives to support and maintain wellbeing • This engagement has identified 6 key themes (wellbeing, respect, management & leadership, training and education, IT & communication, Facilities & environment) which are being embedded within the People and Culture Plan to ensure that actions taken are relevant to the needs of staff and managers	April-November 2021 Completed December 2021-April 2022	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		Actions being taken include: • Installation of an additional 10 hydration stations across CAV UHB to ensure that staff and visitors have access to refillable water • Refurbishment of existing staff rooms across CAV UHB to ensure environment enables rest and recuperation during working day • Piloting a number of peer support models e.g. Schwartz Rounds and Sustaining Resilience at Work (StRaW) • Piloting traumatic incident support systems – including MedTRiM • Increased investment in existing Trauma pathway for staff affected by mild to severe post-traumatic stress	Feb to June 2022 Feb 22 – March 23 2021/May 2023 Mn ui November 2021	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		• Development of a Long Covid peer support group facilitated by Employee Wellbeing Service • Additional support and guidance to managers to facilitate conversations with teams and individuals regarding wellbeing at work. This includes webinar development, REACTMH training and bespoke training developed by the Recovery and Wellbeing College. Wellbeing support is also being offered by the Wellbeing services to line managers and teams as they continue to work through the pandemic. This includes giving opportunities to pause and reflect. Specific sessions are being offered for trainee Doctors who may not be aware of the resources available locally as a well as for Staff who have friends and family overseas who have been affected by the pandemic at various times	Feb 22 – Ongoing (review March 23) August 2021-ongoing	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R2	**Considering workforce issues in recovery plans** NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.	The impact of COVID-19 on the health and care system has been immense. While many of our people were able to adapt, innovate and face the challenges presented to them, the physical and emotional strain of doing so, as well as the toll of simply doing their jobs in such unprecedented conditions cannot be overstated. The People and Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. This Plan is aligned with the Operational plan; thereby ensuring a whole-system approach, that is working at pace to achieve the greatest positive impact, and can adapt to rapid service change and workforce pressures. The ability to deliver high quality, compassionate care is dependent on	Winter Plan Nov 23 - March 2022 Recovery Resourcing Ongoing	Executive Director of People and OD AD of Resourcing AD of Workforce AD of OD

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		recruiting and retaining individuals with the right skills, abilities, values and experiences. This has become increasingly difficult following the service pressure and workforce resilience associated with the Covid-19 pandemic. The current climate has created a shortage of suitable candidates in many professions, and we need to think differently about how we attract and recruit our current and future workforce, including working with social care partners to develop an integrated workforce, and to support a diverse workforce and inclusive culture. However, we cannot just depend on bringing new people into our workforce; we need to improve how we retain, manage, develop and look after the wellbeing of our existing workforce. • We have recently established a Resourcing and Transformation Team which allows us to have a whole systems	Jan 22 – March 25	Supported by WOD Heads

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		approach to attracting, recruiting and retaining our workforce • Our workforce data and local intelligence provide key information on current and future priorities, and enable us to develop workforce plans to meet potential gaps. • A Recovery and Redesign Portfolio Board has been established to oversee the development and implementation of the Recovery and Redesign (R&R) programmes of work within the Health Board. Within that Board sits the Workforce hub, whose remit is to identify the total additional workforce requirements and support the Clinical Boards with recruitment by developing fast tracking processes and implementing a variety of initiatives to enable recruitment to the additional vacancies. • A number of schemes have now had approval, and recruitment to support the		of and assistant Heads Of WOD / LED / Occ Health and Wellbeing.

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		projects is underway with in excess of 250 posts to be recruited by the end of 2021/22. Where recruitment is not possible due to national shortages of key professions, Clinical Boards are supported in identifying alternative plans for the additional activity to be undertaken, such as outsourcing, and utilising bank and agency and overtime. • The LED team will undertake monthly reviews of recruitment and resourcing activity with the Workforce Resourcing Team to ensure that the necessary clinical education is in place to support organisational pressures including winter pressures, the pandemic and COVID recovery. • The WG 'Local Choices Framework' allows organisations to deploy existing workforce from non-urgent work to urgent care if/when needed. This will form one		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		part of our contingencies going forward, but will be used on a 'balance of risk' basis given the potential harm of further delays to non-urgent care. • All organisations require a healthy level of turnover, but the challenge is to find the right balance between turnover and retention by understanding what is going on across the Health Board. A complete programme of work to reduce turnover has recently been implemented involving a number of far reaching initiatives, including the following o Improving employee engagement and health and wellbeing o Building line management capability o Improving workforce analytics o Providing dedicated support to new recruits and listening to their feedback		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		○ Promoting a range of flexible and agile working arrangements, including flexible retirement ○ Extending the Internal Transfer Scheme to all staff groups ○ Internal development and succession planning ○ Enhancing the exit interview platform to improve our understanding. The Health and Wellbeing of our staff remains a top priority, with various schemes and initiatives focussed on keeping our staff well. Following a successful bid for an additional £430k slippage funds, the wellbeing recovery plan has been expanded to ensure broader coverage in the arrangements to ensure staff wellbeing is supported over the winter months. While the funding is available on a short term basis, attempts are being made to ensure		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		that it is invested in sustainable improvements which will help staff beyond March 2022 (e.g. Staff Room Refurbishment; Developing Peer Support; Management and Leadership Development; Improvements to the crèche facilities, reusable water bottles for all staff). A collaborative approach is being utilised across the UHB to ensure activity is best placed for the most impactful and meaningful outcomes.		
R3	**Evaluating the effectiveness and impact of the staff wellbeing offer** NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to (a) consider what worked well and what did not	A significant part of the Health Intervention team's initial and ongoing engagement with staff and managers has been to evaluate both existing wellbeing resources available pre-pandemic and those implemented during the pandemic. This feedback has resulted in changes to the resources available e.g.	December 2021	AD of OD

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
	work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.	collating and streamlining of wellbeing advice to make it easier to access and has also influenced the development of the People and Culture plan. Evaluation of initiatives has also been built into any new service introduced throughout the pandemic to ensure that the immediate needs of staff and managers has been taken into consideration and to allow flexibility when needed. An example of this include the development of wellbeing walkabouts when evaluation of rapid access to psychological support in the early stages of the pandemic indicated poor uptake. The move to a more visible presence on wards has resulted in positive feedback from staff and managers. Monitoring the number of referrals of potential workplace trauma has resulted in additional resources being embedded in the Trauma	Nov 21 – March 22 Reviewed Monthly	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		pathway for staff to ensure timely access to support. Evaluation of additional temporary staffing resources in the Employee Wellbeing Services, put in place immediately before the start of the pandemic has illustrated the service's ability to achieve and maintain a 90% reduction in waiting times throughout the pandemic and ensured that the service could adapt to the needs of staff and managers. This has enabled a business case to be developed to request long term investment The Executive Director of People and Culture actively seeks feedback from staff during regular team-based visits across the CAV UHB. During one visit a team raised a request for additional wellbeing support and which has resulted in a new model of support being piloted and facilitated by the Employee	March 22 Ongoing as part of 14,000 voices work	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		Wellbeing Service and Health Intervention team		
R4	**Enhancing collaborative approaches to supporting staff wellbeing** NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.	Cardiff and Vale UHB have a number of representatives who actively participate in the National Health and Wellbeing Network. Participation ensures a two-way sharing of best practice which has included the sharing of Cardiff and Vale's experience in regard to the reintroduction of virtual Menopause Cafés. Attendance at this group ensures access to up to date health and wellbeing initiatives within the wider public and social sectors. Collaborative working with multi-disciplinary specialists within the UHB has resulted in the	November 2021	AD of OD

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		development of a Long Covid Peer support group which is facilitated by Employee Wellbeing Service and the CAV UHB lead for long covid rehabilitation service Collaborative working with Remploy has ensured that staff now have access to longer term wellbeing support to help them remain or return to work The Employee Wellbeing Service regularly benchmarks with colleagues across Wales to ensure that best practice and lessons learnt are shared in regard to wellbeing resources and initiatives. The Occupational Health Lead chairs the Welsh NHS Occupational Health and Wellbeing group the remit of which is to benchmark and streamline Occupational Health processes.	December 2020	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		Cardiff and Vale UHB has recently engaged in a two-year collaborative approach to the delivery of Occupational Health Services with Cwm Taf Morgannwg. Which will explore various levels of collaboration across both services. A refocus of the Health and Wellbeing Covid cell has enabled this group to reinvigorate the Health and Wellbeing Strategy group. Membership of the group chaired the Executive Director of People and Culture includes • Trade Union representatives • Facility and Estate leads • Nursing representation • Allied Health Professionals E.g. Dietitians • Clinical Psychologist	December 2021-November 2023	

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		• Con Anaesthetist with special interest in wellbeing trauma support • Health Intervention Team • Employee Wellbeing Service • Asst Medical Director with lead for trainee Doctors • Cardiff Health Charity • Cardiff Recovery College • Head of Occupational Heath		
R5	**Providing continued assurance to boards and committees** NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They	The UHB have a number of governance mechanisms in place to ensure the regular reporting on and evaluation of staff wellbeing. This includes: Quarterly updates to the Strategy and Delivery Committee Completion of bi-monthly risk reports on culture and wellbeing for Corporate Governance for Board	Ongoing regular updates.	AD of OD

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
	should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.	Quarterly updates to the Board / more regular reports for management executive team meetings Updates and discussions at Local Partnership Forums and LNCs Update, discussion and feedback at Clinical Boards Bi-monthly Wellbeing Strategy Group meetings Ongoing evaluation of staff wellbeing offer, including access, impact and value Feedback and discussion at staff networks to inform priorities / direction of travel Attendance of AD of OD at key strategy meetings / COVID recovery meetings to ensure staff wellbeing at forefront of decisions EQIA completion to support policy / process and decision making Staff feedback regarding wellbeing also obtained via NHS Wales Staff Survey, MES,		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		localised surveys and trial of engagement tool with nursing staff (March-May 2022)		
R6	**Building on local and national staff engagement arrangements** NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.	Existing staff engagement mechanisms include: • NHS Wales Staff Survey • Medical Engagement Scale • Freedom to Speak Up • HR Processes and Procedures • Respect and Resolution Policies and Procedures • Trade Union Representatives • Existing Staff Networks – LGBTQ+; Black, Asian, Minority Ethnic; Long Covid • 14,000 voices campaign (on-site visits / staff groups / teams etc)	Ongoing	AD of OD Director of Medicine (MES) Exec Director of People and Culture Director of Corporate Governance (Freedom to Speak Up)

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		• Live, online 'Ask the CEO / Exec etc' sessions held bi-monthly • Localised engagement aligned to specific strategic projects, e.g. Shaping our future clinical services Engagement work scheduled for 2022/23: • Establishment of additional staff networks, e.g. AccessAbility • Pilot engagement project with 6,500 nursing staff to gather weekly feedback using 'Winning Temp' engagement tool • Development of an effective Colleague Engagement Strategy • Enhancement of the Freedom to Speak Up work aligned with All Wales work in this area	Jan 22 – March 23	Executive Team (Ask.. Sessions)

Please indicate below how the Board Members Checklist will be used to inform debate within your organisation

The Board Members Checklist will be reviewed regularly by the Assistant Directors of OD, Resourcing and Workforce where responsible for delivering the health and well-being agenda in our People and Culture Plan. We have a newly established People and Culture Senior Leadership Team and meetings structure which will ensure that progress against the management responses/action plans are regularly monitored. Action plans will be presented at the Strategy and Development Committee for scrutiny. A detailed implementation that underpins the People and Culture Plan will be reviewed and reported upon bi-monthly. The report and checklist has been shared with Board and has been scheduled for discussion as part of a Board Development Session in march 2022.

Archwilio Cymru
Audit Wales

Radiology Services: Update on Progress – Cardiff and Vale University Health Board

Audit year: 2020

Date issued: December 2021

Document reference: 2761A2021-22

This document has been prepared for the internal use of Cardiff and Vale University Health Board as part of work performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

The Health Board has improved the way it plans and delivers radiology services through strong management of the service. Good progress has been made to address our 2017 recommendations, but there is further work necessary. Pent-up demand from the pandemic could impact waiting times for scans and reporting of scans.

Summary report

Introduction 4

Our findings 5

Recommendations 6

Appendices

Appendix 1 – Progress to address our 2017 recommendations 8

Summary report

Introduction

1 Our 2017 report on radiology services found that whilst the service was operationally well managed, the Health Board faced risks to current and future service delivery. These risks included reporting backlogs, rising service demand, staffing pressures and ageing equipment. We also found there was a lack of strategic and business planning.

2 The Auditor General's 2018 national report on Radiology Services in Wales also highlighted several issues threatening the sustainability of radiology services across Wales. These issues included staffing challenges; ageing and underutilised equipment; weaknesses in IT systems; long waits for examination results; and opportunities to improve scrutiny and strategic planning.

3 Both reports set out recommendations or action that the Health Board should address to improve workforce planning, equipment replacement programmes, modelling demand, maximising capacity, performance information and monitoring arrangements. The 2018 national report also identified additional challenges that required a co-ordinated approach by NHS Wales.

4 In 2019, the Welsh Government published an Imaging Statement of Intent, setting out a commitment to adopt a new co-ordinated strategic approach to developing high quality, effective and sustainable imaging services. The National Imaging Programme Strategy Board (NIPSB) was established in 2019 to oversee the implementation of the Imaging Statement of Intent and promote innovation and new ways of working in imaging services in Wales. The NIPSB has been undertaking work to assess the progress made by NHS Wales.

5 Since we published our local and national reports on radiology services, the COVID-19 pandemic has changed the landscape in which the Health Board operates, posing new challenges and opportunities for service delivery. In addition, September 2020 saw the launch of the South Wales Major Trauma Centre, which is located at the University Hospital of Wales (UHW), with the expectation that this will increase demand for imaging, particularly unplanned imaging.

6 We undertook a high-level assessment of the progress made by the Health Board to address our recommendations. In undertaking this work, we:

- asked the Health Board to complete a self-assessment of progress;
- reviewed documentary evidence to support the self-assessment, as well as board and committee papers; and
- interviewed several officers to discuss progress, current issues, and future challenges.

7 A summary of our findings is set out in the following section with more detailed information provided in **Appendix 1**.

Our findings

8 Our overall conclusion is that the Health Board **has improved the way it plans and delivers radiology services through strong management of the service. Good progress has been made to address our 2017 recommendations, but there is further work necessary. Pent-up demand from the pandemic could impact waiting times for scans and reporting of scans.**

9 In summary, the status of progress against each of the previous recommendations is set out in **Exhibit 1**.

Exhibit 1: status of 2017 recommendations

Total number of recommendations	Implemented	Ongoing action	No action	Superseded
8	3	4	1	0

Source: Audit Wales

10 We found that the Health Board has made good progress to address our recommendations, but there is more work to do to fully address our recommendations:

- the service has a good understanding of the day-to-day pressures it is facing and has processes in place to address reporting backlogs as they arise.
- the service is not making good use of reporting radiographers to increase reporting capacity. Currently, the number of reports that need to be outsourced is relatively small.
- the Health Board will need to ensure it sustains the recent performance in computerised tomography scans and improve magnetic resonance imaging scans.
- the service has a new MRI suite which should lead to improvements in the patient experience and less time lost to equipment downtime due to failure.
- radiology appraisal rates remain below the target level of 85% of staff achieving an annual appraisal. There is considerable variation between staff groups, but the service has taken steps to address the underlying issues in the worst performing areas.
- mandatory training rates have improved, and performance is around the 85% target level, although the pandemic has had a negative impact in recent months.
- the radiology directorate has improved workforce planning. Recruitment in some areas continues to be challenging, but the Health Board is successful in recruiting new radiography graduates. However, over representation of one demographic in the workforce may cause issues in the future.

- the radiology directorate has good relationships and regular communication with other directorates to inform demand and capacity, and to ensure appropriate prioritisation of patient referrals for diagnostic imaging. Steps are being taken to introduce an e-referral system.
- the Health Board has introduced a new framework to prioritise equipment replacement.
- there are appropriate arrangements to ensure operational monitoring of performance, and there are more performance measures reported within the directorate. Extraction of management information continues to be time consuming, although the Health Board is seeking a solution to improve this.
- radiology operational plans do not set out specific, measurable, and timely actions for delivery, and therefore it is difficult to assess progress to deliver the plan.

11 In undertaking this assessment of progress update, we identified one new risk in relation to radiology services which is set out in **Exhibit 2**. The Health Board will need to make sure that it maintains oversight of this risk.

Exhibit 2: new risk identified during our work

New risk	
Area	**Description**
Increased demand due to COVID-19-supressed demand	There is an unknown level of 'pent-up' demand as a result of patients having treatment delayed or not visiting their GP during the pandemic. This pent-up demand could significantly affect the radiology service's ability to respond to referrals and report images in a timely manner, leading to increased waiting times for both scans and reporting of scans.

Source: Audit Wales

Recommendations

12 In undertaking this work, we have made no new recommendations. However, the Health Board needs to continue to make progress in addressing our previous recommendation which has yet to be fully implemented. This is set out in **Exhibit 3**.

Exhibit 3: previous recommendations not yet fully implemented

2017 recommendation not yet fully implemented	
R2	Over the next year, increase appraisal rates for non-clinical radiology staff to at least the level of all other radiology staff.

Appendix 1

Progress to address our 2017 recommendations

Exhibit 4: assessment of progress

Recommendations to be addressed	Status[1]	Summary of progress
R1 Develop an action plan detailing how reporting backlogs will be managed sustainably, by for example: a. making short-term use of outsourcing, whilst workforce and training plans are developed; b. ensuring that radiographers already trained to report are fully utilised; and c. establishing whether more radiographers need to be	Amber	Our 2017 report highlighted that the Health Board frequently did not meet its target of reporting images within ten days across all modalities. Since then, the trend for the percentage of patients who wait longer than ten days for their images to be reported has generally reduced. Reporting time improved significantly at the beginning of the pandemic in March 2020, as imaging activity reduced to very low levels. Since then, there has been an increase in reporting times, reflecting the increase in imaging activity as the Health Board began to recover routine service delivery. The increase in patients waiting more than ten days for a report is not evenly spread across all modalities[2]: • for computerised tomography scans (CT scans), in August 2019, the percentage of patients waiting more than ten days for a report was 27%. The percentage of patients waiting more than ten days for their image to be reported reduced to 0% in March 2020. However, in

[1] Green indicates that the recommendation has been achieved; Amber indicates ongoing action to address the recommendation; Red indicates that insufficient or no progress has been made; and Blue indicates that the recommendation was superseded.

[2] Our analysis is based on data provided by the Health Board, covering September 2018 – August 2021.

Recommendations to be addressed	Status[1]	Summary of progress
trained and how this will be achieved.		August 2021, 7% of patients waited more than ten days for their image to be reported, but performance continues to be better than before the pandemic. • magnetic resonance imaging (MRI) scan reporting times were falling before the pandemic, but more recently the percentage of patients waiting more than ten days for a report has risen to 2018 levels. In October 2018, 69% of patients waited more than ten days for their MRI report (this was the highest percentage point). In May 2021, 75% of patients waited more than ten days for their MRI scan to be reported. Most recent figures show a slight improvement; in August 2021 the figure is 62%. • ultrasound reporting time performance is better than CT and MRI. The percentage of patients waiting more than 10 days for a report is low and has not exceeded 4% since September 2018. Most patients receive an ultrasound report within a day of receiving the scan. Ultrasound has seen a small increase in the percentage of patients waiting more than 10 days for a report, from a figure of 1% to 2% during the height of the pandemic to 4% in August 2021. Action taken by the Health Board to monitor and improve waiting time performance includes: • weekly monitoring of reporting times. A list of patients and the date of their scan is shared with clinicians so that they can make decisions about which reports to prioritise. Reporting time performance is reported to the Clinical Board each month.

Recommendations to be addressed	Status[1]	Summary of progress
		• the Health Board has established a 'work-in-progress' baseline number of scans that are waiting to be reported. If the number of work-in-progress scans breaches an agreed threshold, this triggers intervention (such as increasing outsourcing of reporting). • once outstanding reports have been brought to the attention of clinicians, if they think they will not be able to complete the report in a timely manner, the report will be outsourced. The Health Board has a number of advanced practice radiographers who are trained to report on scans, but currently they are not fulfilling this role. Staff told us that this has the potential to become a retention issue as radiographers seek opportunities in neighbouring health boards which do make use of reporting radiographers. The Health Board should identify how many advanced practitioners it needs and how it can ensure they are utilised. Appropriately utilising advanced practice radiographers means they can maintain their skills and the Health Board will have greater flexibility to manage reporting times. Workforce planning is discussed in more detail in **Recommendation 6**. There is an unknown level of 'pent-up' demand as a result of patients having treatment delayed or not visiting their GP during the pandemic. This pent-up demand could significantly affect the radiology service's ability to respond to referrals and report images in a timely manner, leading to increased waiting times for both scans and reporting of scans. Workforce planning is discussed in more detail under **Recommendation 6**.

Recommendations to be addressed	Status[1]	Summary of progress
R2 Over the next year, increase appraisal rates for non-clinical radiology staff to at least the level of all other radiology staff.	Red	Our 2017 report set out that all radiologists, most radiographers and just under half of other radiology staff received an appraisal during the preceding year. Between June 2018 and May 2021, the overall appraisal rate across all radiology staff did not exceed 58%. The Health Board's annual appraisal target is 85%. The overall appraisal rate masks considerable variation between radiology staff groups. For example, in May 2021, appraisal rates ranged from a high of 73% in nursing and midwifery registered staff to a low of 4% in administrative and clerical staff. Over the period June 2018 to May 2021, appraisal rates in administrative and clerical staff did not exceed 8%. This means that over a three-year period, very few staff in this group have received an appraisal regularly, if at all. The Health Board completed a restructure of administrative and clerical staff within the radiology department in Summer 2021. The restructure identified a shortfall in capacity in administrative and clerical support. A new team leader post was created. However, the general manager post was vacant (at the time of writing this report) and being covered by four individuals. The Health Board expects that once the general manager and the new team leader post is filled, appraisal rates will improve, and the target rate (85%) will be met in the near future. Across other staff groups, we were told that it was challenging to find time to do appraisals and the associated preparatory work, particularly as all

Recommendations to be addressed	Status[1]	Summary of progress
		appraisals are undertaken concurrently at the same point in the year. The pandemic has added to those pressures.
R3 Over the next year, increase mandatory training rates for all radiology staff to at least the Health Board target of 85%.	Amber	Our 2017 report identified that staffing constraints were hindering the ability for radiology staff to attend mandatory training. The Health Board's records show that since then and prior to the pandemic, although performance is variable, most of the time the radiology team is meeting the 85% compliance target. This is an improvement on 2017 performance. The pandemic has had an impact on the ability to deliver and attend mandatory training, and compliance rates have decreased slightly. For March, April and May 2021 overall compliance rates were 84%, 84% and 83% respectively. Delivery of training that is required to be face to face has been particularly challenging. Beneath the overall figure, there is some variance between radiology departments. In May 2021, compliance ranged from 89% to 75%. Two departments did not meet the 85% target, bringing the overall figure below target too. The two departments concerned are Ultrasound Services and Radiology UHW. The Health Board say that this reflects workforce challenges in these two areas. Training compliance data is reported each month to the clinical board.

Recommendations to be addressed	Status[1]	Summary of progress
		Despite demands on staff time, particularly during the pandemic, the Health Board has largely been able to improve and sustain compliance with this target. Performance is at or near the 85% target, with some variability between departments.
R4 Liaise with referring clinicians when developing and reviewing guidance. Ensure all referring clinicians know where to access up-to-date versions of guidance.	Amber	Our 2017 report found that whilst clear referral guidance was in place, referring clinicians were unaware of it. We also concluded that the absence of an e-referral system was a risk. In July 2021, the Health Board established a clinical steering group that works with primary care to review clinical pathways in partnership. At the time of writing, the impact of the steering group's work was being evaluated and a report is due to be received by the Clinical Board's Quality, Safety and Experience Sub-Committee as soon as current pressures allow. The Health Board provided us with examples of referral pathways developed by the group. Referral pathways are regularly audited and reported to the sub-committee. Radiographers told us that there are open lines of communication between clinicians at hospital and radiology sites, so it is easy to have conversations about how and when to make referrals. Whilst the same level of connection with individual GPs does not exist, the Health Board indicated to us that that they did not receive a large number of inappropriate referrals. There are processes in place to communicate changes in protocol to GPs and the hospital will reissue referral guidelines to specific GPs where

Recommendations to be addressed	Status[1]	Summary of progress
		necessary. When an inappropriate referral is received, the referrer receives information explaining why the referral was inappropriate. Currently, the Health Board does not have an e-referral system in place. The Health Board is developing an e-referral system for GPs to request imaging. The Health Board anticipates that when the system is in place it will be helpful in terms of ensuring that all relevant information (such as the make and model of pacemakers) is included in the original referral. This has the potential to make the referral process more efficient from an administrative perspective and to shorten waiting times for patients. The Health Board indicated it expected work to develop an e-referral system to begin in January 2022, with an exact implementation date to be confirmed.
R5 Over the next 12 months develop a radiology strategy which sets out: a. where the service is now in terms of its demand, capacity and available resources; b. where the service needs to be; and c. how the service will achieve its aims.	Green	In our 2017 report we observed that the absence of a clear strategy for the radiology service was constraining its ability to set out sound operational plans. The radiology directorate does not have a strategy; however, each year it develops an operational plan. The plan sets out forecast demand, capacity, and workforce resources, including information on the direction of travel. Where there are known challenges that will impact directly on the service, the operational plan sets these out in more detail. Embedded within the operational plan is a risk register which sets out the major risks facing the service and the mitigation measures in place to offset their impact.

Recommendations to be addressed	Status[1]	Summary of progress
		In terms of the service's medium and long-term aims, the plan also lists service-specific strategies that are in place for development of services such as the Single Cancer Pathway, regional development of a Paediatric radiology service and regional vascular centralisation. The Health Board is also in the early stages of discussing their short, medium and long-term plans to recover planned care from the pandemic with the Welsh Government. Depending on the outcome of those discussions, the Health Board could potentially see fundamental changes to its diagnostic pathways and resulting impacts to radiology service delivery. Radiographers also told us that they were proactive in engaging with other departments to establish what support they will need from radiography to progress their (the other departments') plans.
R6 Develop a workforce plan alongside the radiology strategy which identifies the baseline needed to sustainably meet radiology demand in a safe and timely way.	Green	In 2017 the Health Board did not have a workforce plan for radiology. Workforce planning now takes place as part of the annual operational planning process. Within the operational plan, there is a section on workforce, setting out the current establishment, risks, and requirements. The plan also includes links to specific workforce plans for porters, radiology department assistants and radiographers, setting out the priorities over the next 12 months and longer-term priorities in more detail, due to the challenges facing these particular cohorts.

Recommendations to be addressed	Status[1]	Summary of progress
		Whilst the current workforce model and the recruitment and retention challenges are clearly articulated, a long-term plan for addressing all challenges is not included in the plans. Although the plans do include information on restructures that have already taken place where that is relevant. Some of the workforce shortage issues for radiologists and radiographers are UK-wide and the Health Board is therefore competing in a very competitive marketplace for scarce workforce resources. The plan notes the need to establish an all-Wales strategic solution as a matter of urgency. Overall, the Health Board has a better understanding of the challenges facing its workforce than it did in 2017. Radiographers told us that generally, the Health Board does not struggle to recruit radiographers. Turnover is not a particular concern, but where people do move on, it is usually related to the intensity of work, such as in UHW and the need to cover on-call services. UHW is the regional centre for several disciplines, which provides lots of experience and opportunities for staff, however, this does mean that there is a need to provide cover 24 hours a day, 7 days a week. Therefore, this can mean that opportunities presented by other health boards, which do not require the same degree of round the clock cover, can be attractive to some staff. Although the relative ease with which the Health Board attracts recent radiography graduates is positive, it is possible that a predominance of a particular age group within the workforce will cause problems in the future.

Recommendations to be addressed	Status[1]	Summary of progress
		As discussed in **Recommendation 1**, failing to appropriately utilise the skills of reporting radiographers potentially could lead to difficulties retaining this cohort of staff, particularly when neighbouring health boards may offer more opportunities in this area. The Health Board has taken part in the Streamlining Scheme[3] facilitated by Health Education and Improvement Wales (HEIW). The effect of this has been that there is one annual recruitment process. Whilst there are undoubted efficiencies associated with this approach, there are also risks that the Health Board is not able to be as flexible and responsive as it needs to be changes in the workforce throughout the year.
R7 By mid-2017, develop an equipment replacement plan. The plan should include: a. equipment priorities, requirements, and associated costs, and b. outline the risks to service/ patients of not achieving the	Green	In 2017, the Health Board had no equipment replacement programme in place. As in 2017, the radiology service has an asset register, this is an inventory of equipment listing dates of manufacture and installation. Each year, the Health Board reviews the asset register and risk assessments to identify the highest risk equipment needing replacement through the national imaging replacement programme.

[3] The Student Streamlining Scheme allows student nurses and allied health professions and healthcare science graduates to submit a single application to NHS Wales, with an indication of a preferred speciality and/or location. This removes the need to submit multiple applications.

Recommendations to be addressed	Status[1]	Summary of progress
plan within the required timescales.		The Capital Management Group, which approves and monitors the Health Board's capital programme, also oversees the discretionary budget for equipment replacement. This was also the case in 2017. Large radiology equipment procurement is supported by the specialist estates service at NHS Wales Shared Services Partnership. Health Boards identify their priorities for improvement, which can allow economies of scale to be realised. Since March 2021, the Health Board has had a medical equipment management procedure and policy which sets out the framework for replacing equipment. Faults, downtime, and quality of images are all monitored and are factors in the prioritisation process. The Health Board has recently invested in a new MRI suite. Staff told us this had made significant improvements to the staff and patient experience.
R8 Strengthen directorate performance management by: a. setting clear business and service objectives; and b. widening the range of performance measures aligned to the business and service objectives to include: – equipment downtime,	Amber	The Health Board has a range of performance information which it reports to the Clinical Board monthly. Each of the measures set out in our 2017 recommendation is covered, with the exception of equipment downtime, which is discussed with the company providing the maintenance contracts on a quarterly basis. It would be beneficial for the Clinical Board to also receive this information, in order to help understand waiting time performance. The Health Board is working with a range of different software systems that are not always compatible with each other. Therefore, it can be

Recommendations to be addressed	Status[1]	Summary of progress
– vacancy levels, – the number of unreported images, – performance against internal referral; and – reporting times.		challenging and time consuming to extract information and present it in a way that is easily understandable. The Health Board is currently in discussions with an external party to provide a software solution that would allow the Health Board to improve management information extraction and presentation. The intent being to provide better visualisation of the data such as pinch points in the pathway and actual demand against forecast demand. Currently, the data is sourced from a number of systems, which can be time consuming to collate. The Health Board has a series of objectives, which are referenced in the operational plan. The plan identifies that the work of the service is relevant to the Health Board's high level objective 'have a planned care system where demand and capacity are in balance'. We did not see evidence that the radiology service has set its own specific radiology objectives. We would expect the radiology service to set out specific, measurable and timebound actions for delivery in its operational plan. This would allow the review of progress against delivering actions set out in the operational plan and identify where delivery was off-track to enable decisions to be made on mitigating actions.

Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Archwilio Cymru
Audit Wales

Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: **Cardiff & Vale University Health Board**

Audit year: 2021

Date issued: December 2021

Document reference: 2744A2021-22

This document has been prepared for the internal use of Cardiff & Vale University Health Board as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report

About this report 4

Key messages 5

Recommendations 6

Detailed report

Governance arrangements 8

Managing financial resources 23

Appendices

Appendix 1 – management response to audit recommendations 28

Summary report

About this report

1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Cardiff & Vale University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements and how these are helping to lay the foundations for effective recovery.

2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our 2020 structured assessment report considered the Health Board's revised governance arrangements and was published in October 2020.

3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.

4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of the Health Board's 2021-22 Annual Plan.

5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

Key messages

6 Overall, we found that **the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to strengthen public transparency of Board business remain. The Health Board has clear plans in place to support the recovery of services, but arrangements for monitoring and reporting on overall plan delivery need to be strengthened. The Board maintains robust oversight of Health Board's finances. The Health Board identified certain weaknesses in financial controls relating to procurement and expenditure on major capital projects which it is addressing. The pandemic continues to pose a risk to the Health Board's ability to breakeven.**

7 The Health Board has good arrangements in place to conduct Board and Committee business effectively. The Health Board has taken positive steps to enhance public transparency of Board business by, for example, increasing the frequency of public Board meetings during the pandemic. There is scope to strengthen these arrangements further. The Health Board is committed to continuous improvement, as well as learning from the pandemic. The Health Board has a full and stable cadre of Independent Members. There have been significant changes to the Executive Team during the year. However, the Health Board has managed these changes well by moving swiftly to make interim appointments to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders.

8 The Health Board's approach to operational planning remains robust. It has clear plans in place, such as the Annual Plan, for responding to the ongoing pandemic, as well as for recovering services in the short- and medium-term, and redesigning services for the longer-term. However, its arrangements for monitoring and reporting on overall delivery of these plans remain less robust and require strengthening to enable full scrutiny and assurance. The Health Board has further strengthened its approach to risk management and tracking recommendations, and its arrangements for providing assurance on quality and safety matters have improved.

9 The Health Board continued to operate within its capital resource allocation, but it failed to meet the duty not to exceed its resource revenue allocation over the rolling three-year period to 31 March 2021. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22. The Health Board has continued to operate within most of its existing financial controls. However, weaknesses in financial controls relating to major capital procurement and expenditure identified by the Health Board have resulted in systematic breaches. The Health Board has investigated these and is taking steps to strengthen its governance controls and arrangements in respect of capital schemes and expenditure. The Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but there is scope to improve public transparency of Board business in this area.

Recommendations

10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 1**.

Exhibit 1: 2021 recommendations

Recommendations
Strengthening public transparency of Board business R1 The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by: a. ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a timely manner after each meeting, and ensuring that links to previous meetings remain active; b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards; c. uploading all Committee papers to the Health Board's website in line with agreed timescales; d. updating the membership details of Committee on the Health Board's website as soon as changes are approved; e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis; f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.
Strengthening operational plan reporting and monitoring R2 The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by:

Recommendations

a. ensuring these plans contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; and
b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.

Detailed report

Governance arrangements

11 Our structured assessment work considered the Health Board's governance arrangements while continuing to respond to the challenges presented by the pandemic.

We found that **the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to further strengthen public transparency of Board business remain. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall plan delivery need to be strengthened.**

Conducting business effectively

12 We found **that the Health Board has good arrangements in place to conduct Board and Committee business effectively. Public transparency of Board business has improved but could be strengthened further. Commitment to continuous improvement is strong, and recent changes to Board-level membership have been managed well.**

Public transparency of Board business

13 The Health Board continues to hold Board and Committee meetings virtually. The use of technology is well embedded, and the number of IT connectivity issues remains low. Board and Committee members observe virtual etiquette and make good use of the various features of the online platform to support the effective conduct of meetings. Whilst all members acknowledge the benefits of virtual meetings, there is a desire amongst some to resume in-person meetings as soon as it is safe to do so.

14 All public Board meetings are livestreamed via MS Teams, with recordings uploaded to the Health Board's website afterwards. However, our review of the Health Board's website found that links to several recordings were not active, and one recording was unavailable several weeks after the meeting[1] (see **Recommendation 1a**). The Health Board does not currently livestream Committee meetings, but they are recorded for the purposes of preparing the minutes. The Health Board, therefore, may want to consider making these recordings available on its website to enhance transparency (see **Recommendation 1b**).

15 The Health Board strives to publish agendas and papers on its website in advance of meetings in line with agreed standards - ten days prior to public Board meetings

[1] The recording of the public Board meeting held on 30 September 2021 was not available at the time of our review at the end of November 2021

and seven days prior to Committee meetings. Compliance with these standards has continued to be good, with only a small number of breaches relating mostly to the Finance Committee[2], and the Charitable Funds and Health and Safety Committees[3] (see **Recommendation 1c**). The Health Board also publishes the membership, workplan, and terms of reference of each Committee on its website, with the exception of the Remuneration and Terms of Service Committee. However, the Health Board needs to update the membership details of some Committees to reflect the membership changes agreed in July 2021 (see **Recommendation 1d**).

16 Unconfirmed minutes of public Board and Committee meetings continue to be published on the Heath Board's website when included in papers for the next meeting. The Health Board should consider publishing unconfirmed minutes a few days after each Committee meeting to enhance transparency as an alternative to livestreaming meetings or making recordings available on its website (see **Recommendation 1b**). This would also allow the Health Board to address a concern highlighted in the 2020-21 Board Effectiveness Survey that unconfirmed minutes for certain meetings are not circulated to members in a timely manner. Whilst confirmed minutes are published separately on the Health Board's website, our review found that several sets were not available.

17 We recommended in our structured assessment last year that the Board should take steps to enhance public transparency during the pandemic (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**). In November 2020, the Board agreed to meet in public more frequently by holding the first 90 minutes of its bi-monthly Board Development in public to focus largely on COVID-19 related matters. The Board continued with this arrangement until June 2021. The Health Board has placed a notice on its website explaining how members of the public can observe public Board meetings and submit questions in advance. However, there is scope to better promote these opportunities and signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels (see **Recommendation 1f**).

18 The Health Board has continued to engage regularly with patient advocates from the Community Health Council (CHC), with CHC representatives describing the communication arrangements as robust. CHC representatives also attend public Board meetings and relevant Committee meetings to provide views on strategic developments, service changes, and public accessibility to Health Board business and services.

[2] Our review of the Health Board's website at the end of November 2021 found that the papers for the Finance Committee on 25 August 2021, 29 September 2021, and 27 October 2021 were not available.

[3] The 2020-21 Board Effectiveness Survey highlighted the need to improve the timeliness of papers issued for meetings of the Charitable Funds Committee, and Health and Safety Committee.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2020 Recommendation 1 Recognising the numerous challenges the Health Board faced during the first COVID-19 peak, the Board should reflect on its experiences of governing during that period in order to strengthen future governance both generally and in the event of a second COVID-19 peak. In reflecting on its experiences, the Board should focus in particular on: a. considering what worked well and what didn't work so well, and identifying what it would do differently in the event of a second COVID-19 peak; b. establishing which new ways of working introduced during the pandemic it wants to retain going forward; c. supporting the development of the whole cadre of Independent Members as well as enhancing their role and input; and, d. enhancing Board reporting and transparency.	**Completed** The Board reflected on its experiences of governing during the first wave and also reviewed the findings of our structured assessment work as well as the findings of audits undertaken by Internal Audit and KPMG. In November 2020, the Board approved several amendments to its COVID-19 governance arrangements which are detailed in this report (see **paragraphs 17**, **33**, and **38**).

Board and committee arrangements

19 Last year, our structured assessment described the streamlined Board and Committee arrangements introduced by the Health Board in March 2020 to support agile decision-making and allow a focus on business-critical matters during the first wave of the pandemic. By autumn 2020, all Committees had been reinstated and each one continued to meet during the second wave of the pandemic.

20 The Health Board's Committee structure has remained largely unchanged. However, a new Committee, the Shaping Our Future Hospitals Committee, was established in March 2020 to provide oversight to the development of the Health

Board's future hospitals programme[4]. All Committees have clear terms of reference and workplans which were approved by the Board in March 2021. Committee membership was reviewed and refreshed in July 2021 to reflect the appointment of three new Independent Members[5] and to strengthen the resilience of certain Committees by increasing their membership, such as the Audit and Assurance Committees.

21 The Health Board ensures that agendas are structured to provide focus and enable scrutiny where it is needed most. Items for review and assurance are first on the agenda, followed by items for approval and ratification, and finally items for noting and information. Whilst the Health Board's approach to agenda setting is generally effective, concerns have been expressed via the 2020-21 Board Effectiveness Survey about the length of the Quality, Safety, and Experience Committee agendas in particular. In order to address these concerns and help manage time and energy levels across all meetings, the Health Board may want to consider:

- allocating specific amounts of time for each agenda item;
- adopting the use of consent agendas[6] for items presented for noting and information only (such as minutes of Committees and Sub-committees); and
- publishing supplementary papers that provide background information separately.

22 The number of items discussed by the Board and its Committees in private is generally kept to a minimum. Whilst a list of the items to be discussed in private by the Board are published on the agenda of public Board meetings, the Health Board should do the same for items to be discussed in private by Committees in order to enhance transparency (see **Recommendation 1e**).

23 Our observations of Board and Committee meetings found that meetings are chaired well to support focused discussions on key issues and enable contributions to be made by all attendees. Contributions from Independent Members at meetings are balanced, supportive, and appropriately challenging where necessary.

24 Minutes of meetings prepared by members of the Corporate Governance Team are comprehensive and provide a good record of key issues discussed and decisions made. As noted in **paragraph 16**, there is scope though to ensure that

[4] The programme is comprised of the three constituent core projects - Project 1: Clinical service transformation in line with a new clinical model and vision; Project 2: Redevelopment of hospital infrastructure at University Hospital Wales and University Hospital Llandough sites; and Project 3: Development of a Health and Life Sciences Eco-system to support collaboration innovation, research, and development.

[5] A new Vice-Chair, a new Independent Member for Information Communication & Technology, and a new Independent Member for Trade Unions have joined the Board during 2021.

[6] A consent agenda is a technique for addressing and approving several matters in a single agenda item, such as reports, minutes, and other items that do not require discussion.

unconfirmed minutes are circulated to Board and Committee members in a timelier manner.

25 Despite staffing challenges during the year, the Corporate Governance Team has continued to provide a professional service to the Board and its Committees, which is valued and appreciated by Independent Members and Executive Directors alike.

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2019 Recommendation 1 We found scope to review the timings and frequency of some committee meetings to support members to scrutinise current information more often. Reviewing timings will also allow maximum attendance at meetings. The Health Board should: a. review the frequency of Audit Committee meetings to close the gap between the May and September meeting; and b. review independent member's capacity and timings of committee meetings where there is infrequent independent member attendance.	**Completed** The Audit and Assurance Committee meets more frequently, with meetings now held in June and July each year. The membership of the Audit and Assurance Committee has increased to four Independent Members from three. This has strengthened the capacity and resilience of the Committee.

Board and committee information

26 The Health Board strives to provide good quality, accessible information to the Board and its Committees.

27 Cover reports clearly set out the purpose of papers and include the results of relevant health and equality impact assessments. Cover reports also provide links to the Health Board's objectives and the sustainable development principles as set out in the Wellbeing of Future Generations (Wales) Act 2015. However, there is scope to strengthen cover reports by:

- including an additional section outlining the approval or scrutiny route of the report (if it has been discussed elsewhere previously);
- enhancing the assessments and risks section to ensure the relevant quality and safety, legal, financial, workforce, and socio-economic impacts and implications are better articulated; and

- limiting the status section to one option only to provide greater clarity on the overall purpose of the report (for assurance, for approval, for discussion, or for information).

28 Whilst most papers are of an appropriate length, Independent Members and Executive Directors told us there is scope to summarise information further to provide a greater focus on the key issues requiring the attention of the Board and / or its Committees. They also told us that background information should be kept to a minimum or published as supplementary information if necessary. The Health Board, therefore, may want to consider providing training or guidance on report writing for staff that regularly prepare and present reports to the Board and its Committees.

29 Where verbal reports are provided at meetings, the minutes provide a detailed summary of the main points covered and the subsequent deliberations of the Board or Committee.

30 The Board has continued to receive and consider highlight reports prepared by Committee Chairs. As highlight reports are often presented alongside the minutes of previous Committee meetings, there is a risk they may be perceived by the public as duplicating the same information. Furthermore, highlight reports are a key source of assurance for the Board. As a result, the Health Board may want to consider placing the highlight reports under the assurance section of the agenda to separate them from the minutes of previous meetings and ensure they receive appropriate consideration by the Board.

31 The Board has continued to receive and consider streamlined performance reports in public, which cover both financial and operational performance. The Board has also continued to receive and consider separate quality, safety, and patient experience reports in public. Prior to November 2021, information on key workforce performance indicators was only presented to the Strategy and Delivery Committee for scrutiny. Whilst these reports provide a good overview of the Health Board's performance against a range of different indicators, they do not provide any information on the action being taken to either sustain or improve performance.

32 In May 2021, the Board agreed to adopt a more strategic and integrated approach to performance management by overseeing the development of an agreed suite of key indicators across all main areas of business. The suite of indicators are included in a single integrated report for the Board to scrutinise. Under this approach, the role of the Committees would be strengthened to undertake more detailed scrutiny of performance within their areas of business in order to provide greater assurance to the Board. The Board has started to receive and consider the Integrated Performance Report in public since November 2021. Whilst this is a positive development, there is scope to enhance the report by aligning the

indicators to the four harms associated with COVID-19[7], as well providing stronger assurances to the Board on the actions being taken to sustain or improve performance.

33 We recommended in our 2020 structured assessment that the Board should take steps to increase public reporting on all relevant COVID-19 related matters during the pandemic (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**). In November 2021, the Board agreed to receive a report at each public meeting, the Coronavirus Update Report, which would focus specifically on the impact of COVID-19 on key areas of business including, quality of services and patient safety; workforce (including staff wellbeing and safety); governance; public health; and the operational framework. The report, which has been considered at each public Board meeting since December 2020, has ensured greater transparency and enhanced reporting on certain matters that were largely underreported in public during the first wave, such as staff wellbeing.

Exhibit 4: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2019 Recommendation 2 We found that performance monitoring at an operational level is sound, but some information received by the Board and its committees need to be improved. When the Health Board restarts its performance framework review it should be extended to include: a. monitoring IMTP delivery on a quarterly basis and reporting the wholescale position to the Strategy and Delivery Committee and Board. We have previously suggested presenting the committee with a summarised version of the IMTP progress reports available at clinical board performance reviews. b. ensuring that the Strategy and Delivery Committee receives the	**Completed** a. Superseded by Structured Assessment 2021 (Phase 2) Recommendation 2b. b. The Strategy and Delivery Committee receives detailed information on the Health Board's performance against key operational and workforce performance indicators which is summarised in the Integrated Performance Report to Board. c. In May 2021, the Board agreed to adopt a more strategic and integrated approach to performance management by overseeing the development of an agreed suite of key indicators across all main areas of business. The suite of indicators are included

[7] The four harms are – (i) harm from COVID-19 itself; (ii) harm from overwhelmed NHS and social care system; (iii) harm from reduction in non-COVID-19 activity; and (iv) harm from wider societal actions / lockdown.

Recommendation	Description of progress
same, or more detailed, performance information than that received by the Board. c. review the format and legibility of the performance dashboard currently reported to Board.	in the Integrated Performance Report for the Board to scrutinise (see **paragraph 32**).
Structured Assessment 2018 Recommendation 4 The Health Board should update its performance management framework to reflect the organisational changes that have taken place since 2013.	**Completed** An updated performance management framework document was presented to and agreed in principle by the Strategy and Delivery Committee in September 2020.

Board commitment to continuous improvement

34 The Health Board is committed to continuous improvement and undertakes regular reviews of Board and Committee effectiveness. In May 2021, the Board and its Committees reviewed their effectiveness as part of the process of preparing the Health Board's Annual Governance Statement. The overall findings of the 2020-21 Board Effectiveness Survey were positive, but a small number of areas were identified as requiring improvement. An Action Plan is in place to address these areas for improvement, which is monitored by the Board. The Health Board has also undertaken an assessment of its compliance with the Corporate Governance Code for Central Government and did not identify any departures from the code during the year.

35 The Health Board has effective arrangements in place to support the development of new and existing Independent Members. The Health Board has a comprehensive induction programme in place for new Independent Members, and it successfully managed the process of onboarding the three new Independent Members remotely. The Chair has reviewed the performance of all Independent Members and has actively involved them in the process of setting their own objectives for 2021-22. The Health Board has put appropriate arrangements in place to meet the development needs of Independent Members as identified through the performance appraisal process. The Chair is also effective at sharing information with Independent Members outside of formal meetings, and Independent Members continue to make regular use of the WhatsApp group established at the start of the pandemic to support each other.

36 The Health Board has continued to make effective use of Board Development Sessions to enhance the knowledge and understanding of Independent Members on certain topics and issues across the healthcare system as well as to support Board growth and cohesion more generally.

37 At the time of our review, all Board members had completed their declarations of interest, gifts, hospitality, and sponsorship. Whilst Board member declarations can be viewed on the Health Board's website, they're published in a single document which also lists the declarations of Health Board staff. The Health Board, therefore, may want to consider publishing Board member declarations separately to ensure appropriate transparency. The Health Board has recently agreed a series of changes to improve compliance with its interest, gifts, hospitality, and sponsorship policy more generally, with progress being monitored and reported to the Audit and Assurance Committee.

Ensuring organisational design supports effective governance

38 As described in our 2020 structured assessment, the Health Board decided not to deploy a traditional top-down Gold Command and Control structure to manage and co-ordinate its response to the pandemic. Instead, the Health Board established a COVID-19 Command Structure in March 2020 to allow it to adopt a more sustainable, inclusive, flexible, and bottom-up approach. These arrangements were formally reviewed in autumn 2020 with a number of changes approved by the Board in November 2020, including expanding the core membership of the Board Governance Group to include all Independent Members (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**).

39 The Health Board embarked on a large programme of learning following the first wave which culminated in the publication of the COVID-19 Discovery Report in the autumn of 2020. The Health Board has also been involved in reviewing learning in relation to governing during the pandemic through the all-Wales Chairs Group and Board Secretaries Network. However, there is scope for the Health Board to better highlight how it has embedded this learning and new ways of working.

40 The Health Board has a full and stable cadre of Independent Members, and the membership of the Board has been expanded to include the Director of Digital and Health Intelligence. However, there have been several changes at Executive Director level:

- the new Executive Director of Finance and new Executive Director of People and Culture took up their positions at the Health Board in March and May 2021 respectively;
- the Chief Executive Officer left the Health Board in September 2021; and
- the Chief Operating Officer and the Medical Director have announced they are leaving their posts in December 2021 and March 2022 respectively.

The Health Board moved swiftly to appoint an interim Chief Executive Officer, interim Medical Director, and interim Chief Operating Officer to ensure business

continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders. These interim appointments were approved by the Remuneration and Terms of Service Committee. The new Chief Executive Officer takes up position at the Health Board in February 2022 and permanent appointments to the Medical Director and Chief Operating Officer positions will be made shortly afterwards.

Planning for recovery[8]

41 We found that **the Health Board has clear plans in place for recovery, but delivery timescales are dependent on many factors outside of its direct control. Whilst the Health Board's approach to planning remains robust, arrangements for monitoring and reporting on plan delivery need to be strengthened.**

42 Recovery from the COVID-19 pandemic is a significant challenge for the Health Board. The pandemic, alongside significant unscheduled care pressures, continues to affect the available service capacity and productivity of wider services. In response to these challenges, the Health Board has developed an Annual Plan 2021-22 (the Annual Plan), which is accompanied by an addendum that focuses specifically on planned care, which sets out how activity will be maximised and redesigned to support recovery.

43 The Board discussed and approved the draft Annual Plan at its private meeting in March 2021 as directed by Welsh Government. The final Annual Plan, along with the planned care addendum, was approved by the Board at its public meeting in June 2021. We observed good scrutiny of both the draft and the final versions of the Annual Plan by the Board, with Independent Members seeking assurance that the plan was realistic and achievable. However, the Strategy and Delivery Committee was unable to scrutinise the Annual Plan prior to Board approval due to the tight timescales involved.

44 The Annual Plan is detailed, well-structured, and makes good use of visual signposts to assist the reader to understand how each section relates to the relevant Health Board priority or Ministerial priorities. The Annual Plan outlines the Health Board's priorities in relation to responding to the ongoing pandemic (including the four harms associated with COVID-19), as well as its priorities for recovering services in the short- and medium-term, and redesigning services for the longer-term. It addresses all the Ministerial priorities as set out in the NHS

[8] NHS bodies are required to submit a three-year Integrated Medium Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-23 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements.

Wales Annual Planning Framework 2021-22 and describes the enablers required to support its implementation.

45 Whilst the Annual Plan includes a number of key actions / deliverables, timescales, and measures, they are not summarised or presented in a way that would allow progress to be monitored and reported effectively. This was also the case with the quarterly plans produced during 2020-21 as noted in our structured assessment 2021 Phase 1 report. The Health Board, therefore, should ensure that future Annual Plans or Integrated Medium Term Plans contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting (see **Recommendation 2a**).

46 Welsh Government feedback on the draft Annual Plan was largely positive, and highlighted opportunities for the Health Board to strengthen it further by providing assurance on alignment with national priorities / programmes; providing further assurance on deliverables required, particularly essential services; addressing learning disabilities, decarbonisation, and new regional planning initiatives; and outlining how services that effect wider south east population and tertiary services will be delivered. The cover report accompanying the final version of the Annual Plan presented to the public Board meeting in June 2021 clearly set out the steps taken by the Health Board to address Welsh Government feedback.

47 The Annual Plan addendum focusses specifically on planned care and covers whole system operational recovery and redesign across the five core areas of Primary and Community Care, Mental Health, Planned Care, Unscheduled Care, and Diagnostics. The addendum provides a good overview of the schemes identified by the Health Board to restore and improve access, transform pathways, and minimise harm in each of these areas in line with the principles of being clinically-led, data-driven, risk-orientated, and COVID-19 ready.

48 The addendum acknowledges the factors that may affect delivery timescales, many of which are outside of the Health Board's direct control, including:

- the pace of approving capital business cases, constructing new facilities and reconfiguring existing facilities;
- the ability to recruit and train new members of staff; and
- the rate at which infection prevention and control measures can be reduced and removed.

49 Whilst the Health Board has secured additional funding from Welsh Government to progress some of its schemes, there is a risk it might not be able to secure all the financial resources it requires to deliver and sustain all of the changes set out in the addendum.

50 Our structured assessment 2021 Phase 1 report highlighted opportunities to strengthen arrangements for monitoring and reporting on the overall delivery of operational plans to enable full scrutiny and assurance. To date, the performance reports presented to the Board do not provide any information on progress in delivering the Annual Plan. There is slightly better reporting on the addendum

though, with a Flash Report on the recovery and redesign portfolio presented to the Strategy and Delivery Committee in November 2021 as part of a broader update on the Health Board's strategic programmes. The Health Board, therefore, should take steps to provide more information to the Board and Strategy and Delivery Committee on progress against delivery of the Annual Plan and the addendum to enable full scrutiny and assurance (see **Recommendation 2b**).

Systems of assurance

51 We found that **the Health Board has further strengthened its risk management arrangements and approach to tracking recommendations. Arrangements for providing assurance on quality and safety matters have improved and are set to improve further following the adoption of a new Quality, Safety, and Experience Framework.**

Managing risk

52 We found that **the Health Board has effective arrangements in place for managing risk which continue to mature.**

53 As described in our 2020 structured assessment, the Health Board established and maintained a separate COVID-19 Board Assurance Framework (BAF) alongside its standard BAF to capture, manage, and mitigate the strategic risks relating to the pandemic. In July 2020, the Board agreed to merge the standard BAF and COVID-19 BAF into a single unified BAF. The unified BAF clearly sets out the principal risks which could impact upon the delivery of the Health Board's strategic objectives as set out in in its 10-year strategy, Shaping Our Future Wellbeing. The BAF also clearly sets out the current controls and assurances in place, as well as the actions to be taken to address gaps in controls and assurances where relevant. The BAF was enhanced in July 2021 to reflect the Health Board's risk appetite as well as to align assurances to the three lines of defence[9] set out in the new Risk Management and Board Assurance Framework Strategy.

54 The Health Board manages the BAF as a live document. The Director of Corporate Governance, who has overall responsibility for the BAF, ensures it is reviewed regularly by the relevant Executive Leads to reflect ongoing, new, and emerging principal risks as well as to capture progress in implementing agreed actions to address gaps in controls and assurances. The BAF is presented to the Board in public on a bi-monthly basis for scrutiny and approval, with Committees of the Board routinely reviewing the principal risks assigned to them in order to provide further assurances to the Board. The Audit and Assurance Committee is responsible for overseeing and reviewing the adequacy and effectiveness of the BAF on behalf of the Board.

[9] The first line of defence is management level assurance, the second line of defence is Board and Committee level assurance, and the third line of defence is independent level assurance.

55 The Health Board's Corporate Risk Register is aligned to the BAF and captures extreme operational risks graded 20 or above[10]. Since January 2021, the Corporate Risk Register is presented to the Board in public on a bi-monthly basis for scrutiny, following detailed review and consideration by the Health Board's Management Executive and Health System Management Board. In September 2021, there were 11 extreme operational risks graded 20 or above on the Corporate Risk Register. The Corporate Governance Directorate is responsible for monitoring and maintaining the Corporate Risk Register, with Committees of the Board routinely reviewing the relevant extreme operational risks in order to provide further assurances to the Board

56 As described in our 2020 structured assessment, the Health Board established Local Command Centres to manage its operational response to the pandemic. As part of this arrangement, each Local Command Centre managed their own Risk Registers which ran alongside the Risk Registers of Clinical Boards and fed into the Corporate Risk Register as required. The Local Command Centre Risk Registers were closed during 2021 when business as usual arrangements were reinstated. Operational risks relating to COVID-19 are now identified and managed through the Health Board's Clinical Board and Corporate Directorate structures.

57 The risks detailed in the BAF and Corporate Risk Register also inform the Health Board's risk appetite. In October 2020, the Board agreed to use the Good Governance Institute's Risk Appetite Matrix to set its risk appetite as 'cautious' (preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward) moving towards 'seek' (eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk). In December 2020, the Board agreed to further refine this approach by adding more sub-elements to the Risk Appetite Matrix to enable better application of the risk appetite at an operational level. The Health Board's Risk Appetite Matrix was published in July 2021 as part of the new Risk Management and Board Assurance Framework Strategy and will be reviewed annually by the Board.

58 During 2021, the Risk and Regulation Team has delivered specific training sessions for Clinical Board and Corporate Directorate Risk Leads, as well as weekly virtual online training sessions for all Health Board staff. These sessions have proved helpful in embedding a consistent approach to the identification, assessment, and response to risks of risk across the Health Board's Clinical Boards and Corporate Directorates.

59 The Health Board's risk management arrangements were reviewed by Internal Audit in March 2021, resulting in a 'reasonable' assurance rating.

[10] Prior to July 2021, the Corporate Risk Register contained extreme risks graded 15 or above. However, a decision was taken to only include risks graded 20 or above due to the Health Board's increasing confidence in the appropriateness of risk scores prepared by Clinical Boards and Corporate Directorates.

Quality and safety assurance[11]

60 We found that **the Health Board's arrangements for providing assurance on quality and safety matters have improved, with further improvements planned following the adoption of a new Quality, Safety, and Experience Framework.**

61 Reporting to the Board on the Health Board's arrangements to provide quality services and ensure patient safety has improved. The Patient Safety, Quality and Experience Report provides an overview of the Health Board's performance against a range of quality and safety indicators which are reviewed and scrutinised regularly beforehand by the Quality, Safety, and Experience Committee. However, as set out in **paragraph 32**, there is scope to better align the indicators to the four harms associated with COVID-19 as well as to provide stronger assurances to the Board on the actions being taken to sustain or improve performance. Information on COVID-19 outbreaks, hospital acquired COVID-19, and COVID-19 related concerns is provided in the Coronavirus Update Report. The Board also receives regular patient stories which provide valuable insights into patients' experiences of receiving care by the Health Board during the pandemic.

62 In June 2021, the Health Board adopted a new Quality, Safety, and Experience Framework following extensive engagement with internal and external stakeholders. The new framework sets out the Health Board's priorities for the next five years, with the aim of moving away from a culture focussed on ensuring that 'as few things as possible go wrong' to one focussed on ensuring that 'as many things as possible go right'. The Health Board has also approved a new quality governance structure, with a number of new groups being established to strengthen the focus on clinical effectiveness, clinical safety, and organisational learning. Whilst the new framework and structure may take time to embed, they should help to ensure an increased focus on key quality areas, reduce the workload of the Quality, Safety, and Experience Committee, and provide greater assurances to the Board.

63 The Health Board remains committed to staff safety and wellbeing, with "taking great care of our staff" identified as one its priorities in the Annual Plan. Reporting to the Board on the Health Board's measures to ensure staff safety and wellbeing has improved, with regular updates provided in the Coronavirus Update Reports. The Chair's Report in May 2021 was also dedicated to providing information to the Board on staff wellbeing. Regular reporting to the Strategy and Delivery Committee

[11] We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment as we are undertaking a separate review of quality governance arrangements at the Health Board. The review will consider whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We will report our findings in 2022.

on workforce key performance indicators resumed in September 2020, following a brief pause during the first wave of the pandemic. Historically, there has been limited reporting to the Board on the Health Board's performance against these indicators. However, the inclusion of a high-level set of indicators in the Integrated Performance Report should lead to greater oversight and scrutiny of workforce related matters at Board-level.

Tracking progress against audit and review recommendations

64 We found that **the Health Board has good arrangements in place for tracking and implementing audit and review recommendations.**

65 The Corporate Governance Directorate regularly reviews all outstanding recommendations with the relevant Executive Leads, with the outcomes reported to each meeting of the Audit and Assurance Committee. The detailed trackers are made available to the Audit and Assurance Committee to ensure transparency and provide opportunities for detailed scrutiny and analysis. However, the Health Board may want to consider reviewing the way in which the detailed trackers are presented to support a greater focus on areas of higher risk or concern, for example by grouping the recommendations by order of priority rather than by year.

66 The Health Board has made considerable progress in implementing outstanding recommendations despite the challenges and pressures it has faced during the pandemic. In November 2021, there were 86 outstanding Internal Audit recommendations and 16 outstanding Audit Wales recommendations, compared with 226 and 31 respectively in June 2020.

67 Internal Audit has undertaken additional work during the year to validate the stated position for a sample of recommendations within the tracker. Internal Audit was able to confirm the recorded position for the majority of sampled recommendations and, therefore, provide additional assurance to the Audit and Assurance Committee around the accuracy of the information provided by the Executive Leads in the tracker. It has since been agreed that Internal Audit, in conjunction with the Corporate Governance Directorate, will refine this process in order to provide on-going assurance to the Committee around the recommendation tracker.

68 The Corporate Governance Directorate also presents a legislative and regulatory tracker report to each meeting of the Audit and Assurance Committee, which provides a good overview of the Health Board's progress in implementing recommendations made by inspection and regulatory bodies, such as the Health & Safety Executive and Healthcare Inspectorate Wales. These arrangements were reviewed by Internal Audit in July 2021, resulting in a 'reasonable' assurance rating. The Corporate Governance Directorate has recently improved the content of the report to provide more robust assurance to the Audit and Assurance Committee, as well as to provide a commentary on the Health Board's management of Welsh Health Circulars and Patient Safety Solutions: Alerts and Notices.

Managing financial resources

69 Our work considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.

70 We found that **there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to breakeven.**

Achieving key financial objectives

71 We found that **the Health Board underspent against both its revenue and capital resource allocations for 2020-21, as it had done in 2019-20. However, regarding revenue expenditure, the Health Board failed its duty to spend within its allocation over a three-year rolling period. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22.**

72 During the year, managing COVID-19 pressures had a big impact on the Health Board's expenditure, additional expenditure as a result of COVID-19 totalled £179.205 million. A substantial part of this cost was the set-up and expansion of the Dragon Heart Field Hospital in the Principality Stadium. Welsh Government funded most of the COVID-19 expenditure, without which the Health Board would have exceeded its resource allocations.

73 While the Health Board continued to operate within its capital resource allocation, with regard to revenue, it did not meet the duty not to exceed its allocation over the rolling three-year period to 31 March 2021. The Health Board achieved small surpluses of £58,000 and £90,000 in 2019-20 and 2020-21 respectively, but for 2018-19 the Health Board reported an overspend of £9.87 million, meaning that for the three years to 31 March 2021 the Health Board overspent its £3.167 billion resource allocation by £9.72 million.

74 Regarding capital expenditure, the Health Board stayed within its capital resource limit for 2020-21, with a small surplus of £104,000 against a budget of £95.44 million. For the three years to 31 March 2021, the Health Board underspent its capital resource allocation by £267,000, thereby meeting the financial duty in respect of capital.

75 The pandemic severely hampered the Health Board's ability to deliver its 2020-21 cost improvement plan, especially several large schemes focusing on reducing bed capacity, improving patient flow, and workforce efficiencies and modernisation. The Health Board's savings target for 2020-21 was £29 million. At month 12, it had only identified £8.66 million in savings, leaving the remaining £20.34 million unidentified. Consequently, the Health Board's draft financial plan for 2021-22 included a planned £21.3 million deficit. However, as the deficit was caused by COVID-19

pressures, Welsh Government is funding it on a non-recurrent basis, meaning the 2021-22 financial plan forecasts a break-even position.

76 At month 7 2021-22, the Health Board has identified £15.2 million of savings against its £16 million target (1.5% recurrent savings and 0.5% non-recurrent savings). Whilst positive, the Health Board needs to focus on increasing its levels of recurrent savings, which at month 7 was £4.3 million short of the £12 million recurrent savings target.

77 In terms of the overall financial position, in month 7 2021-22 the Health Board is reporting a small underspend of £270,000 and is on track to break-even at year-end. However, the breakeven position is based on the continued assumption that Welsh Government will fund COVID-19 response and recovery costs.

Exhibit 5: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2017 Recommendation 1 For 2018-19, the Health Board needs to use intelligence such as benchmarking data to identify stretch targets on a case-by-case basis in areas where greater levels of savings could be made.	**Completed** In 2019-20, the Health Board identified a number of high value cross cutting opportunities and these were built into its Cost Improvement Programme. These made up circa 40% of the savings plan and included Health Board wide initiatives such as review of management structures, bed reductions, and discretionary spend. Savings were identified on a case-by-case basis and the costs taken out were therefore differential applied across the Health Board and reflected where savings could be made.

Financial controls

78 We found that **whilst the Health Board has continued to operate within most of its existing financial controls, procurement breaches on capital expenditure identified by the Health Board have highlighted weaknesses in some financial controls.**

79 Our 2020 structured assessment reported that the Health Board operated within its existing financial controls and put in place mechanisms to clearly track COVID-19 expenditure. The Health Board's COVID-19 expenditure continues to be clearly

tracked and actual and forecast spend is well articulated in the finance reports received by the Finance Committee.

80 During the pandemic, the Health Board did not change its financial controls, with those detailed in the Health Board's Scheme of Delegation, Standing Orders, and Standing Financial Instructions still applicable. In 2021, the Standing Orders and Standing Financial Instructions were updated to reflect the NHS Wales Model Standing Orders. The Audit and Assurance Committee received a report detailing the changes in May 2021.

81 The Audit and Assurance Committee receives regular assurance reports on financial controls – it considers losses and special payments in public every six months[12], and updates on counter-fraud activities and procurement compliance are considered by the Committee at most private sessions. In order to enhance transparency, the Health Board should ensure counter-fraud and procurement papers are considered by the Committee in public session, with only sensitive matters reserved for private meetings (see **Recommendation 1g**).

82 In April 2021, some of the Health Board's core financial systems (the asset register and cash management systems) were reviewed by Internal Audit, resulting in a 'reasonable' assurance rating.

83 In August 2021, the Health Board informed us and the Chief Executive of NHS Wales that it had identified procurement breaches on capital expenditure relating to contracted works at Rookwood Hospital. The Health Board instigated an internal review of the procurement and governance arrangements for its capital schemes and expenditure in order to better understand the extent of these breaches. The Health Board reviewed a sample of eight out of a total of 69 contracts valued at over £500,000 which were issued over the last three years and for which procurement thresholds applied.

84 The Health Board concluded the breeches were caused by poor procurement practices and weak internal controls. It also concluded there was no indication of fraudulent activity, no detriment to the public in the delivery of these schemes, and low outstanding risk to the Health Board on these schemes.

85 These matters have received detailed consideration by both the Board and the Audit and Assurance Committee, albeit in private sessions, whilst the review progressed. In November 2021, the final findings of the review were reported to the Board in public and an action plan was approved to strengthen the Health Board's internal governance controls and arrangements in respect of capital schemes and expenditure.

[12] A losses and special payments report was presented to the Audit and Assurance Committee in June 2021.

Exhibit 6: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2018 Recommendation 3 The Health Board should: a. Update the Scheme of Delegation to reflect the delegated responsibility for calculating nurse staffing levels for designated acute medical and surgical inpatient wards; b. Review and update the Standing Orders and Standing Financial Instructions, ensuring these documents are reviewed and approved on an annual basis.	**Completed** The updated Scheme of Delegation was approved by the Board in November 2021. Standing Orders have been approved annually by the Board. The updated Standing Financial Instructions were approved by the Board in April 2021 for the first time since this recommendation was made due to the long wait for the Model All-Wales version to be issued.
Structured Assessment 2018 Recommendation 6 The Health Board should ensure that all recommended matches from the next NFI exercise in January 2019 are reviewed and where necessary investigated in a timely manner.	**Completed** The latest NFI matches were released in January 2021. All of the high risk ones have been reviewed and no fraud has been identified.

Monitoring and reporting

86 We found that **the Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but Finance Committee papers are not uploaded to the Health Board's website in a timely manner.**

87 The Health Board's financial position continues to receive robust Board-level oversight and scrutiny. The Finance Committee continues to meet monthly, and the Board receives Finance Committee minutes and the Chair's Report, which clearly highlight key issues and points of discussion. Whilst Committee members receive papers on time, they are not uploaded to the Health Board's website at the same time (see **paragraph 15**) thus limiting public transparency.

88 The Finance Committee receives a range of good quality reports. These include the monthly financial performance report, the financial risk register, and a copy of

the Health Board's monthly monitoring returns to Welsh Government[13]. In our 2020 structured assessment we found that reporting on the financial position was comprehensive with information consistent with that provided to the Welsh Government through monthly monitoring returns. This has continued during 2021. The monthly finance report is clearly written and includes charts and narrative on:

- Performance against key financial performance measures (within the finance dashboard);
- Cumulative financial position;
- Income, pay and non-pay position;
- Expenditure due to COVID-19;
- Forecast COVID-19 funding;
- Key financial assumptions, including overarching planning assumptions for 2021-22;
- Financial Performance of Clinical Boards;
- Savings programme performance; and
- Progress against the capital resource limit.

89 Additionally, since April 2021, the Finance Committee has included a 'deep-dive' topic on its agenda every other month. The 'deep-dives' are a positive tool used to develop Committee members' understanding of various financial topics, provide assurance, and strengthen scrutiny. To date, 'deep-dive' topics have included resource allocations, the cost improvement programme, and commissioning and contracting.

[13] All NHS bodies submit a Monthly Monitoring Form to the Welsh Government setting out financial performance against their plans.

Appendix 1

Management response to audit recommendations

Exhibit 7: management response

Recommendation	Management response	Completion date	Responsible officer
R1 The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by: a. ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a			

Recommendation	Management response	Completion date	Responsible officer
timely manner after each meeting, and ensuring that links to previous meetings remain active; b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards; c. uploading all Committee papers to the Health Board's website in line with agreed timescales; d. updating the membership details of Committee on the Health Board's website as soon as changes are approved; e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis; f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and			

Recommendation	Management response	Completion date	Responsible officer
g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.			
R2 The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by: a. ensuring these plans contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; and			

Recommendation	Management response	Completion date	Responsible officer
b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.			

Archwilio Cymru
Audit Wales

Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Management response

Report title: Structured Assessment 2021 (Phase 2) – Corporate Governance and Financial Management Arrangements: Cardiff & Vale University Health Board

Completion date: January 2022

Document reference: 2744A2021-22

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by:	Enhanced transparency of Board business to the public					

a.	ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a timely manner after each meeting, and ensuring that links to previous meetings remain active;		Yes	Yes	The Corporate Governance Department has just purchased software to enable the team to upload the recordings of the Board meetings in a suitable format and so that the same can be published within 2/3 days of the relevant Board meeting. The recordings of the Board meetings held in November and December 2021 should be published as soon as the new software has been installed (in January 2022). The intention is to make each recording available on the website for a period of 12 months. Thereafter, copies of the recordings would be available upon request.	End of January 2022	Head of Corporate Governance

	b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards;		Yes	Yes	As of December 2021 the Corporate Governance Team has started to record public Committee meetings. From the New Year the recordings will be published on the Health Board's website. Further, our plan is to "livestream" the public Committee meetings from the New Year.	End of January 2022	Head of Corporate Governance
	c. uploading all Committee papers to the Health Board's website in line with agreed timescales;		Yes	Yes	This has now been completed and SOPs amended to ensure, that going forward, all relevant Committee papers received by the Corporate Governance Team are routinely published in line with agreed timescales (i.e. 7 clear working days before the Committee meeting).	End of December 2021	Head of Corporate Governance

	d. updating the membership details of Committee on the Health Board's website as soon as changes are approved;		Yes	Yes	This has now been completed and SOPs amended to ensure that Membership details are updated, on an ongoing basis, once approved by the Board.	End of December 2021	Head of Corporate Governance
	e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis;		Yes	Yes	Noted. This will be implemented with effect from January 2022.	End of January 2022	Head of Corporate Governance

	f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and		Yes	Yes	Noted. Arrangements will be put in place so that this can be implemented with effect from January 2022.	End of January 2022	Head of Corporate Governance
	g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.		Yes	Yes	Arrangements have been put in place so that this recommendation can be implemented with effect from April 2022.	End of April 2022	Head of Corporate Governance

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2	The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by:	Improved ability to monitor progress against the Annual Plan and future Integrated Medium Term Plans.					

	a. ensuring these plans contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; and		Yes	Yes	It is intended that the IMTP for 22/23 will have clear actions, timescales and deliverables which can be tracked. This is already well established for the Recovery Programme and the Strategic Programmes so we will ensure it covers the other areas included within the IMTP.	End of April 2022	Executive Director of Planning
	b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.		Yes	Yes	We will look at how best to report on the key deliverables set out in the Annual Plan/IMTP to ensure the Board is able to scrutinise and seek assurance. We will do this in a way that aims to minimise duplication with the Performance Report that is provided to the Board regularly.	End of April 2022	Executive Director of Planning

Report Title:	**Risk Management System**						**Agenda Item no.**	**7.6**	
Meeting:	**Audit and Assurance Committee**						**Meeting Date:**	8th February 2022	
Status:	**For Discussion**	**x**	**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Head of Risk and Regulation**								

Background and current situation:

Internal Audit undertook an Audit of the Health Board's Risk Management procedures in March 2021 which received an overall Reasonable Assurance rating (a copy of the Audit Report was shared at the April 2021 Audit and Assurance Committee ("the Committee") meeting).

Following publication of the Audit, and the 5 recommendations contained therein, the Risk and Regulation Team undertook a review of the Health Board's Risk Management and Board Assurance Framework Strategy and supporting procedures to produce a new suite of documents in response to the recommendations.

The five recommendations (detailed below) were reported to the May 2021 Committee meeting:

1) To demonstrate the periodic assessment of risk management maturity, future reviews of the BAF and RM Strategy should incorporate references and alignment to best practice guidance / risk management standards

2) Continued efforts should be made to embed current processes for recording risks, which will facilitate the aggregated risk profile of the Health Board.

3) To aid efficiency and effectiveness of current processes, consideration should be given to the means of capturing and recording risks, to facilitate greater aggregation and visibility

4) Consideration should be given to alternative styles of reporting the corporate risk summary, to highlight the risks with the most extreme score or on an upward trend in the first instance, for Board consideration.

5) Consideration should be given to utilising greater Microsoft Excel functionality, to enhance the maturity of the corporate risk register template. (For example, data validation and conditional formatting functionality could be applied to the risk rating and assurance committee columns)

As of September 2021, all 5 recommendations were reported as complete with appropriate actions being embedded into Risk Management practice.

A revised Risk Management and Board Assurance Framework Strategy and Risk Management Procedure (with supporting Risk Assessment and Risk Register) were approved by Board in July 2021. The changes to the documents did not represent a substantial re-write of the documents.

Instead the changes bolster the original documentation and provide evidence of the Health Board's compliance with examples of best practice such as the ISO 31000 standards relating to risk management.

Alongside approval of the updated Risk Management and Board Assurance Framework Strategy and Risk Management Procedure in July 2021, the Board also noted the Roll Out Plan for the implementation of the revised Strategy and Procedure (attached as appendix 1) which is discussed further below.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The Risk Management Process involves the systematic application of policies, procedures and practices to the activities of communicating and consulting, establishing the context and assessing, treating, monitoring, reviewing, recording and reporting risk in strategic and operational settings.

The Board Assurance Framework ("BAF") provides the Board with information on the key Strategic Risks that could impact upon the delivery of the Health Board's Strategy 'Shaping our Future Wellbeing'. It provides information on the controls and assurances in place to manage and/mitigate the risks identified and any further actions which are required. As of January 2022, the following areas were identified as posing the greatest risk to the Delivery of the Health Board's Strategic objectives:

1. Workforce
2. Financial sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture Change
6. Capital Assets
7. Inadequate Planned Care Capacity
8. Delivery of Annual Plan
9. Staff Wellbeing
10. Exacerbation of Health Inequalities in Cardiff and Vale

Committees of the Board routinely review their risks on the BAF to provide further check, challenge and assurance to the Board when the BAF is presented in full. The Director of Corporate Governance also meets with executive colleagues and strategic leads to discuss and review the above risks to ensure that they are dynamically and proactively managed.

The Strategic Objectives are mapped to the risks on the BAF so there is clarity which risks impact on the objectives.

The 'lines of defence' have been added to the assurances on the controls provided for each risk. The 'lines of defence' define whether the assurance is: Level 1 - management, Level 2 - Board or Committee or Level 3 Independent Assurance. The purpose of this is to aid the Board to understand the overall levels of assurance on the controls in place to manage each risk.

The BAF identifies from the Corporate Risk Register ("CRR") the highest risks faced by the Health Board in achieving its strategic objectives, and the gaps in assurances on which the Board relies.

The Corporate Risk Register maps extreme level risks (specifically those scoring 20/25 or above), as well as risks that, whilst having a relatively low current risk rating, are sufficiently complex or wide in their potential impact, to require Executive Level/Board scrutiny.

Candidate risks for the CRR are shared with the Risk and Regulation Team by Clinical Boards and Corporate Directorates on a bi-monthly basis for consideration and review. All risks received are reviewed and measured against the Health Board's Risk Scoring Matrix. Whilst the vast majority of risks are included within the CRR, a number are not and feedback is provided to risk owners with appropriate rationale.

This process of 'Check and Challenge' is undertaken by the Risk and Regulation team as a whole and, where appropriate, escalated to the Director of Corporate Governance. Following review, a feedback form is completed and shared with Risk Owners to detail recommendations and the detail of any changes made or proposed to the submitted risks.

To supplement this process the Risk and Regulation Team have provided a series of Risk Management training sessions to all Clinical Board Triumvirates, Corporate Directorates and nominated risk leads. These sessions, which continue to be shared, provide a greater understanding of the Health Board's Risk Management Strategy and offer an opportunity for risk leads to ask questions, challenge feedback and agree methodologies to improve risk management.

The development of the Health Board's Risk Appetite is noted within the Risk and Regulation Roll Out Plan. Risk Appetite is firmly embedded within the Health Board's Risk Management and Board Assurance Framework Strategy and is incorporated into all training sessions delivered by the Risk and Regulation Team. There is however still plenty of work to be done to ensure that Risk Appetite is incorporated into all risk-based decisions.

Plans are in place to deliver specific Risk Appetite training to all Board Members in the new financial year which inform the Health Board's Risk Appetite for 2022/23 and to act as a catalyst for the onward communication of appetite centered discussions with risk leads.

Assurance Strategy

The Cardiff and Vale University Health Board Assurance Strategy was approved in September 2021. The aim of the Assurance Strategy is to put in place a system that adds value to the Health Board by eliminating duplication of effort and resources, reducing the burden of bureaucracy and providing a central point of expertise in relation to governance, risk management and assurance.

The strategy has the aim of developing a comprehensive Assurance Framework to ensure that there is a common understanding of what is meant by assurance and its importance in a well-functioning Health Board.

The various mechanisms and tools that form the Assurance Framework, including our Risk Management System, will enable the information which is produced to be assessed in terms of its value thereby enabling any gaps in assurance to be identified and reported at an appropriate level and addressed where necessary. This will mean that weaknesses will be identified in a more systematic way.

Following the introduction of the Assurance Strategy the Risk and Regulation Team began to work with Clinical Boards and Corporate Directorates to provide an introduction to the Strategy and set out a structure for what contributions would be needed from key individuals. Regrettably the combination of Covid-19 and winter pressures has meant that the development of this process has stalled. Meetings are however in place to re-start this process in February 2022.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Risk Management continues to develop at Cardiff and Vale University Health Board. Significant progress had been with risk management processes now becoming more embedded within the Clinical Boards and Corporate Directorates.

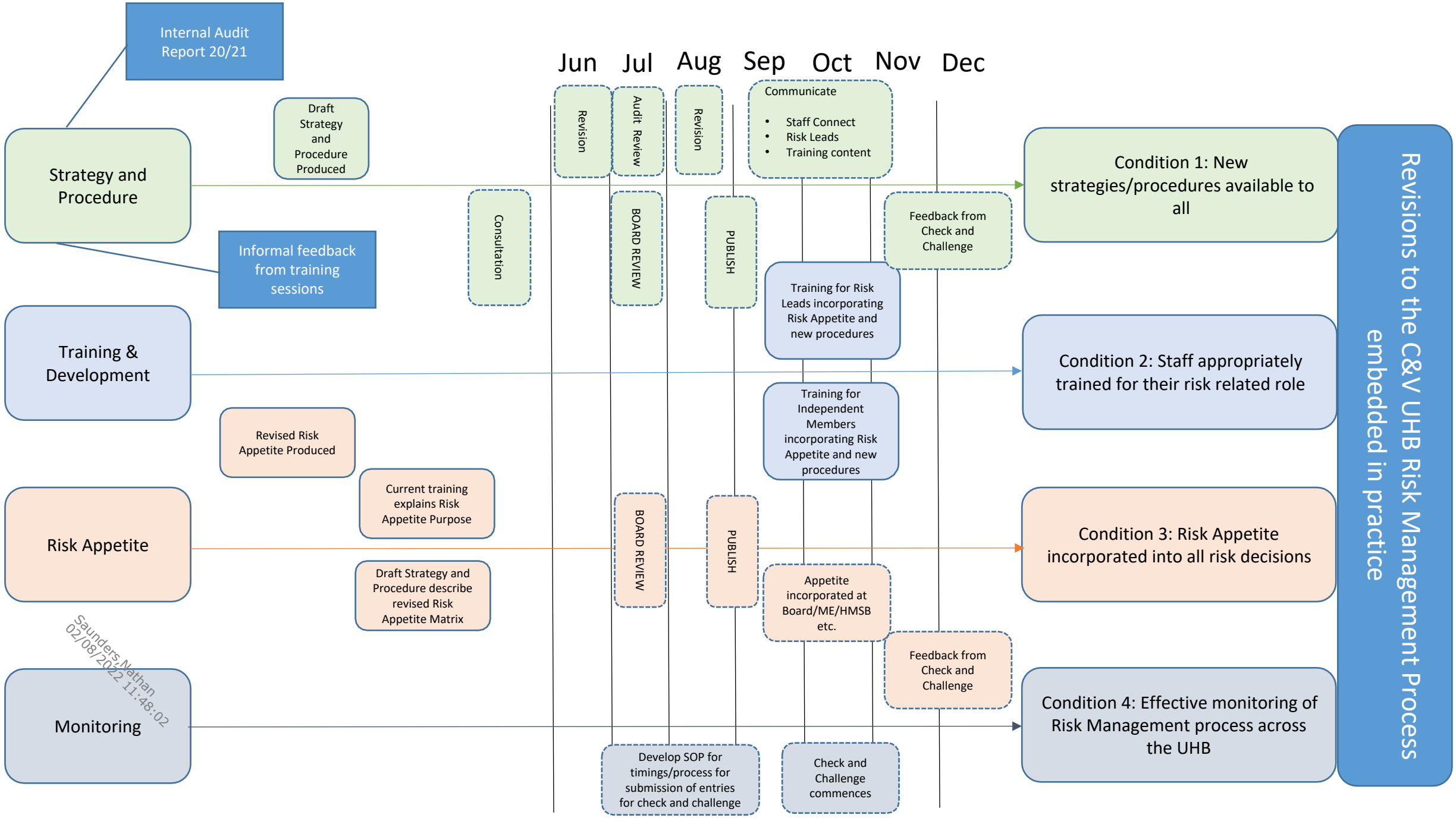
Recommendation:

For the Audit and Assurance Committee to **NOTE** the update on the Health Board's Risk Management Systems and ongoing developments in this area.

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

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

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



Report Title:	**Review of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions**	**Agenda Item no.**	**7.7**
Meeting:	**Audit and Assurance Committee**	**Meeting Date:**	**8 February 2021**

Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**		**For Information**

Lead Executive:	**Director of Corporate Governance**
Report Author (Title):	**Head of Corporate Goverance**

Background and current situation:

NHS Bodies in Wales must agree Standing Orders ("SOs") that, together with a set of Standing Financial Instructions (SFIs") and a scheme of decisions reserved to the Board, a scheme of delegations to officers and others, and a range of other framework documents, set out the arrangements within which Welsh Health Bodies make decisions and carry out their activities.

The Health Board's SOs are based upon the model standing orders issued by Welsh Ministers to Local Health Boards. There is a requirement to keep the SOs under review to ensure they remain accurate and current.

The Model Standing Orders, Reservations and Delegation of Powers ("Model SO's") were last reviewed by Welsh Government in March 2021 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). On the 7 April 2021 the Welsh Government wrote to the Chair of the Health Board to inform him that the Health Board was required to incorporate and adopt the latest review of the NHS Wales model Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions into the Health Board's own SOs. This updated version of the Welsh Government's Model SO's is incorporated and set out in the Welsh Health Circular (WHC (2021) 010) which was issued on 16 September 2021.

In line with the letter issued by the Welsh Government in April 2021, and following formal Board approval in May 2021, the Health Board incorporated and adopted the Welsh Government's updated Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which form part of the Standing Orders).

Since the review undertaken by Welsh Government in March 2021 and the instructions issued to the Health Board in April 2021 to update its SOs, the Welsh Government has not carried out any further reviews of the Model SO's. Accordingly, no further amendments to the Health Board's SOs are required at present.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

Pursuant to the Committee's Terms of Reference, and with regard to its role in providing advice to the Board, the Committee is required to comment specifically upon the Health Board's SOs (amongst other matters).

The Health Board's SOs were last updated in May 2021 in line with the Welsh Government's instruction letter dated 7 April 2021 and following formal Board approval in May 2021. No further updates and /or amendments to the Health Board's SOs are required at this moment in time. That said, the Health Board's SOs are kept regular review and should any further updates and /or amendments be required, a further report detailing the same will be brought back to the Committee for discussion and consideration.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The Health Board's SOs are subject to an annual review by the Health Board in accordance with paragraph xxx) of Section A of the SOs, hence the purpose of this report.

For completeness, it is proposed that an update report (based upon the content of this report) will be presented to full Board in March 2021 for noting.

Recommendation:

The Committee is requested to:

a) **Note** the update, as set out in the body of this report, with regards to the Health Board's Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click here for more information

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								

Report Title:	**Current Governance Arrangements – Covid 19**								
Meeting:	Audit and Assurance Committee						**Meeting Date:**	8th February 2022	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**		**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

Due to the current system pressures (both Covid and Non Covid) it is important to ensure that Governance arrangements are kept under review and remain flexible enough to enable decisions to be made in a timely manner and Board Members to be kept informed.

This report provides the Audit and Assurance Committee with an updated position on what arrangements are currently in operation. The report was previously presented to the Board Governance Group in January 2022.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The current Governance arrangements which are in place are detailed in (Appendix 1) and the actions have been updated to demonstrate the status quo. They include the evolved Systems Resilience Report (Appendix 2), the Terms of Reference (Appendix 3) of the Covid 19 Board Governance Group last approved by the Board in November 2020 and an updated Governance Structure (Appendix 4). These arrangements not only reflect the recommendations made by Audit Wales but will also ensure robust and improved governance arrangements are in place during the current wave of the pandemic.

Other work which has been undertaken has included a review of Executive Director time spent at Committees of the Board. The outcome of this was to ensure that only Executive Director Leads attended their respective Committees to ensure that their time was maximised on system pressures.

The Health Board has also once again moved to site-based leadership which is demonstrated in Appendix 4. This includes a dedicated Leadership Team at the UHW which is now being led by Scott McLean, Managing Director of UHW.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The arrangements in place will ensure that appropriate Governance is in place for the pressures the Health Board is currently dealing with. There is a need to ensure they are constantly reivewed. It will, however, be important to ensure that there is no duplication in these reporting arrangements at the various Committtees and the Board Governance Group.

Recommendation:

It is recommended that the Audit and Assurance Committee:

(a) Note the governance arrangements and update as at 21st December 2021(Appendix 1);
(b) Note Board Governance Group Terms of Reference (Appendix 2);
(c) Note the Systems Resilience Template (Appendix 3) covering the key areas of Quality and Safety, Workforce, Governance, Operations, Governance and Public Health;
(d) Note the current Governance Structure in place (Appendix 4).

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

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

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

Proposed Amendments to Governance Arrangements — October 2020 (Updated Dec 21)

In light of the surge of Covid infection rates across Cardiff & Vale region, we will need to further consider, once again, reviewing and strengthening our governance arrangements to ensure that appropriate assurance is being provided on the work of the Board in the Covid and non-Covid arenas.

To provide additional scrutiny opportunities to take place in the public domain,the following will apply with effect from 16th December 2021.

Board/Committee	**Additional Pandemic Requirements**	**Update on actions and current arrangements as at 16th December 2021**
Board meetings held in public	New Covid report (Appendix 2) covering the impact of Covid on key areas including: • Quality of service and Patient safety (Lead Exec of QPS Committee) • Workforce including staff wellbeing and safety (Lead Exec of S&D Committee) • Governance arrangements (Director of Corporate Governance) • Operational framework and update (CEO and COO) • Public health update (Exec Director of Public Health) Where any of these key areas form part of a separate report on the same agenda and they pick up Covid specific impact, there will be no need to duplicate in this report. A simple cross reference will be sufficient. No other amendments proposed at this time	This report has now been introduced again with effect from the December Board but has been renamed to 'System Resilience Report'– including Covid and Non Covid activity. The key areas included within the report are: • Operations • Quality and Safety • Workforce • Public Health • Governance It will also be presented to the full Board at each meeting.
Board Development meetings	The first 90 minutes of this meeting will be held in public. Agenda items for the public part of the meeting will be primarily directed towards Covid related updates, issues, concerns and probably incorporate the new style report as outlined above to make it effectively a monthly update.	This arrangement stopped in June 2021 but has now been reintroduced with effect from 16th December 2021 when the first 90-minute Board Meeting in public was held.
Covid Board Governance Group	Core membership to be expanded to include CEO, Vice Chair, Chair of Audit Committee, IM Finance (if not Audit Committee Chair), IM Legal, IM Capital and Estates, Director of Corporate	Terms of reference attached to this report include the expanded membership of the Group.

	Governance and UHB Chair. Additional executives will be invited by the CEO when appropriate. The core membership is geared towards delivery against the main focus of the Covid Board Governance Group which is to provide speedy turnaround of Chairs Actions when required. An open and standing invitation to be extended to all Independent Board members to attend this meeting if they are available and wish to do so. Terms of Reference to be amended and scrutinised by the Audit Committee prior to Board approval.	
Audit Committee	Additional paper to be considered at each committee to outline the impact of Covid on governance arrangements, assurance framework, and committee frameworks and assure the Board on public scrutiny levels across the UHB. Also review of WG Guidelines and compliance against them.	This report and the arrangements now in place will be presented to the Audit Committee on 8th Feb 2022 to ensure the Committee is updated.
Quality, Safety and Experience Committee	Additional paper to be considered at each committee to outline the impact of Covid on patient safety identifying any key areas of concern e.g. IP&C, PPE, clinical staffing levels etc.	This has continued throughout
Strategy & Delivery	Workforce paper to specifically cover impact of Covid on capacity, staff numbers, well-being and safety	This needs to be considered alongside workforce at the next S&D meeting on 11th January 2022
IMs	Series of 121s planned for this month followed by team meeting afterwards to discuss how IMs are “maximised”	This was completed by the Chair but also the IMs have continued to meet to ensure that information is shared.

COVID 19 Board Governance Group – Terms of Reference

1. Introduction

This Group has been set up to enable the Board to approve decisions between Board Meetings specifically decisions arising as a result of and relating to COVID 19.

2. Constitution and Purpose

Within current Standing Orders the Chair may take decisions or action on urgent matters which would normally be made at a Board Meeting. This meeting has been developed as a Chair's action group which has the same authority as the Chair has when signing off Chairs actions. The only difference is the way the Chairs actions are being executed in that those involved are meeting virtually.

The Chair and the Chief Executive supported by the Director of Corporate Governance as appropriate may deal with an action or decision on behalf of the Board after consulting with two Independent Members. Such decision should be formally recorded and reported to the next meeting of the Board for consideration and ratification. To ensure that all Independent Member are aware of all decisions being made which require Chair's action the membership of the group includes all Independent Members.

3. Delegated Powers

The Board Governance Group can make decisions on behalf of the Board in line with normal process set out for Chair's action within Standing Orders.

Attached at the appendix are decisions which will be presented to the Group from the COVID 19 Strategic Group.

The Group also has authority to make decisions on other urgent matters which would normally go to the Board if that matter cannot wait until the next Board Meeting.

4. Membership

Members

Chair of the Board
Vice Chair - (Chair of Mental Health Capacity and Legislation Committee)
Independent Member – Legal (Chair of Strategy and Delivery Committee)
Independent Member – Finance (Chair of Audit Committee)
Independent Member- Estates (Chair of Finance Committee and SoFH Committee)
Independent Member – Local Authority (Chair of Quality, Safety and Experience Committee)
Independent Member – ICT (Chair of Digital Health Intelligence Committee)
Independent Member – Trade Union (Chair of Health and Safety Committee)
Independent Member – Third Sector
Independent Member – Communities (Chair of Charitable Funds Committee)

Independent Member – Universities
Chief Executive

In attendance

Director of Corporate Governance
Other Executive Directors who the Chief Executive decides should attend to present on specific issues or at the request of Independent Members

Member Appointments

The membership of this Group shall be determined by the Chair of the Board.

Secretariat

The Secretary to the Group will be determined by the Director of Corporate Governance.

Support to Group Members

The Director of Corporate Governance, on behalf of the Group Chair, shall:

- Arrange the provision of advice and support to Group Members on any aspect related to the conduct of their role

5. Group Meetings

Quorum

At least three Independent Members plus the Chief Executive Officer or his Deputy must be present to ensure the quorum of the Committee. The Independent Members should include the Chair or, the Vice Chair, the Chair of Audit Committee, Chair of the Finance Committee or Chair of Strategy and Delivery Committee.

Frequency of Meetings

Meetings shall be held as required and will be reviewed on a regular basis.

6. Reporting and Assurance Arrangements

The Group Chair shall:

- Report to each Board meeting on the Groups decisions and other activities via the Chair's report
- Ensure the minutes of each meeting of the Group are presented to the Board meeting and circulated to Independent Members as soon as possible after each meeting.

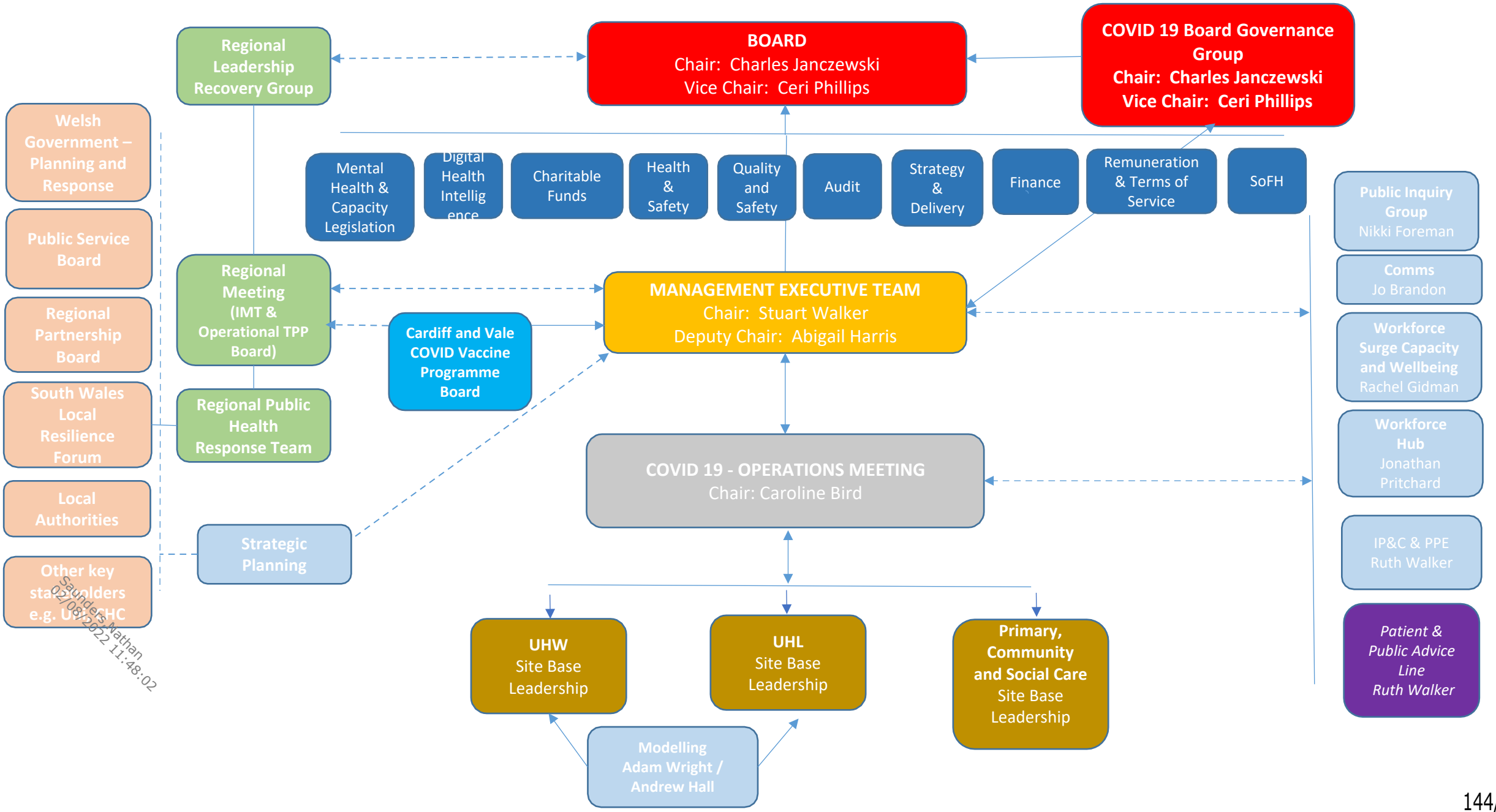
- Ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

Systems Resilience Report (Covid and Non Covid) covering key activities in relation to: • **Quality and Safety** • **Operations** • **Workforce** • **Public Health** • **Governance**	**Month: (month) 2022**
Quality and Safety	Executive Nurse Director/Executive Medical Director/ Executive Director of Therapies and Health Science
Operations	Interim Chief Operating Officer

Workforce	Executive Director of People and Culture
Public Health	Executive Director of Public Health

Governance	Director of Corporate Governance

UHB GOVERNANCE ARRANGEMENTS FOR THE MANAGEMENT OF COVID – 19



Report Title	**Audit Wales WHSSC Committee Governance Arrangements – Update**	**Agenda Item**	7.9
Meeting Title	Audit and Assurance Committee	**Meeting Date**	8 February 2022
FOI Status	Public		
Author (Job title)	Committee Secretary & Head of Corporate Services, WHSSC		
Executive Lead (Job title)	Director of Corporate Governance – Cardiff and Vale University Health Board		

Purpose of the Report	The purpose of this report is to provide the Health Board's Audit Committee with an update on progress against the recommendations outlined in the Audit Wales "WHSSC Committee Governance Arrangements" report.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s)

Members are asked to:

- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, and
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.

AUDIT WALES "WHSSC COMMITTEE GOVERNANCE ARRANGEMENTS" REPORT – UPDATE

1.0 SITUATION

The purpose of this report is to provide the Health Board's Audit Committee with an update on progress against the recommendations outlined in the Audit Wales "WHSSC Committee Governance Arrangements" report.

2.0 BACKGROUND

In 2015, the Good Governance Institute (GGI) and Healthcare Inspectorate Wales (HIW) undertook two separate governance reviews for WHSSC which highlighted issues with WHSSC's governance arrangements. The GGI highlighted concerns relating to decision making and conflicts of interest, and identified the need to improve senior level clinical input as well as the need to create a more independent organisation that is free to make strong and sometimes unpopular (to some) decisions in the best interest of the people of Wales. HIW) conducted a review of clinical governance and found that WHSSC was beginning to strengthen its clinical governance arrangements but needed to strengthen its approach for monitoring service quality and also improve clinical engagement.

Since then, considering the increasing service and financial pressures, and the potentially changing landscape of national collaborative commissioning and NHS Executive as set out in Welsh Government's "A Healthier Wales", the Auditor General for Wales felt it was timely to undertake a review WHSSC's governance arrangements.

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July. A survey was issued to all Health Boards and the fieldwork was concluded in October 2020.

The scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to Health Board Chief Executive and Chairs and a review of corporate documents.

The findings were published in May 2021 in the Audit Wales Committee Governance Arrangements at WHSSC report.

The report outlined 4 recommendations for WHSSC and the 3 recommendations for Welsh Government.

HB Audit Committees received an update on progress against the recommendations in August/September 2021, and this report provides a further update on progress, and outlines feedback received from Audit Wales at the Joint Committee held on the 18 January 2022.

3.0 ASSESSMENT

3.1WHSSC Management Response

The report outlined 4 recommendations for WHSSC and progress against the actions outlined within the management response have been monitored through the WHSSC Integrated Governance Committee (IGC).

The IGC received updates on progress on the 12 October and 13 December 2021 noted the positive progress made and endorsed the tracker for submission to the Joint Committee.

The Joint Committee received the updated tracker report and an update from Audit Wales on the progress made against the recommendations on the 18 January 2022 and noted:

- that Audit Wales thought the WHSSC response to the recommendations was comprehensive and well thought out and that they were particularly pleased to note there had been ongoing oversight and scrutiny of progress by the Integrated Governance Committee (IGC), and
- that the only area for concern was around pan Wales recovery planning due to the ongoing volatile environment as a result of the pandemic.

The Joint Committee noted that majority of actions had been completed and there were only three areas of partial compliance in relation to:

- **R3b page 12** – relating the appointment of an AMD for Public health – despite proactive efforts to recruit, we have been unable to fill the position,
- **R4a page 14 and R4b page 18** – stakeholder engagement exercise to develop a new specialised services strategy – The timetable for this is being revised in response to the system pressures related to the current wave of the pandemic and the letter from the CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities.

3.2 Welsh Government Management Response

The report outlined 3 recommendations for Welsh Government (WG) and progress against the WG management responses is monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

An update was received from Welsh Government on the 15 December 2021 advising that the advice on the NHS Executive was still being considered by the Minister for Health & Social Services.

During the meeting on the 18 January 2022 Audit Wales advised that they had written to the Chief Executive NHS Wales, and an initial response letter had been received setting out a high level overview of actions to be taken in response to the recommendations. The report had been considered by Senedd Cymru's Public Accounts and Public Administration Committee (PAPAC) following which the Chair of that Committee has written to the Director General/Chief Executive NHS Wales requesting an update on progress which is awaited.

3.3 Governance & Risk

Following the Joint Committee's approval of the tracker report on the 18 January 2022 the document has been shared with the NHS Wales Board Secretaries in HBs for inclusion on HB Audit Committee agendas in February/March 2022 to ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

A further update on progress will be given to the Joint Committee and HB Audit Committees in summer 2022.

Risk management is a key element of developing WHSSC's services and risk assessments are undertaken as required.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, and
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.

Governance and Assurance	
Link to Strategic Objectives	
Link to Integrated Commissioning Plan	**-**
Health and Care Standards	Governance, Leadership and Accountability Safe Care Effective Care
Principles of Prudent Healthcare	Only do what is needed Reduce Inappropriate Variation
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	The Management responses outline activities to strengthen and develop WHSSC's impact on quality, safety and patient experience.
Finance/Resource Implications	Some improvement actions may require the application of additional resources.
Population Health	There are no specific population health implications related to the activity outlined in this report.
Legal Implications (including equality	There are no specific legal implications related to the

& diversity, socio economic duty etc)	activity outlined in this report. There are no adverse impacts concerning equality and diversity or the socio economic duty.
Long Term Implications (incl WBFG Act 2015)	The WHSSC management responses take into consideration the long-term impact of decisions, to support better working with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	Integrated Governance Committee 13 December 2021 – Supported Joint Committee – 18 January 2022 - **Approved**
Appendices	Appendix 1 - WHSSC Audit Wales Governance Report Tracker – Jan 2022

Recommendations from the Audit Wales Report
Welsh Health Specialised Services Committee Governance Arrangements

Audit Tracker– Update January 2022

In May 2021, Audit Wales published the "Welsh Health Specialised Services Committee Governance Arrangements"[1] which found that the governance, management and planning arrangements at WHSSC have improved, however the impact of COVID-19 will require a clear strategy to recover key services and that the Welsh Government's long-term model for health and social care 'A Healthier Wales', and the references made to WHSSC should be re-visited.

Audit Wales made a number of recommendations for both WHSSC and Welsh Government and the management response was presented to the Joint Committee on the 13 July 2021. Progress against actions to address the recommendations will be monitored through the Integrated Governance Committee (IGC).

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
Quality governance and management				
R1 Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.				
a) We will include in our routine reports to Joint Committee (JC) on quality, performance and finance a section highlighting key areas of concern to promote effective focus and discussion.	Sept 2021	Director of Finance Director of Nursing & Quality Director of Planning	As a consequence of the COVID-19 pandemic the routine reports on activity, quality and financial performance presented to each Joint Committee (JC) meeting have evolved to include additional detailed analysis of the position and any key points to promote effective focus and discussion. For 2021 the position is very stable with an improving underspend position.	Completed

[1] Welsh Health Specialised Services Committee Governance Arrangements (audit.wales)

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			In addition, to ensure effective governance we have reviewed the structure of the committee report template for routine reports (including for quality, performance and finance) and have updated it to include a section on governance, quality and risk which specifically captures key areas of concern to promote effective focus and discussion. This ensures effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients. This will be used from January 2022 onwards. The new template was considered by the Corporate Directors Group Board (CDGB) in September and in November 2021, and was considered by the Integrated Governance Committee (IGC) on the 12 October and will approved by them on the 13 December 2021. The JC received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			concern. The presentation was also given to the Management Group (MG) sub committee on the 23 September 2021 for assurance.	
b) We will develop a revised suite of routine reports for JC that will include elements of the activity reporting, that we introduced during the pandemic, and will take into account the quality and outcome reporting that is currently being developed by Welsh Government (WG).	Mar 2022	Director of Finance Director of Nursing & Quality Director of Planning	As a consequence of the COVID-19 pandemic the routine reports on activity, quality and financial performance presented to each JC were reset to include more explicit, measurable intentions to measure achievement against. This includes detailed analysis of the position and any key points to promote effective focus and discussion. Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitive data to the JC and MG. The reports detail delivery by provider and specialty against historic performance and waiting times. Prospectively activity reports will also include performance compared to provider agreed recovery plans and waiting list profiles. A presentation dashboard format of the waiting times position has been agreed and details variation from agreed activity delivery, referral rates and overall waiting lists whenever possible.	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			The activity dashboard will evolve and align to the quality and outcome reporting that is currently being developed by Welsh Government (WG). The WHSSC Commissioning Assurance Framework (CAF) was considered by the JC in May 2021 and approved in September 2021. Assurance against the CAF is achieved through service specifications, Service Level Agreement (SLA) and performance monitoring through the Quality and Patient Safety Committee (QPS) and the Integrated Governance Committee (IGC).	
c) We will encourage members of the JC to engage in consideration and discussion of key areas of concern that are highlighted.	Sept 2021	Chair of WHSSC	The Joint Committee received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and concern. The Recovery presentation encouraged wide-ranging discussion and it was agreed that structured highlight reports will be presented to the JC from November 2021 onwards. Following on from the recovery discussion WHSSC have requested further detailed plans from providers as	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			additional detail was required from HBs in some areas. As part of WHSSC's commitment to improving the effectiveness and efficiency of the Joint Committee and WHSSC we have embarked on a development programme, which included the JC participating in an equity workshop in May 2021, and there are plans for further development sessions to review the Integrated Commissioning Plan (ICP) and to revisit equity going forward.	
d) We will include routinely at JC an invitation for an oral report to be delivered by, or on behalf of, the Chair of the WHSSC Quality & Patient Safety Committee (Q&PSC) based on the written report from the Chair of Q&PSC.	Sep 2021	Chair of WHSSC/ Committee Secretary	Each JC meeting receives a Chairs assurance report from each of the sub-committees which provides an update on the business discussions of each sub-committee meeting. Each relevant chair is asked to present the Chairs report and to outline any salient points during the JC meeting. The Chair of WHSSC invites the Chair of the Quality & Patient Safety Committee (QPSC)/and or the Director of Nursing and Quality as Executive lead to provide a verbal update based on the written report at each JC meeting.	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
Programme Management				
R2 Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee.				
a) Building Programme Management competency/capacity A number of new staff have recently joined WHSSC in senior positions in the planning team who bring with them strong programme and project management skills. There are 'lunch and learn' sessions planned to share this approach, and the use of common templates is embedding, it is anticipated that this approach will grow programme management competency and capacity within the organisation. The approach is already starting to embed in the way the planning team operates, with programme management approaches already applied to the two strategic pieces committed to through the 2021 ICP (namely paediatrics and mental health) and to the management of the CIAG prioritisation process. Common templates apply to highlight and exception reporting, risk logs and timelines/milestones.	Nov 2021	Director of Planning	We have built programme management capacity and competency and implemented programme management arrangements for the introduction of new commissioned services including: • undertaking a recruitment exercise to appoint 3 dedicated Project Manager roles (2 generic PM roles and one to specifically support Traumatic Stress Wales (TSW)), The posts work as part of the PMO hosted within the planning directorate to share learning, skill and competencies, as well as integrating a project management approach across WHSSC, • the PM roles will review our existing programme management methodology, and introduce new specific templates for project initiation, project highlight reports, risk assessments and project closure reports,	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			• develop a project management training package, • provide project highlight updates to JC. Programme Management arrangements are now in place for all new programmes of strategic work (e.g. Paediatrics and Mental Health).	
b) Programme management on WHSSC commissioned services. Programme arrangements have previously been used for strategic service reviews and the development of the PET (positron Emission Therapy) business case. We will further develop this approach as outlined above, i.e. through a common approach to programme management across the organisation and to and the use of common templates. These will become the basis of reporting through programme structures and as necessary to Joint Committee.	Nov 2021	Director of Planning	We have built programme management capacity and competency and implemented programme management arrangements for the introduction of new commissioned services including: • the programme management arrangements for the All Wales Positron Emission Tomography (PET) Programme demonstrate how WHSSC has developed and strengthened its approach to programme management and the Programme Business Case (PBC) for the project was approved by HBs and endorsed by Welsh Government (WG) Ministers on the 25 August 2021. The All Wales PET Programme Board will utilise its governance structure and reporting arrangements to provide ongoing assurance on	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			progress and it is proposed that it reports into the JC going forward, • we have appointed 3 dedicated Project Manager roles. The posts work as part of the PMO hosted within the planning Directorate to share learning, skill and competencies, as well as integrating a project management approach across WHSSC, • the PM roles will review our existing programme management methodology, and introducing specific templates for project initiation, project highlight reports, risk assessments and project closure reports, • developing a project management training package, • providing project highlight updates to JC. With increased project and programme management capacity and competency, this structured approach will be adopted consistently for all future major projects.	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
c) HB Commissioned Services – when services are not the sole responsibility of WHSSC, and where the senior responsible officer is outside of WHSSC, we will contribute to the programme arrangements, offering clarity about the role of WHSSC and the scope of the responsibilities it has within the programme. We will seek to deliver against any key milestones set, and report progress, risk and exception accordingly.	Oct 2021	Director of Planning	We have built programme management capacity and competency and implemented programme management arrangements for the introduction of projects for new commissioned services. Each project has its own specific terms of reference outlining the purpose and scope of the project, and including the membership and roles and responsibilities. Where services are not the sole responsibility of WHSSC we ensure that the membership includes representatives from Health Boards (HBs), professional groups etc and that the project plan includes measurable milestones with regular reports on progress being presented to the reporting sponsor, for example the JC.	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
Recovery Planning				
R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on: a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm. b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening. c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.				
a) Managing backlog of waits whilst reducing harm i. Introduction of real-time monitoring and reporting of waiting times to Management Group and Joint Committee ii. Review of recovery plans with Welsh provider Health Boards, iii. Regular Reset and Recovery meetings with services to monitor performance against plans. Significant variance from plans will be managed through the WHSSC escalation process iv. Introduction of the WHSSC Commissioner Assurance Framework (CAF), v. Workshop with Joint Committee members on how to deliver 'equity' in specialised services. Report shared with HBs and WG.	Sep 2021 Jul 2021 From Apr 2021 In Place	Director of Finance Director of Nursing & Quality Director of Planning	i. Real time monthly monitoring and reporting of waiting times are presented to the MG on a monthly basis and to each JC meeting through regular performance reports, which include trend analysis and information on comparisons to support effective performance management, ii. WHSSC have discussed recovery plans with Welsh providers through Service Level Agreement (SLA) meetings and received recovery positions from each of the welsh providers of tertiary services. There was an initial delay in receiving the recovery plans, and some detail is still awaited, iii. WHSSC hold regular Reset and Recovery meetings with services	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			to monitor performance against plans. A joint Executive to Executive meeting has been agreed between WHSSC, CVUHB, SBUHB and BCUHB, in order to discuss the welsh position across the plans and where necessary identify alternate pathways or welsh patients. Any Significant variance from plans will be managed through the WHSSC escalation process, discussed with the relevant provider and reported to the QPS Committee and the JC, iv. The final Commissioning Assurance Framework (CAF) was formally approved by the JC on the 7 September 2021 and is supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework, v. Following on from a discussion at JC in February 2021, as part of WHSSC's commitment to improving the effectiveness and efficiency of the Joint Committee and WHSSC we have embarked	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			on a development programme, which included the JC participating in an equity workshop in May 2021. The findings of the workshop were shared with HBs and Welsh Government.	
b) Potential impact and cost of managing hidden demand. i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported to the WG Planned Care Board and HBs to inform non- WHSSC commissioned pathway development. ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact.	In place Q3/Q4 2021-22	Director of Finance Director of Nursing & Quality Director of Planning Medical Director	i. The introduction of demand monitoring comparing historical levels for high volume specialities is routinely undertaken and the findings are reported to the WG Planned Care Board and HBs to inform non- WHSSC commissioned pathway Development. Demand monitoring continuously features as part of the ICP process, board presentations to HBs and through strategic reviews highlighting variations in access using data systems, ii. Despite proactive efforts WHSSC have not been able to appoint an Associate Medical Director for Public Health and alternative models are being explored.	Partially Completed
c)Financial consequences of services that were commissioned and under-delivered as a result of COVID-19	In Place	Director of Finance	Information pertaining to the financial consequences of services that were commissioned and under delivered as a consequence of COVID-19 are	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
i. This information is already captured through our contract monitoring process and compared against the national block contract framework implemented to maintain income stability through COVID-19. This will inform future planned baselines and contract negotiation, where the negotiation is within our control. WHSSC is working with contracted providers across Wales and England to establish their specialised recovery trajectories and where appropriate will secure recovery funding from WG to direct to providers for recovery performance if above established contracted baseline levels.			monitored through block contracts which remain in place during 2021-22 with the position reviewed for 2022-23. The planned position for 2022-23 will be return to cost and volume contracting to ensure full incentives to deliver commissioned volumes. WHSSC are fully participating in the English recovery incentive process with additional funding secured from Welsh Government.	
d) Reporting Analysis We will review and analyse the business intelligence gathered from the actions outlined in points a, b and c above and use the real-time and historical data to inform our decision making on managing existing, and developing new specialised commissioned services. We will report our analysis and outcomes to the Joint Committee, Welsh Government and the Management Group as appropriate.	Sept 2021	Director of Finance Director of Nursing & Quality Director of Planning	We have reviewed and analysed the business intelligence gathered from real-time monitoring and reporting of waiting times, demand monitoring compared to historical levels for high volume specialties and contract monitoring and developed a full information reporting system which provides monthly updates on delivery against historic activity levels, delivery against recovery plans, referral levels against plan and waiting list positions.	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			We report our analysis and outcomes to the JC, Welsh Government and the MG as appropriate.	
Specialised Services Strategy				
R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should: a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery. b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning. The review should assess services: • which do not demonstrate clinical efficacy or patient • outcome (stop); • which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer); • where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.				
a. Embrace New Innovations i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery, ii. We will continue to develop our relationship with NICE, AWMSG and	Jul 2021 Q3	Managing Director Director of Finance Director of Nursing & Quality	i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC's commissioning practice and has been applied successfully since 2016. The process helps ensure the NHS in Wales effectively commissions' new and innovative treatments that are both clinically and cost effective, and are made available in a timely manner.	Partially Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
HTW in relation to the evaluation of new drugs and interventions, iii. We will engage with developments for digital and Artificial intelligence (AI), iv. We will continue our regular dialogue and knowledge sharing with the four nations' specialised services commissioners, v. We will continue to build upon our existing relationships with the Royal Colleges, vi. We will continue to develop our work on value-based commissioning, vii. We will develop a communication and engagement plan to support and inform the strategy. viii. As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken to gain insight on long-term ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy and the supporting the 3 year integrated commissioning plan.	2021-22 In Place Dec 2021 Dec 2021	Director of Planning	Horizon scanning identifies new interventions which may be suitable for funding, and prioritisation allows them to be ranked according to a set of pre-determined criteria, including clinical and cost effectiveness. This information when combined with information around demands from existing services and interventions will underpin and feed into the development of the WHSSC Integrated Commissioning Plan (ICP). A horizon scanning exercise was undertaken by the Medical Directorate between January and May 2021, which informed the new Interventions Prioritisation Panel on the 20 July 2021, and the Clinical Impact Advisory Group (CIAG) prioritisation day on the 3 August 2021, ii. WHSSC continues to develop its relationships including: a. Three members of the WHSS team are current members of NICE appraisal committees (AC – TA committee A; ID – TA committee D; SD – HST committee). AC is also Chair of the NICE Welsh Health Network,	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			b. WHSSC has a built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is represented on their Assessment Group, Appraisal Group and Stakeholder Forum. A joint proposal to support all Wales policy development of HTW guidance was supported by MG in June and the HTW Executive Board in July 2021. Funding for two posts (Project Manager and Admin) to support this work is now being sought from WG c. WHSSC also has a close working relationship with AWMSG, focused mainly on medicines management and horizon scanning. A MoU is now being developed between WHSSC and AWMSG to formalise these links and to share knowledge and expertise. The appointment of a WHSSC Medicines Management Pharmacist (due to start January 2022) will	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			further strengthen this partnership. iii. We continue to engage with developments for digital and Artificial intelligence (AI) iv. We continue to attend the four nations' specialised services commissioners meetings, v. We continue to build upon our existing relationships with the Royal Colleges, vi. We continue to develop our work on value-based commissioning, vii. We have developed a communication and engagement plan to support and inform the strategy which will be presented to the CDGB in January 2022, viii. It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			system pressures related to the current wave of the pandemic and the letter from Judith Paget CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities.	
b. Approach to Review of Services will be considered in strategy engagement **i.** The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and undertake a value based services assessment to assess if existing services are still categorised as specialised, ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned, iii. We will continue to undertake a process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services, iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the	Sept 2021 March 2022	Director of Finance Director of Nursing & Quality Director of Planning	i. The draft new specialised services strategy: a. It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the	Partially Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
development of an outcome manager post to support both the WHSSC strategic approach to outcome measurement as well as a feasibility analysis of currently available tools. We will pursue our planned investment to utilise the SAIL database with a view to assessing the population impact of services in a number of pilot areas. As previously agreed with the Joint Committee a stakeholder engagement exercise will be undertaken to gain insight from our stakeholders on long term ambitions and to inform how we shape and design our services for the future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.			current wave of the pandemic and the letter from Judith Paget, CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities. b. On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy and WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in January 2022 and to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for interventions, and international collaborative networks,	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			c. WHSSC are required to agree annually those services that should be planned on a national basis and those that should be planned locally (section 1.1.4 WHSSC SO's), to support this, following a discussion at the JC 7 September 2021 a workshop was held with the MG on the 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC. d. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients. ii. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			iii. The process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services was undertaken between January and May 2021 and informed the prioritisation panel on the 20 July 2021, iv. We have investigated opportunities for strengthening our information function through internal re-organisation and investment and have strengthened the staffing model of the information function to enable more timely information. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes.	
Welsh Government Recommendation - Independent member recruitment				
R5 Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role				
Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: I am aware there have been challenges in securing nominations from health boards			<u>WG update received 15/12/21</u> WHSSC are in discussions with WG on the IM remuneration and time commitment issues and a report was	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
to undertake the independent member role at WHSSC. My officials have been looking at options in relation to recruitment, remuneration and retention of independent members and I am currently considering their advice before the matter is raised with the Minister. There are a number of options, some of which could be achieved relatively simply and others which would require changes to the legislation. I will write to you again when we have a clear way forward.			presented to the Chairs group in October 2021 requesting their views. The Chair of WHSSC and the Committee Secretary meet with WG officials on a monthly basis to progress the IM remuneration discussions. A progress report will be presented to the Joint Committee on the 18 January 2021.	
Welsh Government Recommendation - Sub-regional and regional programme management				
R6 This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).				
Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened.			<u>WG update received 15/12/21</u> This is linked to R2 and an update will be received in due course.	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.				
Welsh Government Recommendation - Future governance and accountability arrangements for specialised services				
R7 A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.				
Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner			<u>WG update received 15/12/21</u> Welsh Government have advised that the advice on the NHS Executive is still being considered by the Minister. The Public Accounts and Public Administration Committee has written to the Director General/Chief Executive NHS Wales following her recent appearance before them to ask for an update on the WHSSC Audit Wales Reports recommendations 5, 6 and 7 and a	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate. In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.			response will be issued in due course.	

Report Title:	**Declarations of Interest, Gifts, Hospitality & Sponsorship**								
Meeting:	**Audit & Assurance Committee**						**Meeting Date:**	**8 February 2022**	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**		**For Information**	**X**	
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Head of Risk and Regulation**								

Background and current situation:

As agreed by Audit & Assurance Committee an update on Declarations of Interest, Gifts, Hospitality & Sponsorship would be provided to each Audit Committee for information.

As described in the November 2021 report the procedure for Declarations of Interest now requires employees to make a single declaration of interest during the period of their employment, only altering it if their circumstances change (for example undertaking secondary employment). The declarations of Gifts, Hospitality and Sponsorship is unaltered and remains an 'as required' process.

The Risk and Regulation Team worked with Corporate Communications to design a Communication Plan. The communication plan commenced in November 2021 with the intention of informing employees of the following:

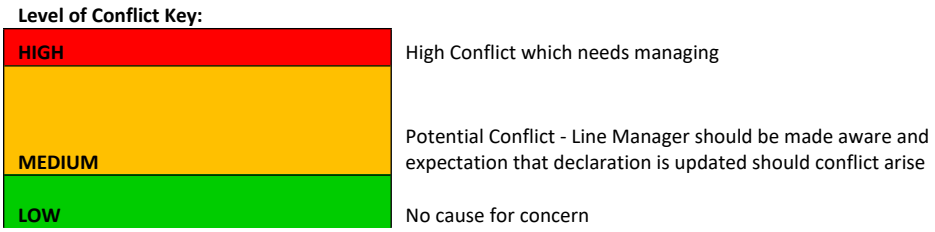
- The requirement to now submit a declaration of interest once. But, reinforcing the requirement to update if personal circumstances change.
- That Declarations of Interest can now be made on ESR, and signposting to User and Manager guides.
- The continuing need to declare Gifts, Hospitality and Sponsorship with specific emphasis being given in Autumn (for Autumn International Rugby Tickets) and Christmas/New Year (for seasonal gifts).

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The following Declarations have been received and included on the register which covers the period 01 Apr 20 to 01 Jan 22:

- 1,418 Declarations of Interests, Gifts, Hospitality & Sponsorship Forms have been recorded on the register.
- A further 5 forms have been received but are awaiting further detail from employees before they can be added to the register (for example details of secondary employment).
- 70% of staff banded 8a and above have returned their declaration forms.

- The Declarations of Interests, Gifts, Hospitality and Sponsorship forms received are RAG rated by the Corporate Governance Officer to ensure appropriate action and monitoring. The RAG rating system is as follows:



- 97.4% of Declarations received are rated **Green** (260 Declarations).
- 2.67% of Declarations received are rated **Orange** (7 Declarations).
- 0.03% of Declarations are rated **Red** (1 Declaration).

The 8 entries recorded as medium and high potential conflicts can be summarised as follows:

- The 1 High Risk Conflict concerns a Health Board Director who has taken on secondary employment with a company that the Health Board has historically and continues to contract with. The arrangement has been and will continue to be overseen by senior executive colleagues to prevent any conflict from manifesting itself.
- The 7 medium risk conflicts can be broken down into two categories:
    - One declaration that would only result in a conflict in procurement scenarios and would be picked up by the Health Board's internal procurement systems in the event that a potential conflict could be perceived; and
    - Six instances of secondary employment or roles within external organisations that have been notified to appropriate line managers to me managed so as to avoid conflict arising.

A register of all interests can be found at the following link: Register of Interests, Gifts and Hospitality - Cardiff and Vale University Health Board (nhs.wales).

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Analysis of declarations of interest received suggests reasonable success from the recent 'advertising campaign'; there has been an above average increase in the quantity of declarations made, as well as an almost complete use of ESR rather than the more administratively heavy use of hardcopy forms and email returns.

Due to the relative success of this 'advertising campaign' it has been agreed with Corporate Communications to initiate the following communications plan through 2022:

- Communicate the need to declare Gifts/Hospitality/Sponsorship three times per annum – with a specific emphasis on the 6 Nations Period and Christmas/New Year when past experience indicates gifts are most frequently offered.

- Communicate the ability to make ESR declarations every quarter – this will be delivered on the Staff Connect App, the Staff Weekly Update and on Screensavers.
-

Additionally the ESR Manager will be asked to email reminders in July and Janauary to those who have made declarations, to remind them of the requirement to update if their personal circumstances have changed.

Recommendation:

The Audit & Assurance Committee is asked to:

- **NOTE** the ongoing work being undertaken within Standards of Behaviour
- **NOTE** the Declarations of Interest, Gifts, Hospitality & Sponsorship Register.

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

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

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

High Conflict which needs Managing
Potential Conflict - Line Manager should be aware and expectation that declrations is updated should conflict arise
No cause for concern

Level of Conflict	First Name	Surname	Position held in UHB	Directorate / Speciality	Band	Clinical Board / Corporate Dept	Date Form Returned	Interests to Declare (Yes/No)	Third Party Declaration eg Spouse/Partner (Yes/No)	UHB Address:	UHB Tel No:	Confirmed read & understood Standards of Behaviour Framework Policy	a) Directorships, including Non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies	Start - End Date	Financial / Other Benefits	b) Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the UHB	Start - End Date	Financial / Other Benefits	c) A personal or departmental interest in any part of the pharmaceutical/healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Start - End Date	Financial / Other Benefits	d) Sponsorship or funding from a known NHS supplier or associated company/subsidiary	Start - End Date	Financial / Other Benefits	e) A position of authority in a charity or voluntary body in the field of health and social care	Start - End Date	Financial / Other Benefits	f) Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Start - End Date	Financial / Other Benefits	g) Employment/self employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	Start - End Date	Financial / Other Benefits	h) I undertake to notify the UHB of any changes which may occur within four weeks from the date of the change, in writing to the Corporate Risk and Governance Office. Please return completed forms to cav.declarations@wales.nhs.uk	i) I confirm that the information accurately reflects my interests and those of my family and understand that relevant information will be included in the Register which is available for public inspection	Signed	Date	Document Saved in Corporate Governance NB: For Office Use Only	Escalation/Other details:	Level of Conflict Key:
Low	Elijah	Ablorsu	Consultant Transplant and General Surgeon	Nephrology and Transplant	Consultant	Specialist Services	16.11.20	Yes	Yes	UHW	46647	Yes	Medlap Ltd, E&G Senior Care Ltd Spouse: Medlap Ltd, E&G Senior Care Ltd	MedLap 20/01/2012; E&G SC ltd: 22/1/2016 MedLap 20/01/2012; E&G SC ltd: 22/1/2016		E&G Senior Care Ltd E&G Senior Care Ltd			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	PP - Spire Cardiff		Yes	Yes	Yes	Elijah Ablorsu	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Alana	Adams	Principal Pharmacist	Pharmacy	8c	CD&T	18.11.20	Yes	No	UHW	43880	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	Attended two meetings as a Specialist Pharmacist in a consultancy role for Pharmaceutical Industry and Marketing company.	07.09.20 - 10.09.20	Honorarium received	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Participated in a podcast for Cardiff University	13.11.20 - 13.11.20	Payment received	Yes	Yes	Alana Adams	18.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Sanjeev	Agarwal	Consultant Orthopaedic Surgeon	Orthopaedics	Consultant	Surgery	27.01.21	Yes	No	UHL		Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Institutional funding from Zimmer Biomet for funding of a knee fellow in orthopaedic surgery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Sanjeev Agarwal	27.01.21	Yes	Sponsorship form sent 11.02.21	
Low	Sashin	Ahuja	Consultant	Trauma and Orthopaedics	Consultant	Surgery	22.09.21	Yes	No	UHW		Yes	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	Fellowship posts funded by Depuy Synthes, Nuasive and Globus Medical LTD.	Jun 21-Ongoing	None	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	Yes	Sashin Ahuja	29.06.21	ESR		
Low	Rona	Aldridge	Clinical Psychologist / Clinical Lead of the Integrated Autism Service	Psychology and Psychological Therapies / Autism	8b	Mental Health	12.11.20	Yes	No	Avon House	2921824240	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I do some private work in my capacity as a psychologist - autism assessments, sometimes interventions and court reports. I do not assess	2012 - current	Financial	Yes	Yes	Rona Eldridge	12.11.20	Yes	Secondary Work Form sent 30.11.20 Completed secondary work form received 25.01.21	
Low	Kathryn	Allen	Community Pharmacy Advisor	Pharmacy	8a	PCIC	16.11.20	Yes	No	Woodland House	36156	Yes	Davies Homes Ltd	2010 - current	none	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Policy and planning manager Company Chemists' Association	2015 - to date	Yes salaried 7.5 hours per week	Yes	Yes	Kathryn Allen	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Louise	Allen	Pharmacist	Primary Care Prescribing Advisers	8a	PCIC	17.11.21	Yes	No	Woodland House		Yes	Directorship of Davies Homes Ltd - a family building business unconnected with healthcare	ongoing	Dividends ad hoc	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Louise Allen	17.11.21	ESR		
LOW	Sheha	Al-Rajoodi	Podiatrist	Podiatry	5	Specialist Services	10.11.21	Yes	No	UHL		Yes	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	I work 7 hours per week as a Podiatrist for Murray Medical	2021-ongoing	Fees	Yes	Yes	Sheha Al-rajoodi	10.11.21	Yes		
Low	Richard	Anderson	Consultant Cardiologist	Cardiothoracic	Consultant	Specialist Services	25.01.21	Yes	No	UHW	43786	Yes	Shareholder of Richard Anthony Anderson Ltd	1.08.15 - ongoing		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Committee member of the Wales Heart research Fund	01/01/2010 - ongoing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Richard Anderson	25.01.21	Yes		
Low	Argiris	Asderakis	Consultant Transplant Surgeon	Nephrology and Transplant	Consultant	Specialist Services	25.01.21	Yes	No	UHW		Yes	N/A	N/A	N/A	Small number of shares in Pfizer	1.10.19 - ongoing	£500 shares as part of portfolio	Sanofi Frances, Novartis	01/10/2013 - 01.10.2015	30k provided for departmental research	Sanofi Frances, Novartis	01/10/2013 - 01.10.2015	Funding for an MD research project	Kidney Wales Trustee	01.02.2007 - ongoing	Board of Trustees and its HR	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Argiris Asderakis	25.01.21	Yes		
Low	Philip	Atkin	Consultant in Oral Medicine	Dental	Consultant	Surgery	18.02.21	Yes	No	UHW	42463	Yes	1. Brynmill Ltd (orthodontics & (aesthetic medicine) 2. Nuform Medical Aesthetics Ltd (aesthetic medicine) 1. Spouse 2. Spouse and colleagues	2014 - current 2020 - current	expenses only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Philip Atkin	18.02.21	Yes		
Low	Kim	Atkinson	Strategic Lead Occupational Therapist	Therapies / Occupational Therapy		CD&T	12/10/2020	Yes	No	UHL	Ext 24893	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Vice Chair of Royal College of Occupational Therapists	2018 - 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Kim Atkinson	12/10/2020	Yes		
Medium	Stephen	Austin	Consultant Surgeon	Trauma and Orthopaedics	Consultant	Surgery	28.01.21	Yes	No	UHL	25239	Yes	Director - Austin Hip Solutions Ltd	24.06.2010 - ongoing	Dividends	N/A			N/A	N/A	N/A	N/A	N/A	N/A	Immediate past president of British Hip Society						Consulting fees and/or design and / or royalties with orthopaedic companies * Deping - consulting fees education * Zimmer Bionet - consulting fees education * Smith & Nephew consulting fees - design & royalties * Orthofix - consulting fees, design & royalties * Lima - design & royalties * Adler - consulting fees, design & royalties * Private practice - Nuffield Hospitals		Yes	Yes	Yes	Stephen Jones	28.01.21	Yes		
Low	Megumi	Baba	Consultant Paediatric Palliative Care	Child Health	Consultant	Children & Women	4.12.20	Yes	No	UHW	2920532200	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I have an honorary cotract with Ty Hafan Children's Hospice as their consultant	21.06.16 - ongoing	CAVUHB invoices part of my salary (4 sessions per week)	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Megumi Baba	4.12.20	Yes		
Low	Sarah	Bailey	Senior Specialist Speech & Language Therapist	Neuropsychiatry Service	7	Mental Health	17.11.20	Yes	No	Hafan y Coed	24853	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I occasionally provide independent speech and language therapy assessment for case managers in brain injury litigation. The patients seen are always outside of the geographical and clinical remit of my cardiff and vale caseload	current	Yes	Yes	Yes	Sarah Louise Bailey	17.11.20	Yes	Secondary Work Form sent 30.11.20	
	Phillip	Ball	Mental Health Nurse	CHMT	8a	Mental Health	17.02.21	Yes	No			Yes	No	N/A	Nil	No	N/A	Nil	I have accepted an offer to join an All Wales forum for mental health nurses sponsored by Janssen. The forum	Feb 21 - Ongoing	Yes	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	Yes	Yes	Philip Ball	17.02.21			
	Timothy	Banner	Pharmacist	Pharmacy UHL	8d	CD&T	06.10.20	Yes	Yes	UHL	7813932756	Yes	No	N/A	Nil	No	Apr-19	N/A	Wife works for Lloyds Pharmacy as Pharmacist manager in Gorseinon, Swansea	N/A	N/A	No	N/A	N/A	No	N/A	No	No	N/A	N/A	No	N/A	N/A	Yes	Yes	Timothy Banner	06.10.20	ESR		
Low	Mirander	Barber	Consultant Clinical Psychologist	MHSOP	8+	Mental Health	13.01.21	Yes	No	UHL	20715782	Yes	I am the Director of a Ltd company which has not traded for 18 months	2015 - current	none	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Miranda Barber	13.01.21	Yes		
Low	Robert	Bauld	Principle Clinical Engineer / Design & Manufacture Team Leader / Health and Safety Coordinator	Artificial Limb and Appliance Service		Specialist Services	22.09.20	Yes	No	Treforest	01443 661799	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Rehabilitation Engineer Associate Lecturer	21/09/2020 - 31/08/21	Yes	Yes	Yes	Robert Bauld	22.09.20	Yes		
Low	Gary	Baxter	Independent Member of the Board	Executives / Corporate	Executive	Executive	15.03.21	Yes	No	Woodland House		Yes	N/A	N/A	N/A	N/A	N/A	N/A	Member, Governance Board ACCELERATE (Life Sciences Hub)	2019 - ongoing		N/A	N/A	N/A	British Heart Foundation research related work	1994 - ongoing		N/A	N/A	N/A	Cardiff University	2007 - ongoing	Salary	Yes	Yes	Gary Baxter	15.03.21	Yes		
Low	Andrew	Beamish	ST8 General Surgery	General Surgery	ST8	Surgery	19.11.20	Yes	No	UHW		Yes	Director and Trustee of Limited Company "ASiT Events"	2014 - ongoing	Nil (Voluntary)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Director and Trustee ofAssociation of Surgeons in Training - Currently applying for its Limited company	2014 - ongoing	Nil (voluntary)	N/A	N/A	N/A	N/A	N/A	N/A	Yes	yes	Andrew Beamish	19.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Melissa	Beard	High Intensity Psychological Practitioner	Psychology & Psychological Therapies		Mental Health	8.04.21	Yes	No	Cardiff Royal Infirmary	2183 2243	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I work on the bank of primary mental health	2017 - ongoing	Average £100 a month	Yes	Yes	Melissa Beard	8.04.21	Yes		
Low	Robert	Beattie	Consultant Obs & Gynae	Fetal Medicine	Consultant	Children and Women	26.01.21	Yes	No	UHW		Yes	Founding Director of Innermost Secrets Ltd trading as Innermost Healthcare	15+ years - current 15+ years - current	financial financial	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Founding Chairman of Innermost Learning Registered Charity			Shareholder in Time for Medicine			N/A	N/A	N/A	Yes	Yes	Robert Beattie	26.01.21	Yes	Secondary form sent 10.02.21	
Low	Preetkiron	Bhal	Consultant Gynaecologist	Gynaecology	Consultant	Children and Women	28.01.21	Yes	No	UHW		Yes	Infiniti Healthcare Ltd Spouse	May 2013 - ongoing May 2013 - ongoing	Director Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A	N/A	N/A	Yes	Yes	Preetkiron Bhal	28.01.21	Yes		
Low	Vakeaparamabil	Biju	Consultant	Elderly Care Medicine	Consultant	Medicine	12.11.20	Yes	No	UHW		Not Ticked	Medic Training Limited - private work from publication of articles, attending ad - board	1.03.17 - ongoing		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Vakeaparamabil Biju	12.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Robert	Bleehen	Medical Consultant	Consultant Radiologist	Consultant	CD&T	17.11.20	Yes	Yes	UHL	26583	Yes	Cardiff Medical Consultant Ltd (Director) Partner: Cardiff Medical Consultant Ltd (Director)			Cardiff Medical Consulting Ltd Partner: North Cardiff Medical Centre (Partner) and Cardiff Medical Consultant Ltd			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Cardiff Medical Consultant Ltd (Director) Partner: Cardiff Medical Consultant Ltd (Director)			Yes	Yes	Robert Bleehen	17.11.20	Yes	Secondary Work Form sent 30.11.20	
Low	Mike	Bourne	Consultant Radiologist	Radiology	Consultant	CD&T	3.02.21	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	UKAS	Nov 16 - ongoing	Nil	Alliance Medical Ltd	Jan 18 - ongoing	Contractor	Yes	Yes	Mike Bourne	3.02.21	Yes	Secondary form sent 12.02.21	
Low	Ian	Bowler	Consultant Anaesthetist	Anaesthetics	Consultant	Surgery	18.12.20	Yes	No	UHL	26860	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Chairman of MEDSERVE Wales, an Immediate Care Charity based in South Wales			Medical Advisor to the Myotonic Dystrophy Support Group			Private Practice with admitting rights at Spire Cardiff Hospital and Vale Hospital Hensol	N/A	N/A	Yes	Yes	Ian Bowler	18.12.20	Yes	Secondary form sent 10.02.21	
Low	Matthew	Boyd-Anderson	Physiotherapy Technical Instructor	Therapies		CD&T	19.05.2020	Yes	No	UHW		Yes	N/A	N/A	N/A	N/IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Support Worker - Prospero Health and Social Care - Casual Flexi Hours	13/05/2020	Salary	Yes	Yes	Matthew Boyd-Anderson	19/05/2020	Yes (Paper and Scanned)		
Low	Paul	Bracegirdle	Senior Projects & Deputy Directorate Manager	Dental/Ophthalmology	8a	Surgery	6.12.20	Yes	No	UHW	44846	Yes	Active Director at Tre-Oda Court Management Ltd, Companies House Reference Number 08945509	5.10.17	None	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Paul Bracegirdle	6.12.20	Yes		
Low	Eileen	Brandreth	Independent Member of the Board	Executive / Corporate		Executive / Corporate	28.01.21	Yes	No	Woodland House		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Employee of Cardiff University	December 2008 ongoing		Yes	Yes	Eileen Brandreth	28.01.21	Yes		
Low	Carwyn	Bridges	Physiotherapist	Specialty Medicine	7	Medicine	16.11.20	Yes	No	UHL	2071 6841	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Limited Consultancy Chiesi Ltd	June 20 - Oct 20	Honorarium	Yes	Yes	Carwyn Bridges	17.11.20	Yes	Secondary Work Form sent 30.11.20	
Medium	Mark	Briggs	Senior Manager	Innovation and Improvements Team	8d	Corporate	22.06.21	Yes	Yes	Woodland House	7818823318	Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	My wife is Chief Operating Officer for Velindre University NHS Trust and a senior executove connected with the grant programmes that I still have professional connections with: Midland-Wales Advanced Therapies Treatment Centre and Advance Therapies Wales	Jun 21-Ongoing	none	Yes	Yes	Mark Briggs	22.06.21	ESR		
Low	Francis	Brooks	Consultant	Trauma and Orthopaedics	Consultant	Surgery	15.11.21	Yes	No	UHW		Yes	Yes	Nov-21	Yes	Yes	Nov-21	Yes	No	N/A	N/A	Consultant for Sstryker	Nov 21-Ongoing	Salary	No	N/A	N/A	No	N/A	N/A	Clinical Adviser for EIDO (Medical IT Company) Advisor for Doctor care Anywhere	Nov 21-Ongoing	Fees	Yes	Yes	Michael Brooks	15.11.21	ESR		
Low	Anna	Burgess	Pharmacist Team Leader	Pharmacy	8b	CD&T	29/09/2020	Yes	No	UHW	029 2184 4975	Yes	N/A	N/A	N/A	N/A	N/A	N/A	The Neonatal and Paediatric Pharmacists Group (NPPG) have corporate partners (pharmaceutical companies) who pay the organisation for benefits such as access to professionals for advisory meetings. I attend these as an NPPG executive committee member. Conference attendance fee for the EuPFi conference 2020 paid for by Proveca Ltd.	2018 - Ongoing Sep 20 - Sep 20	Sponsorship to NPPG Conference fee paid	Annual attendance at Neonatal and Paediatric Pharmacists Group (NPPG) Conference - this is an event sponsored by multiple pharmaceutical companies.	Nov 12 Ongoing	Delegate fees are reduced thanks to the sponsorship received	Member of the Neonatal and Paediatric Pharmacists Group (NPPG) executive committee and their Information Officer.	Nov 11 - ongoing	SLA in place with WMIC to fund this position which is done as a team role. Personal expenses paid for attending meeting	N/A	N/A	N/A	Presented healthcare professional educational sessions on excipients in medicines for children at events sponsored by Desitin Pharma Ltd and Proveca Ltd.	July 20 - Nov 20	Honoraria received		Yes	Anna Burgess	29.09.20	Yes		
Low	Tanya	Burton	Myeloma Clinical Nurse Specialist	Haematology		Specialist Services	12/10/2020	Yes	No	UHW	7989168352	Yes	N/A	N/A	N/A	N/A	N/A	N/A	We use some of the pharma drugs in our health board	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Janssen/Takeda/Celgene Sanofi	2017 - Ongoing 2020 - Ongoing	One off payment	Yes	Yes	Tanya Burton	12/10/2020	Yes		
Low	Adam Joshua	Cann	Trainee Clinical Psychologist	Clinical Psychology		CD&T	29/09/2020	Yes			7545090589	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Self employment as CBT therapist working with Efficacy Ltd	16/06/20 - ongoing	Yes	Yes	Yes	Adam Joshua Cann	15/10/2020	Yes		
Low	Iqroop	Chopra	Consultant Trauma and Orthopaedic Surgeon	Trauma and Orthopaedics, Spines	Consultant	Surgery	3.12.20	Yes	Yes	UHW	2920715289	Yes	Director 1. Tanman Consultancy Ltd 2. Tanman Investments Ltd Spouse Director 1. Tanman Consultancy Ltd 2. Tanman Investments Ltd	2008 - ongoing 2015 - ongoing 2008 - ongoing 2015 - ongoing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Spinaid Ltd, Director	Dec-19	N/A	N/A	N/A	N/A	Practice privileges at Nuffield Vale Hospial and Spire Cardiff Hospital	2008		Yes	Yes	Iqroop Chopra	3.12.20	Yes	Secondary Employment Form and Policy sent 1.02.21	
Low	Mohammed	Chowdhury	Consultant Dermatologist	Dermatology	Consultant	Medicine	11.02.21	Yes	No	UHW	43181	Yes	Director of Dr MMU Chhowdhury Ltd (private dermatology work)	2012 - ongoing	Dividends, no salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	President-Elect, British Association of Dermatologists, Executive Officer of Charitable organisation (unpaid role)	July 21 - July 22	Nil	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mmu Chowdhury	11.02.21	Yes		
Low	Adam	Christian	Consultant Pathologist	Cellular Pathology	Consultant	CD&T	28.06.21	Yes	No	UHW	744278	Yes	No	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I report /consult for external companies, this is generally through my own limited company, AC pathology. This is usually reporting of backlog cases sent from NHS Labs in England to a central hub for distribution	Oct 2019 - Ongoing	Yes	Yes	Yes	Adam Christian	28.06.21	ESR	Secondary Employment Form sent 18.10.21	
Low	Gail	Clayton	Lead Clinical Nurse Specialist in MS	Neurosciences	8a	Specialist Services	25.11.20	Yes	No	UHW	45018	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Member of UKMSSNA Committee		Sponsorship for overnight	N/A	N/A	N/A	Yes	Yes	Gail Clayton	26.11.20	Yes	Sponsorship Form sent 3.12.20	
Low	Dennis Llewellyn	Cochlin	Locum Consultant Radiologist	Radiology	Consultant	CD&T	16.11.20	Yes	No	UHW	43572	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Medical and scientific advisor to Intelligent Ultrasound (formally MedaPho (Simulations and artificial intelligence in ultrasound)	2010	Consultancy Fees	Yes	Yes	Dennis Cochlin	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Declan	Coleman	Clinical Scientist	Medical Physics	8b	CD&T	12.11.20	Yes	No	UHW	42015	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I do some practice ultrasound scans for a private hospital in Newport	current	Honoraria	Yes	Yes	Declan Coleman	12.11.20	Yes		
Low	Philip	Connor	Consultant	Paediatric Oncology	Consultant	Children and Women	22.12.20	Yes	No	UHW		Yes	N/A	N/A	N/A	No	N/A	N/A	I have no conflicts of interest. There was a planned advisory board with a company called Sobi but this fell	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	Yes	Philip Connor	22.12.20	ESR		
Low	Emma	Cooke	Physiotherapy	Outpatient Physiotherapy	8c	CD&T	14.10.20	Yes	Yes	UHW	7779018714	Yes	No	N/A	Nil	No	N/A	Nil	No	N/A	N/A	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	My husband who is a physiotherapist within the service and I have a small private physio practice.	2019-Ongoing	Fees	Yes	Yes	Victoria Cooke	14.10.20	ESR		
Low	Stephen	Coombs	Podiatrist	Podiatry	8a	CD&T	15.11.21	Yes	No			Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	N/A	N/A	N/A	Chair of Wales Branch of College of Podiatry	Nov-21	No	No	N/A	N/A	Yes	Yes	Stephen Coombs	15.11.21	ESR		
Low	Julie	Cornish	Consultant Surgeon	General Surgery	Consultant	Surgery	8.03.21	Yes	No	UHW		Yes	Cornish Healthcare Ltd Partner: Sniff Ltd	01/04/2019 January 2020	No Salary	N/A	N/A	N/A	N/A	N/A	N/A	I am the Secretary for the Pelvic Floor Society (professional association) and a Trustee for the MASIC foundation (charity). Both receive industry funding for educational events from mulitple industry partners. I have been paid honoraria by industry for participation in events which have been declared to CAVUHB and have been paid into Cornish	2018	None	Trustee and Exec Board Member of MASIC Foundation	2018	N/A	N/A	N/A	N/A	I work in Spire Cardiff in a session which has been agreed as part of my job plan	Apr-18		Yes	Yes	Julie Cornish	8.03.21	Yes	Secondary and Sponsorship forms sent 12.03.21	
Low	Richard	Cousins	Consultant in Immunology	Immunology	Consultant	Specialist Services	13.11.20	Yes	No	UHW	02920 748338	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	I have shares in AstraZeneca.	ongoing	Dividends	I have received sponsorship for travel and attendance at educational meetings from Novartis and Grifols	Ongoing	Accommodation, travel and conference fees.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Richard Cousins	13.11.20	Yes	Sponsorship Form sent 25.11.20	
Low	Matthew	Creed	Consultant Anaesthetist	Anaesthetics	Consultant	Surgery	06.12.21	Yes	No	UHW	02920 743107	Yes	No	N/A	No	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Responder member and treasurer of MEDSERVE Wales (Charity Number 1039032)	2016-Ongoing	No	Responder member and treasurer of MEDSERVE Wales (Charity Number 1039032)	2016-Ongoing	No	No	N/A	none	Yes	Yes	Matthew Creed	01.12.21	Yes		
	Kerry	Crompton	Pharmacist	Medicine	8a	Medicine	10.02.21	Yes	No	UHW		Yes	No	N/A	Nil	No	N/A	Nil	No	N/A	N/A	I took part in an advisory board meeting for Thame Laboratories (Syrimed) in December 2020 and recieved an honorarium of £250	One off	£250.00	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	Yes	Kerry Crompton	10.02.21	ESR		
Low	Shibendra	Datta	Consultant Urologist	Urology	Consultant	Surgery	26.01.21	Yes	No	UHW	45115	Yes	Director of Urology Solutions Cardiff Ltd Spouse: Director of Urology Solutions Cardiff Ltd	01.02.18 - current 01.02.18 - current	Dividents ad hoc Dividents ad hoc	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private practice at Spire Hospital	Sept 2001 - ongoing		Yes	Yes	Shibendra Datta	28.01.21	Yes	Secondary form sent 11.02.21	
Low	Ieuan	Davies	Consultant Paediatric Gastroenterologist	Child Health		Children & Women	26/10/2020	Yes	Yes	UHW	029 2074 8789	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	Wife has done consultancy work for which she has been paid whtint he last 7 years with Janssen, Taeda and Jazz		Yes	N/A	N/A	N/A	Chair of NICE NG1 (2015), Previous Chair of the BSPGHAN Endoscopy Working Group and member of JAG (2012-2015). I have been a NICE expert	2016	N/A	I raise money for and contribute to events (as a speaker) held by CICRA and Crohn's and Colitis UK. I am part of IBD Wales.	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ieuan Davies	26/10/2020	Yes		
Low	Ieuan	Davies	Consultant Paediatric Gastroenterologist	Child Health		Children & Women	26/10/2020	Yes	Yes	UHW	029 2074 8789	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	Wife has done consultancy work for which she has been paid whtint he last 7 years with Janssen, Taeda and Jazz		Yes	N/A	N/A	N/A	Chair of NICE NG1 (2015), Previous Chair of the BSPGHAN Endoscopy Working Group and member of JAG (2012-2015). I have been a NICE expert adviser since 2016 and teach on their new Chair induction programme twice each year. Health Advisory Council of Coeliac UK since spring 2020 and Senedd Cross party Group on Coleiac Disease	2016	N/A	I raise money for and contribute to events (as a speaker) held by CICRA and Crohn's and Colitis UK. I am part of IBD Wales.	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ieuan Davies	26/10/2020	Yes		
Low	Robyn	Davies	Head of Innovation	Improvement and Implementation	8c	Corporate	16.11.20	Yes	No	Woodland House	7810636358	Not Ticked	Chairman - Culturvate Ltd	1.09.17	None	Chairman - Culturvate Ltd (existing UHB customer)	1.09.17	None	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Visiting Professor - University of South Wles; Hon Innovation Fellow - Cardiff University	1.07.20 - 1.07.23 16.11.20 - 1.01.25	None	N/A	N/A	N/A	Yes	Yes	Robyn Davies	17.11.20	Yes		
Low	Paul	Davis	Consultant Paediatrician	Child Health	Consultant	Children & Women	12.11.20	Yes	No	St David's Hospital	2920536825	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Scientific Advisor to The Lullaby Trust			Private clinic at Cyncoed Consulting Rooms. Medicolegal practice in relation to child safeguarding cases (Category 2 work).				Yes	Paul Davis	12.11.20	Yes		
Low	Dev	Detta	Consultant in Metabolic Medicine	Haematology/ Immunology / Metabolic Medicine	Consultant	Specialist Services	26.11.20	Yes	No	UHL	26844	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Honoria received for expert advice and speaker fees from Amgen, Sanofi, Ackea, Amryt, Kyowa Kirin, Novartis	2011 - ongoing	Financial	N/A	N/A	N/A	Trustee, HEART UK	2018	None	N/A	N/A	N/A	Private Practice- Metabolic Clinic Ltd	2011	Financial	Yes	Yes	Dev Datta	26.11.20	Yes	Secondary Work Form sent 3.12.20	
Low	Ceris	Devereux	Public Health Dietitian	Nutrition and Dietetics		Community Dietetics	10.09.20	Yes		UHW	2920907698	Yes	N/A	N/A	N/A	N/A	N/A	N/A	I have done work advising Quorn foods around diet for monetary payment. I have also worked with the BDA in cooperation with alpro providing dietetic advice for monetary payment for E-learning	16th October 2019 and 10/8/20	one off payment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I have undertaken some activities as part of my private practice.	Ongoing	N/A	Blank	Yes	Ceris Devereux	16.09.20	Yes		
Low	Catherine	Donan	Director of Health and Social Services Integration	Health and Social Services	9	Health and Social Services	12.11.20	Yes	No	Strategic Planning	07983 613875	Yes	No	N/A	Nil	No	N/A	N/A							Trustee for Llamau (Homelessness Charity)	Jan 20 - ongoing	Nil	No	N/A	N/A	No	N/A	N/A	Yes	Yes	Cath Doman	12.11.20	Yes		
Low	Nicholas	Drage	Consultant in Dental and Maxillofacial Radiology	Dental	Consultant	Surgery	12.10.20	Yes	No	UHW		Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Lecturing to dentists on all aspects of dental radiology	ongoing	Lecturing: personal payment	Yes	Yes	Nicholas Drage	12.10.20	Yes	Secondary Work Form sent 26.11.20	
Low	Mark	Drury-Smith	Consulant Cardiologist	Cardiothoraics and Medicine	Consultant	Specialist Services	26.01.21	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I gave a talk to GPs on heart failure that was sponsored by AstraZenca	13.07.20	Honoraria	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mark Drury-Smith	26.01.21	Yes	Sponsorship form sent 10.02.21	
Low	Jamie	Duckers	Consultant Medicine	Specialised Medicine	Consultant	Medicine	1.02.21	Yes	Yes	UHL		Yes	N/A	N/A	N/A	Share holder in Time for Medicine company Wife is GP partner at Brynderwen and Minster Surgery	ongong		CF service has previously received educational grant from Vertex	2015		Advisory Boards, lecturers and teching for pharmaceutical companies - Vertex, Merke, Chiesi, Insmed - intermittent	ongoing		N/A	N/A	N/A	Cardiff Chest Fed Secretary. Member of SE Wales Research Ethics Committee, member of organising committee of CF research events	ongoing		N/A	N/A	N/A	Yes	Yes	Jamie Duckers	1.02.21	Yes	Sponsorship form sent 12.02.21	
Low	Martin	Edwards	Consultant Paediatrician	Paediatrics	Consultant	Children & Women	01.04.21	Yes	No	UHW	743481	Yes	No	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I am a trustee for the Advanced Life Support Group (ALSG)	N/A	N/A	I work 2.5 sessions for HEIW as a deputy director for secondary care.	Apr 21 - Ongoing	N/A	Yes	Yes	Martin Edwards	01.04.21	ESR	Secondary Employment Form sent 18.10.21	
Low	Natalie	Elliot	National AHP lead for Dementia	Mental Health	8D	Mental Health	13.11.20	Yes	Yes	Academic Centre UHL	7811020008	Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Spouse: Executive Director of People & Places at Taff Housing	2017-ongoing	Spouse Salary	No	N/A	N/A	Annual Teaching Session (outside of NHS Working Hours) for Cardiff University	2017-ongoing	Paid and hourly rate.	Yes	Yes	Natalie Elliot	13.11.20	Yes		
Low	Nagah	Elmusharaf	Consultant Haenatlogist	Haematology	Consultant	Specialist Services	26.01.21	Yes		UHW		Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Roche, Abbvie, AstraZenca		Fees for organising talks and to attend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Nagah Elmusharaf	26.01.21	Yes	Sponsorship form sent 21.01.21	
Low	Susan	Elsmore	Independent Member of the Board	Executive / Corporate	Executive	Executive	24.02.21	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Cabinet Member for Social Care, Health & Wellbeing Cardiff Council / Health & Social Care Spokesperson	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Susan Elsmore	24.02.21	Yes		
Low	George	Erall	Consultant Neurosurgeon	Neuroscience	Consultant	Specialist Services	13.11.20	Yes	No	UHW	46851	Yes	Director of my own PLC	Mar-20		Director of my own PLC	Mar-20		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Director of my own PLC	Mar-20	Private Practice	Yes	Yes	George Erall	13.11.20	Yes	Secondary Work Form sent 25.11.20	
Low	Libby	Erin	Consultant Clinical Psychologist	Child Psychology	8c	Children & Women	13.11.20	Yes	No	Global Link		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I work privately seeing families where children are struggling with their mental health	2018 - ongoing	N/A	Yes	Yes	Libby Erin	13.11.20	Yes	Secondary Work Form sent 24.11.20	
Low	Ioulia	Evangelou	Consultant Cellular Pathology	Cellular Pathology	Consultant	CD&T	29.01.21	Yes	No	UHW	41894	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	2018 - January 2021	Salary	Yes	Yes	Evangelou Ioulia	29.01.21	Yes	Secondary form sent 12.02.21	
Low	Caroline	Evans	Consultant Anaesthetist	Perioperitive Care	Consultant	Children and Women	27.01.21	Yes	No	UHW/UHL	43106	Yes	N/A	N/A	N/A	N/A	N/A	N/A	I do occasional consultancy work for Pfizer (Nov2020) and Pharmacosmos since 2016	Dec 2016 - ongoing	Honoraria for speaking role	I have recently secured sponsorship to run the WPOMS conference from Pharmacosmos	Dec-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I do occasional private work at Spire Health - none this year but practicing priviledges since 2011	Jan 11 - ongoing		Yes	Yes	Caroline Evans	26.01.21	Yes	Secondary and sponsorship form sent 11.02.21	
Low	Patrick	Fielding	Consultant Radiologist	Radiology	Consultant	CD&T	17.11.20	Yes	No	UHW	46959	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	received travelling expenses and a lecturing fee for a GE molecular imaging smyposium	Aug-18	Lecturing fee and travel	N/A	N/A	N/A	N/A	N/A	N/A	I undertake a small amount of private practice during my work at the UHB both in NM and via PETIC . I do not consider that these constitute a conflict of interest.	Sept 2010 - ongoing	fee per patient basis	Yes	Yes	Patrick Fielding	17.11.20	Yes	Secondary Work Form sent 30.11.20	
Low	Elaine	Flannery	Counsellor	MHSOP Psychology	5	Mental Health	20.10.21	Yes	No	CRI		Yes	No	N/A	No	No	N/A	Nil	No	N/A	No	No	N/A	No	No	N/A	No	No	N/A	No	2 hours per week as a self employed counsellor	2021-Ongoing	Yes	Yes	Yes	Elaine Flannery	20.10.21			
Low	Joseph	Flora	Genetic Counsellor	All Wales Medical Genomics Services		AWMGS	7.04.21	Yes	No	Institute of Medical Genetics, UHW	2184 2577	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Employed by prenetics EMEA Ltd - zero hours contract (Maximum 8 hours per week averaged over a week period)	18.03.21 - Ongoing	hourly rate	Yes	Yes	Flora Joseph	7.04.21	Yes		
Low	Nicola	Foreman	Director of Corporate Governance	Corporate / Executive	VSM	Corporate / Executive	02/03/2021	Yes	No	Woodland House	41506	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Company secretary for Safe Ventures Ltd			N/A	N/A	N/A	Yes	Yes	Nicola Foreman	2.03.21	Yes		
Low	Mark	Forster	Consultant Orthopaedic Surgeon	Trauma & Orthopaedics	Consultant	Surgery	8.02.21	Yes	Yes	UHW		Yes	Cardiff Knee Surgery Ltd (private practice0	2010 - ongoing		Partner: Cardiff Knee Surgery Ltd (private practice)	2010 - ongoing	Dividend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mark Forster	8.02.21	Yes	Secondary form sent 12.02.21	
Low	Aaron	Fowler	Head of Risk and Regulation	Corporate Governance	8b	Corporate Governance	20.09.21	Yes	Yes	Woodland House		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	My wife is employed by NWSSP Legal and Risk, who the health board contact for legal advice.	2019-ongoing	N/A	Yes	Yes	Aaron Fowler	20.09.21	ESR		
Medium	Scott	Gable	Cellular Pathology Service Manager / lead Biomedical Scientist	Cellular Pathology and Mortuary Service, Laboratory Medicine	8b	CD&T	12.11.20	Yes	No	UHW		Yes	Director - Labxcell Ltd	Jul-19	Retainer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Scott Gable	12.11.20	Yes	Secondary Form sent 26.01.21	
Low	James	Galea	Consultant Neurosurgeon	Neurosciences	Consultant	Specialist Services	01.03.21	Yes	No	UHW	43762	Yes	Neurosurgery Services Ltd (Not seeking to do business with UHB)	30.11.17 - ongoing	Nil	N/A	N/A	N/A	Clinical Research involving but not funded by pharmaceutical companies 9SOBI Ab, Sweden)	2015 - ongoing	nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	James Galea	1.03.21	Yes		
Low	Claire	Ganderton	Senior Pharmacist	AWTTC	8b	CD&T	13.11.20	Yes	Yes	UHL	2921 826900	Yes	Director Spouse / Partner - Director	12.09.17 - ongoing 12.09.17 - ongoing	Annual Dividend Annual Dividend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Claire Ganderton	13.11.20	Yes	Secondary Work Form sent 24.11.20	
Low	Andrew	Goringe	Consultant in Haematology	Haematology Laboratory	Consultant	CD&T	13.11.20	Yes	No	UHW	42033	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I help supervise the haematology laboratory at the Spire hospital in Cardiff including reporting occasional blood films and chairing their Blood Transfusion Committee	June 18 - ongoing		Yes	Yes	Andrew Goringe	13.11.20	Yes	Secondary Work Form sent 25.11.20	
Low	Sumit	Goyal	Consultant Surgeon	Surgery	Consultant	Surgery	23.12.20	Yes	No	UHW			Director of limited company Dr Goyal Ltd Spouse - secretary of company	Oct 2014 - ongoing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Member of Breast Centre Charity	2009 - ongoing		N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Sumit Goyal	23.12.20	Yes	Secondary form sent 6.1.20	
High	Jonathon	Gray	Interim Director of Transformation and Informatics	Executive	Executive	Executive	04.02.20	Yes	Yes	UHW		Not Ticked	Previous role as CEO of SWAHSN - a company Limited by guarantee Wife owns private company delivering mindfulness / training resilience training Brother-in-law Director of Ernst Young	0/11/17 - 0/11/19	N/A	Works one day a week as Clinical Director at Life Sceinces Hub through partnerhsip with C&VUHB. Also work 2 months a year in Singapore - contracted to delivery innovation work. I stop my contract with C&VUHB when I do this work	2020 - ongoing	Financial	Note links to Singapore Life Sciences Hub. I am a global ambassador for Hillary Institute - non profit leadership group in New Zealand. Visiting Fellow Green Templeton College, Oxford Spouse works for (Mindfulness and Resilience) for Cardiff Met and Education Centre	2016 - present	N/A	N/A	N/A	N/A	Member of Maggies Clinical Board, Fellow at Better Value Healthcare, Visiting Chairs - Wellington (New Zealand), Exeter, Singapore. Adjunct Profressor at the Health Services Research Centre, Faculty of Health at Victoria University of Wellington. Honarary Clinical Professor, University of Exeter Medical School. Spouse works as Clinical Psychologist for Maggies Cancer Charity - Velindre	01/06/19 - 31/05/2022 01/08/18 - 31/07/21	N/A	Global Ambassador for Hillary Leadership Institute (New Zealand) Health Foundation / IHI Fellow Member Insitute of Directors. Fellow of Better Value Healthcare - Led by Professor Sir Muir Gray (Not a relative) Deputy Lead	2004 2015 2012 2020	Present Present	Employed by Singapore as previous - arranged through C&VUHB but clear arrangement - I stop C&VUHB pay during 2 months Spouse: Maggies Centre and private work as previously mentioned Global Healthcare Advisor for Q5 Associates			Blank	N/A	Jonathon Gray	04/02/2020	Yes (Paper and Scanned)		
	Craig	Greenstock	Counterfraud Manager	Finance	8b	Finance	04.06.21	Yes	Yes	Woodland House	02921 836265	Yes	No	N/A	Nil	No	N/A	Nil	Member of Family works for another NHS Body	N/A	Nil	No	N/A	Nil	No	N/A	Nil	I am a Magistrate (Justice of the Peace) and sit on the Mid Wales Adult Criminal, Family and Crown Court Benches	2020-Ongoing	Nil	No	N/A	N/A	Yes	Yes	Craig Greenstock	04.06.21	ESR		
Low	Sian	Griffin	Consultant Nephrology & Transplantation	Nephrology and Transplant	Consultant	Specialist Services	26.01.21	Yes	No	UHW	48451	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Advisory Board attendance - Roche, Novartis, Retrophin, Astra Zeneca	17.08.20 - 16.11.20	Honoraria	N/A	N/A	N/A	General Secretary British Transplantation Society	01.03.18 - 01.03.21	None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Sian Griffin	26.01.21	Yes	Secondary form sent 10.02.21	
Low	Helen	Griffiths	Occupational Therapist	Community Resource Team	7	PCIC	14.10.20	Yes	No	Whitchurch Hospital	32501	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Work as occupational therapist for Stroke case management on ad hoc basis	Sept 2016 - ongoing	zero hour contract	Yes	Yes	Helen Griffiths	14.10.20	Yes	Secondary form sent 20.01.21	
Low	Peter	Groves	Consultant Cardiologist	Cardiology	Consultant	Specialist Services	15.11.20	Yes	Yes	UHW	43533 / 42354	Yes	Director of Groves Cardiology Services Ltd (Wife - Dr Andra Helen Groves) Director and Shareholder in Groves Caridology Services Ltd	3.07.11 - current 3.07.11 - current	nil Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake private practice at Spire Hospital Cardiff. The income from this is received by Groves Cardiology Services Ltd My wife is a Director and Shareholder in Groves Cardiology Services Ltd	June 96 - current	Income and Dividends	Yes	Yes	Peter Groves	15.11.20	Yes	Secondary Work Form sent 26.11.20	

High Conflict which needs Managing
Potential Conflict - Line Manager should be aware and expectation that declrations is updated should conflict arise
No cause for concern

Low	Peter	Groves	Consultant Cardiologist	Cardiology	Consultant	Specialist Services	15.11.20	Yes	Yes	UHW	43533 / 42354	Yes	Director of Groves Cardiology Services Ltd (Wife - Dr Andra Helen Groves) Director and	3.07.11 - current 3.07.11 - current	nil Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake private practice at Spire Hospital Cardiff. The income from this is received by Groves Cardiology Services Ltd	June 96 - current	Income and Dividends	Yes	Yes	Peter Groves	15.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Tristan	Groves	Lead Cardiology and Anticoagulation Pharmacist	Adult Cardiology	8a	Specialist Services	18.11.20	Yes	No	UHW	20746826	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Receiving Honoraria for providing educational sessions from Pharmaceutical companies related to anticoagulation. Honoraria received from BMS/Pfizer alliance and Bayer. Sponsored attendance of educational meetings also supplied by the above companies	2016 - current	Honoraria and meeting travel expenses	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Tristan Groves	18.11.20	Yes	Sponsorship Form sent 1.12.20	
Low	Laura	Gwyther	CART Clinical Nurse Specialist	Haematology		Specialist Services	13/10/2020	Yes	No	UHW	Ext 48494	Yes	N/A	N/A	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I have been asked along side all the other CART nurses across the UK to participate in a paid advisory board discussion hosted by Celgene. I would like to	19/10/2020	£140	Yes	Yes	Laura Gwyther	13/10/2020	Yes		
Low	Richard	Hain	Consultant and Clinical Lead, Paediatric Palliative Care	Child Health (Community)	Consultant	Children & Women	19.11.20	Yes		UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CVUHB Office space within Ty Hafan Children's Hospice	2018		Office space, coffee			Yes	Yes	Richard Hain	19.11.20	Yes		
Low	Sarah	Hale	Consultant Opthalmologist	Ophthalmmology	Consultant	Surgery	8.04.20	Yes	No	UHW	02920 748249	Yes	N/A	N/A	N/A	Nominated member of Cardiff Eye Surgeons LLP. Company that carries out ophthlamic work	2006 - current	Paid for any work carried out	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Sarah Hale	8.04.20	Yes	Secondary Work Form sent 24.11.20	
Low	Khalid	Hamandi	Consultant Neurologist	Epilepsy Unit	Consultant	Specialist Services	26.01.21	Yes		UHW	46662	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Secretary, International League Against Epilepsy Britich Chapter. Chair Epilepsy Action Cymru National Advisory Council	2019 - present	none	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Khalid Hamandi	26.01.21	Yes		
	Kathrin	Hammer	Consultant Radiologist	Radiology	Consultant	CD&T	28.09.20	Yes	No	UHW		Yes	No	N/A	N/A	No	N/A	Nil	No	N/A	Nil	No	N/A	nil	No	N/A	N/A	No	N/A	No	Fee for service at European scanning centre Cardiff and Spire Hospital Cardiff for radiology work	One session	One off payment	Yes	Yes	Kathrin Hammer	28.09.20	ESR		
Low	David	Hanna	Consultant Paediatrician	Emergency Medicine	Consultant	Medicine	11.01.21	Yes	Yes	UHW	48008	Yes	N/A	N/A	N/A	My wife, Dr Alison Whyte is a partner in Clark Avenue Surgery, a GP Practice in Cwmbran, within the Aneurin Bevan UHB area. This practice does not currently do business or is it seeking to do business with Cardiff and Vale UHB	2019		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	David Hanna	11.01.21	Yes		
Low	Abigail	Harris	Executive Director of Strategic Planning	Strategic Planning	Director	Corporate	27.01.21	Yes	Yes	Woodland House		Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	My husband is an Independent Board member of the Wales Council for Voluntary Action. My uncle is a Trustee of the Teenage Cancer Trust	Ongoing	No	I am an Independnet Board member of Social Care Wales.	Ongoing	No	Husband works for Competition and Markets Authority which on occasions rules in matters of fair competition in the NHS and healthcare	Ongoing	Husband's salary.	Yes	Yes		27.01.21	Yes		
Low	Mary	Hart	Consultant Radiologist	Radiology, Medical Physics, Clinical Engineering		CD&T	12.11.20	Yes	No	UHW	2920743538	Yes	Director Hart-Jones Consultancy LTD	Apr-19	Salary	N/A	N/A	Salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	Self employment: Hart-Jones Consultancy LTD	Apr-19	Salary							
Low	Jamie	Hayes	Pharmacist	AWTTC	8d	CD&T	13.11.20	Yes	Yes	UHL	26869	Yes	Director of JMH Collaborations	March 2017 - ongoing	Salary, Dividends and Consultancy fees	Director of JMH Collaborations Ltd	March 2017 - ongoing	Salary, Dividends and Consultancy fees	Honorary Senior Lecturer appointments with Cardiff University School of Medicine and School of Pharmacy and Pharmaceutical Sciences	2006 - ongoing	Honoraria	N/A	N/A	N/A	Elected Board member of the Royal Pharmaceutical Society and member of the Royal Pharmaceutical Society Assembly. Wife is Medical Director at Marie Curie, Cardiff and Vale Hospice, Penarth	June 2016 - ongoing	Honoraria, expenses	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Jamie Hayes	13.11.20	Yes		
Low	Rhys	Hewett	Consultant Gastroenterologist	Gastroenterology	Consultant	Medicine	12.11.20	Yes	No	UHW	44687	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sponsored by Fresnus Kabi to attend BAPEN conference Nov 2019		Paid for conference, hotel and flights	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Rhys Hewett	12.11.20	Yes		
Low	Julie	Highfield	Consultant Clinical Psychologist /Associate Director	Critical Care		Specialist Services	12/10/2020	Yes	Yes	UHW	45114	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	National Director of Wellbeing Intensive Care Society	15/06/20 - Ongoing	secondment from NHS 0.4WTE at 8c	N/A	N/A	N/A	Occasional private practice	Ongoing	adhoc salary	Yes	Yes	Julie Highfield	12/10/2020	Yes		
Low	Christopher	Hingston	Consultant Critical Care	Critical Care	Consultant	Specialist Services	13.11.20	Yes	Yes	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Spouse: Director and Trustee of Latch Childrens Charity	2014 - current	Nil	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Chris Hingston	13.11.20	Yes		
Low	Emma	Hingston	Consultant & Honorary Senior Lecturer Paediatric Dentistry	Paediatric Dentistry	Consultant	Surgery	5.02.21	Yes	No	UHW	42458	Yes	Director of LATCH cancer charity	2014 - ongoing	None	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Trustee for LATCH - Children's Cancer Charity	2013 - ongoing	Nil	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Emma Hingston	5.02.21	Yes		
Low	Thomas	Hockey	Consultant Histopathologist	Cellular Pathology	Consultant	CD&T	16.11.20	Yes	Yes	UHW	41986	Yes	Director Director / Secretary	Dividend Dividend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I perform post mortem examinations for HM Coroner and do some private histology reporting.	Jan 21-Ongoing	payment per case.	Yes	Yes	Thomas Hockey	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Jessica	Hodges	Physiotherapist	Frailty	5		13/10/2020	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private Work as a Physiotherapist for Cardiff City Ladies Football Club	9/10/20 - ongoing	paid	Yes	Yes	Jessica Hodges	13/10/2020	Yes		
Low	Paul	Hodgson	Consultant Trauma and Orthopaedic Surgeon	Trauma and Orthopaedics	Consultant	Surgery	16.11.20	Yes	No	UHL	2071 5677	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private Practice (company name PDH Ortho Ltd)	Feb 2013 - ongoing	payment per case	Yes	Yes	Paul Hodgson	16.11.20	Yes	Secondary Work Form sent 26.11.20	
~~Low~~	~~Ben~~	~~Hope-Gill~~	~~Consultant General Medicine~~	~~General medicine Llandough~~	~~Consultant~~	~~Medicine~~	~~22.06.21~~	~~Yes~~	~~No~~	~~UHL~~	~~2920716847~~	~~Yes~~	~~No~~	~~N/A~~	~~N/A~~	~~No~~	~~N/A~~	~~N/A~~	~~No~~	~~N/A~~	~~N/A~~	~~I was sponsored to attend the American Thoracic Society online conference May 2021 by Boehringer Ingelheim.~~	~~May 21- May 21~~	~~No~~	~~No~~	~~N/A~~	~~N/A~~	~~No~~	~~N/A~~	~~N/A~~	~~No~~	~~N/A~~	~~N/A~~	~~Yes~~	~~Yes~~	~~Ben Hope-Gill~~	~~23.06.21~~	~~ESR~~	~~Sponsorship form sent 18.10.21~~	
Low	Mathew	Hoskins	Locum Consultant Psychiatrist	Adult Psychiatry	Consultant	Mental Health	16.11.20	Yes	No	Barry Hospital	1446 454300	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I am the Chief Investigator for a phase 2 clinical trial sponsored by the Multidisciplinary Association for Psychedelic Studies (MAPS, USA), which will take place in partnership with Cardiff Uni and Cardiff and Vale UHB in 2021. I have recevied training funded by MAPS.			I have done part time agency locum consultant work for Powys Health board. Finished in July 2020. No more planned as I'm no longer part time.		Yes	Yes	Yes	Mathew Hoskins	16.11.20	Yes	Secondary Work Form sent 26.11.20	Amended declaration 21.12.21 - Nothing to declare
Low	Gary	Howell	Macmillan AHP Cancer Lead	Therapies	8a	CD&T	13.11.20	Yes	No	UHW	44294	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake private dietetic practice	2008 - ongoing	Salary	Yes	Yes	Gary Howell	13.11.20	Yes	Secondary Work Form sent 03.12.20	
Low	David	Howells	Consultant	MHSOP	Consultant	Mental Health	11.01.21	Yes	No	South East Cardiff team	2920536880	Yes	No	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Health Inspectorate Wales - SOAD work Schedule 2 Mental Health Act / Mental Capacity Act work Trustee for Charity 'RESEC' Private Mental Health Clinical Work at Cyncoed Consulting Rooms, Cardiff	Jan 21 - Ongoing	Yes	Yes	Yes	David Howells	11.01.21	ESR	Secondary Employment Form sent 18.10.21	
Low	Richard	Hughes	Consultant Anaesthetist	Peri-Operative Care	Consultant	Surgery	12.11.20	Yes	No	UHW	44139	Yes	Director of R H Health Ltd (to manage private medical anaesthetic activities undertaken outside my NHS contract)	08/01/2013	Annual Dividend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Richard Hughes	12.11.20	Yes		
Low	Sarah	Hunt	Consultant Anaesthetist	Anaesthetics and Critical Care	Consultant	Specialist Services	15.11.20	Yes	No	UHW		Yes	Vale Anesthetics Ltd	2014 - ongoing	I do not draw a salary or dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake private practice at Spire Hospital Cardiff. The income from this is received by Groves Cardiology Services Ltd I undertake private practice in Spire Hospital. They do	2014 - ongoing	I do not draw a salary or dividends	Yes	Yes	Jayne Sara Hunt	15.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Nicola-Xan	Hutchinson	Consultant in Acute Respiratory Medicine	Medicine/Respiratory		Medicine	15/10/2020	Yes	No	UHL	2920716847	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sponsorship for European Respiraotry Conference attendance fees by Boehringer Ingelheim	7-9/10/20	Financial	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Nicola-Xan Hutchinson	15/10/2020	Yes		
Low	Louise	Ingleton	Avanced Paediatric Clinical Nurse Specialist	Community Child Health Neurodevelopmental	8a	Children and Women	13.01.21	Yes	No	St David's Hospital		Yes	N/A	N/A	N/A	N/A	N/A	N/A	Member of UK Nurse Advisory Board-ADHD sponsored by Takeda Pharmaceuticals	March 20 - ongoing	honoria	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Louise Ingleton	13.01.21	Yes	Secondary form sent 13.01.21	
Low	Sharon	Irving	Senior Nurse ENT	ENT	8a	Surgery	07.02.21	Yes	No	UHW	02920 742783	Yes	No	N/A	N/A	No	N/A	N/A	A position with HIW as a nurse peer reviewer	2019-Present	No	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	Yes	Sharon Irving	07.02.21	Yes		
Low	Carly	Jackson	Clinical Psychologist	Child Health	8a	Children and Women	14.12.20	Yes	No	St David's Hospital	2920536733	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Clinical Psychologist with Sport Wales (employed by Sport Wales) and Clinical Psychologist for Mindful Mindset (Self-Employed)	Sports Wales (1.09.19) both ongoing	Sports Wales Salary	Yes	Yes	Carly Jackson	14.12.20	Yes	Secondary form sent 5.1.20	
Low	Charles	Janczewski	UHB Chair	Executives / Corporate	VSM	Executive	12.11.20	Yes	No	Woodland House		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Swansea University - Chair of Governance Board for Health & Wellbeing Academy	May 2018 - ongoing	Unpaid	N/A	N/A	N/A	Yes	Yes	Charles Jancewski	12.11.20	Yes		
Low	Fiona	Jenkins	Executive Director of Therapies and Health Science	Executive	Executive	Executive	26.11.20	Yes	No	UHW		Yes	Interim Executive Director Therapies and Health Science, Cwm Taf Morganngw UHB	Nov 20 - tbc	Shared role with C&V UHB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Fiona Jenkins	26.11.20	Yes		
Low	Lynda	Jenkins	Nursing Informatics Lead	Corporate Nursing		Corporate Nursing	09/10/2020	Yes	No	UHL		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake hospital inspections in other health boards/ private health care in Wales on invitation from health inspectorate Wales. These are infrequent			N/A	N/A	N	Yes	Yes	Lynda Jenkins	08/10/2020	Yes		
Low	Adam	Jones	Consultant Dental Surgeon	Dental	Consultant	Surgery	8.01.21	Yes	No	UHW	44365	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Merck Sharp & Dohme Ltd. funded travel / hotel and course expenses for training on 'PD-L1 testing (22C3) Professional Expert Course Head and Neck - Advanced Training'	13.01.21 - 14.01.21	Course, travel and hotel expenses	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Adam Jones	8.01.21	Yes	Secondary form sent 11.01.21	
Low	Amy	Jones	Consultant Geriatrician	Clinical Gerontology	Consultant	Medicine	24.11.20	Yes	No	UHL	25653	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	On the committee for the British Geriatrics Society cardiovascular special interest group	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Amy Jones	26.11.20	Yes		
Low	Amy	Jones	Consultant Geriatrician	Clinical Gerontology	Consultant	Medicine	24.11.20	Yes	No	UHL	25653	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	On the committee for the British Geriatrics Society cardiovascular special interest group	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Amy Jones	26.11.20	Yes		
Low	Ceri Hopcyn	Jones	Consultant Haematologist (BMT & CAR T)	Consultant Haematologist	Haematology	Specialist Services	1.02.20	Yes	No	UHW	41976	Yes	I received sponsorship to attend various conferences including European Haematology Asssociation General meeting (EHA) 2019 and American Society of Hematolgy (ASH) 2019 from Abbvie, and EHA 2020, British Society of Haematology Annual General Meeting 2020 and ASH 2020 from Kite Gilead and Novartis	May 2019 - ongoing	Travel and registration costs only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ceri H Jones	1.12.20	Yes	Sponsorship Form sent 3.12.20	
Low	Lisa	Jones	Clinical Psychology	Neuropsychology	8+	Sepcialist Services	21.02.21	Yes	No	UHW	43224	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I work as a self employed clinical neuropsychologist	2014 - ongoing	salary	Yes	Yes	Lisa Jones	21.02.21	Yes	Secondary form sent 25.02.21	
Low	Mark	Jones	Team Lead for the Young Onset Dementia Service	MHSOP	7	Mental Health	30.11.20	Yes	Yes		1446 454200	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Chair of Trustees for Re-Live (Registered Charity Number: 1162546) Spouse is a Board Member with the charity 'Wish Upon a Star'.(Registered Charity Number 1168140).	01/07/2015 01/07/2015	None None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mark Jones	30.11.20	Yes		
Low	Mark	Jones	Team Lead for the Young Onset Dementia Service	MHSOP	7	Mental Health	30.11.20	Yes	Yes		1446 454200	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Chair of Trustees for Re-Live (Registered Charity Number: 1162546) Spouse is a Board Member with the charity 'Wish Upon a Star'.(Registered Charity Number 1168140).	01/07/2015 01/07/2015	None None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mark Jones	30.11.20	Yes		
Low	Menna	Jones	Clinical Lead	Mental Health	8c	Mental Health	16.11.20	Yes	No	Global Link	02921 832200	Yes	Director of Vegan International Ltd	24.12.19 - ongoing	none	Self employed as complementary therapist	2018 - ongoing	sessional payments		N/A	N/A	N/A	N/A	N/A	Director of British Eating Disorders Society	10.01.18 - ongoing	None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Menna Jones	16.11.20	Yes	Secondary Work Form sent 30.11.20	
Low	Sharon	Jones	Consultant Rheumatologist	Specialised Medicine	Consultant	Medicine	25.01.21	Yes	No	UHW	42886	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Educational funding from Lily for EULAR conference (virtual) in June 2021			Have been an advisor to NASS - National Ankylosing Spondylitis Society and received an award in 2018		N/A	N/A	N/A	N/A	Private rheumatology practice at Spire funded (self employment) since 2001	N/A	N/A	Yes	Yes	Sharon Jones	25.01.21	Yes	Secondary and sponsorship form sent 10.02.21	
Low	Sharon	Jones	Consultant Rheumatologist	Specialised Medicine	Consultant	Medicine	25.01.21	Yes	No	UHW	42886	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Educational funding from Lily for EULAR conference (virtual) in June 2021			Have been an advisor to NASS - National Ankylosing Spondylitis Society and received an award in 2018		N/A	N/A	N/A	N/A	Private rheumatology practice at Spire funded (self employment) since 2001	N/A	N/A	Yes	Yes	Sharon Jones	25.01.21	Yes	Secondary and sponsorship form sent 10.02.21	
Low	Nia	Jones	Podiatrist	Therapies	7	CD&T	11.11.21	Yes	No	CRI	029 20335370	Yes	No	N/A	No	No	N/A	N/A		N/A	N/A	Receives honoraria for speaking at wound care conferences	May 2019- Ongoing	Honoraria	No	N/A	N/A	No	N/A	N/A	Employed by Toetal Footcare Private Clinic.	May 2019 - Onwards	Fees	Yes	Yes	Nia Jones	11.11.21	Yes & ESR		
Low	Anurag	Joshi	Consultant	Cellular Pathology	Consultant	CD&T	02.09.21	Yes	No	UHW	428876	Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	I report on cases referred to AWLP from Spire Hospital Cardiff when these are allocated to me	Sep 21-Ongoing	Yes	Yes	Yes	Anurag Joshi	02.09.21	ESR	Secondary Work Form sent 18.10.21	
Low	Naushad Ali	Junglee	Consultant in Acute Medicine and Nephrology	Acute Medicine	Consultant	Medicine	17.11.20	Yes	No	UHL	46645	Yes	NAJ Clinical Services PLC. A PLC set up by me for the purposes of private medical practice	2018 - current	private practice earnings	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Nephrologist at Spire Hospital Cardiff	2017 - current	Private Practice earnings are paid	Yes	Yes	Naushad Ali Junglee	17.11.20	Yes	Secondary Work Form sent 30.11.20	
Low	Sridhar	Kamath	Consultant Radiologist	Radiology	Consultant	CD&T	29.01.21	Yes	No	UHW	44887	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I have private practising privileges at Spire cardiff hospital, Nuffield hospital cardiff and St Josephs hospital Newport			Yes	Yes	Sridhar Kamath	29.01.21	Yes	Secondary form sent 12.02.21	
Low	William Jonathan	Kell	Consultant Haematologist	Haematology	Consultant	Specialist Services	22.12.20	Yes	No	UHW	42654	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Occasional requests from Pharmaceutical companies to give education (non-promotional) talks, or to sit on paid advisory boards	2002 - ongoing	Less than £2k	Treasure of UK MDS forum	2010 - ongoing	none	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Jonathan Kell	22.12.20	Yes	Secondary form sent 6.1.20	
Low	Emma	Kempshall	Consultant Haematologist	Haematology / BMT	Consultant	Specialist Services	10.02.21	Yes	Yes	UHW	47053	Yes	Director Gloucestershire Knee Surgery Ltd Spouse: Director Gloucestershire Knee Surgery Ltd	August - ongoing August - ongoing	No No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Emma Kempshall	10.02.21	Yes		
Low	Alexander	Kennedy	Consultant Anaesthetist	Perioperative Care / Anaesthetics	Consultant	Surgery	12.11.20	Yes	No		7413908743	Yes	Director South East Wales Hang Gliding and Paragliding Club Ltd	16.03.17 - ongoing	No benefits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Alexander Kennedy	12.11.20	Yes		
Low	Mohid	Khan	Consultant Gastroenterologist	Gastroenterology	Consultant	Medicine	29.01.21	Yes	No	UHW	43443	Yes	Dr Mohid Khan Ltd	16.04.19	None	N/A	N/A	N/A	AAA	9.03.20	Speaker Fee	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mohid Khan	28.01.21	Yes	previous year 2019 - 2020	
Low	Robert	Kidd	Consultant Psychologist	Mental Health	Consultant	Mental Health	16.11.20	Yes	Yes	UHL		Yes	N/A	N/A	N/A	N/A	N/A	N/A	Partner is a Consultant Psychologist within Child Health at the Health Board.	Current	Salary	N/A	N/A	N/A	N/A	N/A	N/A	Declarant is a member of the All Wales Approval Panel for Approved Clinicians in Wales, which sits within BCUHB and carries out its functions on behalf of the other LHBs. Declarant is also an external examiner at Birmingham University & an honorary lecturer at Cardiff University & an honorary (consultant) assistant professor to the school of	Current	Salary	Declarant occasionally undertakes direct (private) instructions for Crown Court reports, but does not make recommendations for hospital bed disposals	Ongoing	Fees	Yes	Yes	Robert Kidd	16.11.20	Yes	Secondary Employment form completed. Manager content with external work.	
Low	Anna	Kuczynska	Clinical Board Director	PCIC	8+	PCIC	12.11.20	Yes	No	Woodland House		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	GP partner, Highlight Park Medical Practice , Lakin Drive, Barry CF628GP		Yes	Yes	Yes	Anna Kuczynska	12.11.20	Yes		
Low	Howard	Kynaston	Consultant Urologist	Medicine	Consultant	Medicine	2.02.21	Yes	No	UHW	7834196104	ESR	Co Director of Bay Tree Wine Company - retiring from NHS 28.02.21 Spouse also co Director	2009 - ongoing		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Howard Kynaston	2.02.21	Yes	Retiring from NHS 28.02.21	
Low	Mary	Lawrence	Associate Specialist in Psychiatry	Mental Health	Consultant	Mental Health	20.11.20	Yes	No	Hamadryad CMHT	2046 3488	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Occasional private work in the form of reports for solicitors, DVLA, CPS, CICB, Child Services, Benefits Appeals, Immigration Applications, Occupational Health, Police etc. plus Mental Health Act Assessments. These are conducted in my own time (if undertaken during my normal working hours time slipping utilised with equivalent amount of NHS work	Ongoing		Yes	Yes	Mary Lawrence	20.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Mari	Lea-Davies	Lead Pharmacist - Respiratory	Pharmacy	8a	CD&T	20.11.20	Yes	No	UHL	2071 5261	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Cardiff University MSc in clinical pharmacy. Provide 2 hour teaching session every 12 or 24 months. Annual leave taken, therefore undertaken during my own time.	March 11 - present	Hourly rate for delivering presentation	Yes	Yes	Mari Lea-Davies	20.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Aled	Lewis	Consultant	Nephrology and Transplant	Consultant	Specialist Services	23.06.21	Yes	Yes	UHW	746645	Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	My wife is a joint owner/director in a private physiotherapy company specialising in exercise/rehabilitation for Parkinson's disease. I have no direct interests in the company.	Jun 21-Ongoing	none	Yes	Yes	Aled Lewis	23.06.21	ESR		
Low	Christopher	Lewis	Interim Executive Director of Finance	Finance	VSM	Executive	13.11.20	Yes	Yes	Woodland House	41507	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	President of Wales Branch of the Healthcare Financial Management Association(HFMA). HFMA is a registered charity	Oct 09 - Preesent	None anticipated	My wife is Samantha Lewis, Assistant/Deputy Director of Finance, Swansea Bay University Health Board	2011 - Present		N/A	N/A	N/A	Yes	Yes	Christopher Lewis	13.11.20	Yes		
Low	Kenneth	Lim	Consultant Obs & Gynae	Obs & Gynae	Consultant	Children & Women	13.11.20	Yes	No	UHW	41249	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Chair of South Wales Gynae Cancer Fund - registered charity	2009 - ongoing	nil	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Kenneth Lim	13.11.20	Yes		
Low	Peter	Lindsay	Locum Consultant	Obs & Gynae	Consultant	Children & Women	13.11.20	Yes	No	UHL	21841268	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Treasurer - South Wales Gynaecological Cancer Fund	1997 - current	None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Peter Lindsay	13.11.20	Yes		
Low	Kate	Littler	Principal Clinical Psychologist	Haematology		CD&T	11.03.2020	Yes	No	UHW	45558	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private Practice	01/07/2020 - Ongoing	Salary	Yes	Yes	Kate Littler	03.08.2020	Yes		
Low	Andrea	Liu	Consultant Neuroradiologist	Radiology	Consultant	CD&T	28.01.21	Yes	No	UHW	44325	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4Ways Healthcare and Spire Cardiff	2012 and April 2010		Yes	Yes	Andrea Liu	28.01.21	Yes		
Low	Andy	Lodwick	Lead Clinician Psychological Therapy Hub	Psychology		Mental Health	19/10/2020	Yes	Yes	UHL	2183 22249	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Andy Lodwick	2014 - ongoing	Self employed as a sole trader as Dr Neil Kitchiner. Personal website cbt cardiff attracts individuals seeking Private out-pt psychological therapy.	Yes	Yes	Andy Lodwick	19/10/2020	Yes		
Low	Ne-on	Loh	Consultant Paediatrician	Child Health	Consultant	Children and Women	26.01.21	Yes	No	UHW	44291	Not Ticked	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Consultant Paediatricin in Royal United Hospital Bath	February 2010 -	2PA	Yes	Yes	Boo-ron Loh	26.02.21	Yes	Secondary form sent 11.02.21	
Low	Julie	Loxton	Clinical Lead Nurse	Vale Locality Office / Daytime Servi	7	PCIC	24.11.20	Yes	No	Barry Hospital	7989223435	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A	N/A	There is a call handler who is now related via Marriage to my son, they have now separated, she is band 2, I have nothing to do with managing her she is managed by Tracey Stafford my deputy. My cousin also works for the C&V UHB band 2 admin role.	2016 - ongoing	none	Yes	Yes	Julie Loxton	13.11.20	Yes		
Low	Alice	Loyal	Clinical Psychologist	Psych EMI Community	8C	Mental Health	30.11.21	Yes	No	N/K		Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	I am company secretary for my husband's design engineering company. I hold a 7% share in the company. This does not conflict with my duties in C&V UHB	Nov 21-Ongoing	Dividends	Yes	Yes	Alice Loyal	30.11.21	ESR		
Low	Jill	Lubienski	Family Therapist	SHED	8a	Mental Health	14/10/2020	Yes	No	Global Link	2921 832200	Yes	N/A	N/A	N//A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I have a private psychotherapy practice based at my home in Cardiff. I do not see clients privately where they could be seen in the SHED team. I am also a self employed Associate for Partnership Projects UK (www.partnershipprojectsuk.co.uk) providing NVR parenting therapy, and training to practitioners and therapists but again this work does not cross over with my SHED work.	13/10/20 - ongoing	Yes I have some income from my self employed work.	Yes	Yes	Jill Lubienski	14/10/2020	Yes		
Low	Helen	Ludlow	Macmillan Senior Nurse Band 8a	Medicine	8a	Medicine		Yes	No	UHW		Yes	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	I have spoken at 3 non-promotional webcasts for Janssen, a pharmaceutical company that provides one of our Biologic drugs. 1 meeting was how IBD Nurses coped during COVID, and tips to keeps services running smoothly and then 2 (both the same presentation) on a case study of an IBD pt and also again keeping IBD services running during COVID	3 sessions	total amount received as honorarium: £1105. I am registered as also self-employed for my outside speaking engagements and tax has been set aside for these payments and my books are up to date and available for	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	Yes	Yes	Helen Ludlow	10.10.20	ESR		
Low	Jane	Maddison	Paediatric Physiotherapy	Acute Child Health	8a	Children and Women	13.11.20	Yes	No	Woodland House	365578	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Member of Chartered Society of Physiotherapy Welsh Board	N/A	N/A		N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Jane Maddison	13.11.20	Yes		
Low	Roger	Maggs	Laboratory Manager	Dental	8c	Surgery	16.11.20	Yes	No	UHW	42411	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Managing Director of a company for private work Wife - Director of same company	01/04/2015 - current 01/04/2015	salary	Yes	Yes	Roger Maggs	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Claire	Main	Interim General Manager of Criticare Care and Major Trauma	Critical Care and Major Trauma		Specialist Services	09/10/2020	Yes	No	UHW	ext 45069	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Executive member of Association of Nephrology Nurses UK representing nursing on various UK renal projects	29.05.2018 - ongoing	No	N/A	N/A	N/A	Yes	Yes	Claire Main	09/10/2020	Yes		
Low	Aleksander	Marin	Consultant Radiologist	Radiology	Consultant	CD&T	14.11.20	Yes	No	UHL	25563	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Medica Teleradiology Speciality Advisor in Thoracic Radiology, Spire Hospital Cardiff Reporting Radiologist	20.06.16	Monthly p0ayable fees for service	Yes	Yes	Aleksander Marin	14.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Carys	Marshall	Principal Clinical Psychologist	Clinical Health & Neuropsychology	8a	Mental Health	25.01.21	Yes	No	Global Link	20832243	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Self employment - private practice	Mar-21	Ad hoc	Yes	Yes	Carys Marshall	2.03.21	Yes	Secondary work form sent 2.03.21	
Low	Joanne	May	Locum Consultant Paediatric Rheumatologist	Child Health	Consultant	Children & Women	13.11.20	Yes	No	UHW	43400	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	Medical advisor to treat to target panel for systemic JI	Nov 2020 - Nov 2021	Honoraria	N/A	N/A	N/A	N/A	N/A	N/A	The department is supported by Versus Arthritis family workers. We have a project (currently on hold) with ballet cymru and the Arts Council for Wales to provide patient support	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Joanne May	13.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Kenneth	May	Consultant Cellular Pathology	Cellular Pathology and Mortuary Service, Laboratory Medicine	Consultant	CD&T	12.11.20	Yes	No	UHW	48040	Yes	STTC Limited	Jul-19		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private Practice Histopathology reporting for backlogs Ltd				Yes	Kenneth May	12.11.20	Yes		
Low	Haydn	Mayo	Assistant Clinical Board Director, PCIC	Community Director	8+	PCIC	28.01.21	Yes	No	Woodland House		Yes	Insync Healthcare Pharmacy, Insync Corporate Healthcare Ltd	2006 - 2007	Salary	Insync Healthcare Pharmacy, Insync Corporate Healthcare Ltd	2006 - 2007	Salary	Insync Healthcare Pharmacy, Insync Corporate Healthcare Ltd	2006 - 2007	Salary	N/A	N/A	N/A	Forget Me Not Chorus Charity Trustee			Penarth Civic Society Member / Chair - Friends of Victoria Square sub group			N/A	N/A	N/A	Yes	Yes	Haydn Guy Mayo	28.01.21	Yes	Secondary form sent 12.02.21	
Low	Neil	McCann	Consultant Anaesthetist	Anaesthetics	Consultant	Surgery	27.02.21	Yes		UHW	43105	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sponsorship by Medtronic UK to attend a day meeting in Leeds	4.12.19 - 5.12.19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Neil McCann	27.02.21	Yes		
Low	Annette	McLean	Dietetic Lead Mental Health	Dietetics	8a	CD&T	12.11.20	Yes		UHL	2071 5281	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Ad hoc private dietetic work: Orbis education, plus dietetic consultation/training ad hoc on request, eg: cardiff uni/comvic/knights, absorb	2005 - ongoing		Yes	Yes	Annette McLean	12.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Jan	Melichar	Consultant Psychiatrist	Addictions	Consultant	Mental Health	26.01.21	Yes	No	CRI	2920461788	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Consultancy & training for all UK pharmaceutical companies in this area	1995 - ongoing	Honoraria	Consultancy at third sector organisation (DHI) in Bath and Bristol	2011 - ongoing	Honoraria	Consultancy to LearnitOnline - online health education and training	2016 - ongoing	Honoraria	Self employed in private practice primarily Spire	2011 - ongoing	Fees	Yes	Yes	Jan Melichar	26.01.21	Yes	Secondary & Sponsorship form 10.02.21	
Low	Angela	Miser	Associate Specialist, Paediatric Haematology / Oncology	Acute Child Health	Consultant	Children & Women	15.11.20	Yes	Yes	UHW	48805	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Chief Medical Officer, Lixte Biotechnology Holdings, Inc., East Setauket, New York 11733, USA	2020 - Present	Salary	N/A	N/A	N/A	1. Chairman of Board, Christian Salvation Service, Taipei, Taiwan (USA Office), 2. Chairman of Board, Desi Geestman Foundation (supports children with cancer), Los Angeles, USA	20+	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Angela Miser	15.11.20	Yes		
Low	Adul	Moideen	Consultant Spinal Surgeon	Trauma and Orthopaedics	Consultant	Surgery	12.03.21	Yes	Yes	UHL		Not Ticked	Director Private Practice Spouse: Director Private Practice	02.2022 02.2020	Salary Salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Director - Private Practice Spouse - Director Private Practice		Salary Salary	Yes	Yes	Abdul Moideen	12.03.21	Yes	Secondary work form sent 12.03.21	
Low	Siobhan	Moore	Clinical Psychologists	Neurosciences	8+	Specialist Services	3.02.21	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	One off training session for a drug company (Biogen where I was paid during this financial year	Apr-20	Yes	N/A	N/A	N/A	Yes	Yes	Siobhan Moore	3.02.21	Yes	Secondary form sent 12.02.21	
Low	Matthew	Morgan	Consultant in ICU	Critical Care	Consultant	Specialist Services	12.11.20	Yes	Yes	UHW	7760220095		Matt PG Morgan Ltd, Director - Author/Writing Business for a book publishing about ICU Spouse - Matt PG Morgan Ltd, Director - Author/Writing Business	01/11/2017 - present 01/11/2017 - present	Dividends Dividends and salary	N/A	N/A	N/A										I have donated £5000 to the 2 Wish Upon a Star charity and £200 to the C&V Health Charity.	2020		Writer for BMJ and BMJ Learning	2005 - present	Salary	Yes	Yes	Matt Morgan	12.11.20	Yes		
Low	Paul	Morgan	Consultant Critical Care	Critical Care	Consultant	Specialist Services	26.01.21	Yes	No	UHW	43064	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A	N/A	N/A	Lead volunteer, the UK Sepsis Trust	2013		Lecturer for Doctors Academy	Apr-19		Yes	Yes	Paul Morgan	26.01.21	Yes	Secondary form sent 11.02.21	
Low	Rhiannon Meleri	Morgan	Consultant in Cellular Pathology	Cellular Pathology	Consultant	CD&T	16.11.20	Yes	No	UHW	41988	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Board Member of Manon Jones Foundation - not yet established as a charity	01.01.20	None	Coronial post mortem work for South Wales Central Coroner's Office	2004	£96 per individual PM	Yes	Yes	Meleri Morgan	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Daniel	Morris	Consultant Ophthalmologist	Opthalmology	Consultant	Surgery	13.11.20	Yes	Yes	UHW	42083	Yes	Dan Morris Ltd Spouse: Director	2003 - present	Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sambury Trust, Vale 4 Africa Keeler Trust (Trustee)	Ongoing	Nil	N/A	N/A	N/A	Work at Spire & Nuffield Paid via DM Ltd			Yes	Yes	Daniel Morris	13.11.20	Yes		
Low	Daniel	Morris	Consultant Ophthalmologist	Opthalmology	Consultant	Surgery	13.11.20	Yes	Yes	UHW	42083	Yes	Dan Morris Ltd Spouse: Director	2003 - present	Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sambury Trust, Vale 4 Africa Keeler Trust (Trustee)	Ongoing	Nil	N/A	N/A	N/A	Work at Spire & Nuffield Paid via DM Ltd			Yes	Yes	Daniel Morris	13.11.20	Yes		
Low	Jeffrey	Morris	Head of Electronic Assitive Technology Service for Wales	ALAS	8a	Specialist Services	12.11.20	Yes	No	Rookwood Hospital	02920 313852	Not Ticked	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Organising Committee and Scientific Committee member of the European Seating Symposium (ESS), based in Ireland	Jun-11	None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Jeffrey Morris	12.11.20	Yes		
Low	Jeffrey	Morris	Head of Electronic Assitive Technology Service for Wales	ALAS	8a	Specialist Services	12.11.20	Yes	No	Rookwood Hospital	02920 313852	Not Ticked	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Organising Committee and Scientific Committee member of the European Seating Symposium (ESS), based in Ireland	Jun-11	None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Jeffrey Morris	12.11.20	Yes		
Low	Sara	Moseley	Independent Member of the Board	Executives / Corporate	Executive	Executive	2.03.21	Yes	No	Woodland House		Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Director, Mind Cymru	01.11 - 04/.21	Salary	Head of GMC Wales	04/21 - current	Salary	N/A	N/A	N/A	Yes	Yes	Sara Moseley	2.03.21	Yes		
Low	Sara	Moseley	Independent Member of the Board	Executives / Corporate	Executive	Executive	2.03.21	Yes	No	Woodland House		Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Director, Mind Cymru	01.11 - 04/.21	Salary	Head of GMC Wales	04/21 - current	Salary	N/A	N/A	N/A	Yes	Yes	Sara Moseley	2.03.21	Yes		
Low	Richard	Motley	Consultant Dermatologist	Dermatology	Consultant	Medicine	25.01.21	Yes	No	UHW	44629	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake Private Practice at the Spire Cardiff Hospital and in The Welsh Institute of Dermatology	1994 - ongoing		Yes	Yes	Richard Motley	25.01.21	Yes	Secondary form sent 25.02.21	
Low	Richard	Motley	Consultant Dermatologist	Dermatology	Consultant	Medicine	25.01.21	Yes	No	UHW	44629	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake Private Practice at the Spire Cardiff Hospital and in The Welsh Institute of Dermatology	1994 - ongoing		Yes	Yes	Richard Motley	25.01.21	Yes	Secondary form sent 25.02.21	
Low	Sian	Moynihan	Consultant Paediatrician	Child Health	Consultant	Children and Women	4.02.21	Yes	No	St David's Hospital	2920536789	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I am welfare Officer (Safegarding Officer) which is voluntary and unpaid for the Maindy Youth Cycling club- Im on the committee supporting decision making for the club that involves child welfare. It is recognised by British Cycling Authority and Welsh Cycling Authority and done necessary Safeguarding training. I do not believe there is any conflict of interest as this is done in outside work hours.		None	N/A	N/A	N/A	Yes	Yes	Sian Moynihan	4.01.21	Yes		
Low	Peter	Mullaney	Consultant Radiologist	Radiology	Consultant	CD&T	11.12.20	Yes	No	UHW	43956	Yes	Yes	2019		Yes	2019	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Peter Mullaney	11.12.20	Yes	Secondary form sent 5.1.20	
Low	Pippa	Mundy	Consultant Clinical Psychologist	Child Health	Consultant	Children & Women	16.11.20	Yes		Global Link	07976 702638	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Orbis Education & Care	2014	Payment for clinical services	Independent practice as psychologist	2014	Payment for clinical services	Yes	Yes	Pippa Mundy	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Alexandra	Murray	Consultant Medical Genetics	Genetics	Consultant	CD&T	26.11.20	Yes	No	UHW	44654	ESR	N/A	N/A	N/A	N/A	N/A	N/A	Paid a fee per patient to counsel them about private genetic test results purchased via Inntermost Healthcare	6.02.2017 - ongoing	Fee paid	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I am paid a month fee to provide a consultancy service to the National Pathology Manager about genetic tests	1.11.2017 - ongoing	monthly fee	Yes	Yes	Alexandra Murray	26.11.20	Yes	Secondary form sent 1.03.21	
Low	Ravindra	Nannapaneni	Consultant	Neurosurgery	Consultant	Specialist Services	07.07.21	Yes	No	UHW	029 2074 8487	Yes	No	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertake private practice at Spire Cardiff and St Joseph's Hospital, Newport	Jul 21 - Ongoing	Yes	Yes	Yes	Ravindra Nannapaneni	07.07.21	ESR	Secondary Employment Form sent 18.10.21	
Low	Jones	Nia	Podiatrist	Podiatry	7	CD&T	26.10.21	Yes	No	UHL		Yes	No	N/A	Nil	No	N/A	N/A	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	Private Podiatry Work	Oct 2021-Ongoing	Fees	Yes	Yes	Nia Jones	26.10.21	ESR		
Low	Peter	O'Callaghan	Medical Consultant	Cardiothoracic	Consultant	Specialist Services	13.11.20	Yes	No	UHW		Not Ticked	Dr Peter O'Callaghan Ltd	2012 - ongoing	Private practice income	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private Practice Work			Yes	Yes	Peter O'Callaghan	13.11.20	Yes	Secondary Work Form sent 24.11.20	
Low	Balarao	Oruganti	Consultant in Psychiatry	Psychiatry	Consultant	Mental Health	18.11.20	Yes	No	UHL	47747	Not Ticked	Director of limited company but cannot see any conflict as not doing or seeking any business with UHB Spouse - Director of a limited company but cannot see any conflict as not seeking or doing any business with UHB			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Works for HIW and Judicial Appointment Committee for MHRT on ad hoc basis			Yes	Yes	Balarao Oruganti	18.11.20	Yes	Secondary form sent 21.12.20	
Low	Craig	Parry	Consultant Radiologist	Radiology	Consultant	CD&T	26.01.21	Yes	No	UHW	43966	Yes	Craig Parry Diagnostics Ltd Co	Jul-17		Craig Parry Diagnostics Ltd Co	Jul-17	Salary	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private practice - Spire Hospital Cardiff		Salary	Yes	Yes	Craig Parry	26.01.21	Yes	Secondary form sent 11.02.21	
Low	Frauke	Pelz	Associate Specialist in Clinical Genetics	All Wales Medical Genomics Service	Associate Specialist	All Wales Medical Genomics Service	20.11.20	Yes	Yes	UHW	48921	Not Ticked	Director of limited company	Since May 2016 - ongoing	Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I hold a very small private psychotherapy practice, limited to very few monthly hours, well outside my job planned hours in NHS post			Yes	Yes	Frauke Pelz	20.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Thomas	Pembroke	Consultant Gastroenterologist	Gastroenterology	Consultant	Medicine	12.11.20	Yes	No	UHW	45608		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Cardiff University Employee			Yes	Yes	Thomas Pembroke	12.11.20	Yes		
Low	Richard	Penketh	Consultant Obs & Gynae	Obs & Gynae	Consultant	Children and Women	26.01.21	Yes	Yes	UHW	44390	Not Ticked	Director RPSF Ltd Director RPSF Ltd	April 2019 April 2019	Yes Yes	Director RPSF Ltd Director RPSF Ltd	April 2019 April 2019	Yes Yes	N/A	N/A	N/A	N/A	N/A	N/A	Trustee Welsh Institue for Women's Health Trustee Welsh Institue for Women's Health			N/A	N/A	N/A	Private practice at Spire all the income goes into RPSF Ltd			Yes	Yes	Richard Penketh	26.01.21	Yes	Secondary form sent 11.02.21	
Low	Ceri	Phillips	Independent Member of the Board	Board	Not Apllicable	Board	23.09.21	Yes	No	Woodland House	4366771	Yes	No	N/A	No	No	N/A	No	No	N/A	N/A	No	N/A	N/A	No	N/A	No	Emeritus Professor at Swansea University and Honorary Professor at Cardiff University	Sep 21-Ongoing	N/A	No	N/A	N/A	Yes	Yes	Ceri Phillips	23.09.21	ESR		

High Conflict which needs Managing
Potential Conflict - Line Manager should be aware and expectation that declrations is updated should conflict arise
No cause for concern

Low	Gwenda	Phillips	Clinical Psychologist	Psychology Therapies	8d	Mental Health	25.01.21	Yes	No	UHL	24850	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Director in Carers Trust South East Wales	2018 - ongoing	none	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Gwenda Phillips	25.01.21	Yes		
Medium	Trevor	Pickersgill	Consultant Neurologist	Neurosciences	Consultant	Specialist Services	23.10.20	Yes	No	UHW	7971243314	ESR	N/A	N/A	N/A	N/A	N/A	N/A	I am a Chief Officer and Director of the BMA; and associated am a Director of BMA Charities and BMA Foundation for Research.			Over the last several years I have received travel bursaries/fees, conference registration sponsored by various pharmaceutical companies and occasional honoraria as follows: PHARMA REMUNERATION COI 2018: Novartis Chair symposium MS Trust - £1500 2017: Sanofi-Aventis ECTRIMS Paris travel/accom - £478.37 ECTRIMS registration - £536.36 Med Day Ad Board - £1000 Hilton Euston 2016: Roche Consultancy Cnicht climb project- £2,960; expenses £144 2015 - Teva Ad Board 2013 Biogen Ad Board Cardiff ECTRIMS 2018 Berlin no 2017 Paris yes Sanofi-Aventis 2016 London no 2015 Barcelona no 2014 Boston yes Novartis Biogen 2013 Copenhagen no 2012 Lyon yes- Novartis 2011 Amsterdam yes - Novartis 2010 Gothenburg - no 2009 Dusseldorf yes - Biogen 2008 Montreal yes-Merck Serono 2007 Prague yes Merck Serono 2006 Madrid yes Serono 2005 Thessaloniki yes Serono 2004 Milan yes Serono AAN 2008 Chicago - Biogen	Nothing of note for 2019-20		I am a Chief Officer and Director of the BMA; and associated am a Director of BMA Charities and BMA Foundation for Research.			N/A	N/A	N/A	I perform Private medical Practice based in Cardiff			Yes	Yes	Trevor Pickersgill	26.10.20	Yes	Secondary Work form sent 1.03.21	
Low	Katie	Pink	Respiratory Consultant	Medicine	Consultant	Medicine	13.11.20	Yes	No	UHL	25088	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	nclear if this needs to be declared here but only potential declaration would be I have received speaker fees from drug companies and have been provided with (virtual) access to the European Respiratory Society Congress (Sept 2020) funded through a drug company (Chiesi). I have also been payed an Honoraria for attending a meeting to develop referral pathways for severe asthma		Speaker Fees / Honoraria	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Katie Pink	13.11.20	Yes	Sponsorship Form sent 25.11.20	
Low	Katie	Pink	Respiratory Consultant	Medicine	Consultant	Medicine	13.11.20	Yes	No	UHL	25088	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	nclear if this needs to be declared here but only potential declaration would be I have received speaker fees from drug companies and have been provided with (virtual) access to the European Respiratory Society Congress (Sept 2020) funded through a drug company (Chiesi). I have also been payed an Honoraria for attending a meeting to develop referral pathways for severe asthma		Speaker Fees / Honoraria	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Katie Pink	13.11.20	Yes	Sponsorship Form sent 25.11.20	
Low	Laura	Price	Assistant Psychologist	Neuroscience		Specialist Services	13/10/2020	Yes		Rookwood Hospital	02920 313713	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private healthcare work within the community	9/09/20 - ongoing	paid hourly	Yes	Yes	Laura Price	13/10/2020	Yes		
Low	Ann Marie	Procter	Consultant in Medical Genetics & Clinical Board Director	AWMGS	Consultant	Mental Health	17.11.20	Yes	No	UHL	24995	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Trustee of Kaleidoscope Addictions Charity	2018	Voluntary	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ann Procter	17.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Michael	Pruski	Healthcare Scienctist (Evaluation)	Medical Physics and Clinical Engin	6	CD&T	12/10/2020	Yes	No	Medicentre	02921 848676	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Council Member of the catholic Medical Association Club	15/04/2018 - ongoing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Michal Pruski	12/10/2020	Yes		
Low	Rebekah	Pryce	Consultant Endocrinologist	Paediatric Endocrinology	Consultant	Children & Women	22.06.21	Yes	No	UHW	426965	Yes	No	N/A	N/A	No	N/A	Nil	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Public Health Wales Clinical Lead for Congenital Hypothyroidism. Paid 6 sessions per year	Jun 21-Ongoing	Yes	Yes	Yes	Rebekah Pryce	22.06.21	ESR	Secondary Work Form sent 18.10.21	
Low	Jessica	Quirke	Consultant Clinical Neuropsychologist	Neuroscience	8c	Specialist Services	16.11.20	Yes	No	Rookwood Hospital	02920 313748	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Self employed in private practice	2008	Salary	Yes	Yes	Jessica Quirke	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Ella	Rafferty	Consultant Clinical Psychologist	Welsh Gender Service	Consultant	Medicine	1.02.21	Yes	No	St David's Hospital		Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Self employed private practice	2012 - ongoing		Yes	Yes	Ella Rafferty	1.02.21	Yes	Secondary form sent 12.02.21	
Low	Aled	Roberts	Clinical Board Director	Medical Consultant	Consultant	Medicine	19.11.20	Yes	Yes	UHW	42344	Yes	Co-Director SAGE Roberts PLC Co-Director SAGE Roberts PLC	2018 - ongoing 2018 - ongoing	dividend only (not taken this financial year)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Aled Roberts	19.11.20	Yes		
Low	Stuart Ashley	Roberts	Consultant Radiologist	Radiology	Consultant	CD&T	15.11.20	Yes	No	UHW	45207	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Whilst not a Trustee of the Intubation Box Charitable Trust, I was involved developing this protective device for COVID-19 staff protection. Charity Ref 7007662	21.04.20 - ongoing	Nil	Private Practice at Spire	1997 - Present	Fee per case payment	Yes	Yes	Stuart Ashley Roberts	15.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Debbie	Roberts	Health Visitor	Flying Start	7	Children & Women	15/10/2020	Yes	No	Eastmoors Road	029 2035 1375		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Volunteer with Breastfeeding Network and Volunteer on the National Breastfeeding helpline	2004 - ongoing	Reduced study costs	N/A	N/A	/A	Yes	Yes	Debbie Roberts	15/10/2020	Yes		
Low	Angus	Robertson	Consultant in Trauma and Orthopaedics	Trauma and Orthopaedics	Consultant	Surgery	25.01.21	Yes	No	UHW	7809839881	ESR	N/A	N/A	N/A	Managing Partner Cardiff Sports Ortthopaedics LLP	N/A	N/A	Occasional paid lecturing for Arthrex (Equipment Supplier) No recent activity - none currently planned	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Clinical Private Practice			Yes	Yes	Angus Robertson	25.01.21	Yes	Secondary work form sent 1.03.21	
Low	Natalie	Robertson	Principal Physiotherapist in Mental Health	Physiotherapy		CD&T	13/10/2020	Yes	Yes	UHL	02921 824652	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Husband is Director of Operations for CD&T - Matthew Temby	01/12/2014 - Ongoing	Salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N	Yes	Yes	Natalie Robertson	13/10/2020	Yes		
Low	Darren	Robinson	Registered Nurse	Addictions	7	Mental Health	8.01.21	Yes	No	UHW	2920744901	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Trusteeship with Recovery Cymru	Jan-11	None	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Darren Robinson	8.01.21	Yes		
Low	Sheelagh	Rogers	Dental Consultant	Orthodontics		Surgery	24.11.20	Yes	No	UHW	42448	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Specialist Practitioner; Cathedral Orthodontics; Cathedral Road; Cardiff	N/A	N/A	Yes	Yes	Sheelagh Rogers	24.11.20	Yes	Secondary Work Form sent 3.12.20	
Low	Clare	Rowntree	Consultant Haematologist	Haematology	Consultant	Specialist Services	28.01.21	Yes	No	UHW	42033	Not Ticked	N/A		N/A	N/A	N/A	N/A	Members of previous advisory Boards for Novartis and Amgen in past 3 years		Yes	N/A	N/A	N/A	Advisory role to Leukaemia Care		No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Clare Rowntree	28.01.21	Yes	Secondary form sent 11.02.21	
Low	Joanna	Rutkowska-Wheel	Specialist Occupational Therapist	neurology		CD&T	09.12.21	Yes	No	UHW	2920746809	Yes	No	N/A	N/A	No	N/A	N/A	I received an honoraria for presenting on a MS ACADEMY: Fatigue in MS webinar sponsorde by Novartis	22.11.21	22.11.21	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A	N/A	Yes	Yes	Joann Rutkowska-Wheeldon	09.12.21	Yes		
Low	Ramsey	Sabit	Consultant Physician in General and Respiratory Medicine	Medicine	Consultant	Medicine	16.11.20	Yes	No	UHL		Yes	Director of Ramsey Sabit Ltd. This is a PLC for earnings from private practice Spouse is a fellow share holder and director for "Ramsey Sabit ltd"	23.05.18 - ongoing	share dividends in 2019 but not 2020	N/A	N/A	N/A	N/A	N/A	N/A	Sponsorship for attendance at European Respiratory Society meeting by Chiesi (drug company) from 5/9/20 to 9/9/2020. Speaker fee meetings from Chiesi, TEVA and GSK (drug companies) for educational meetings for primary care. These were done outside working hours		Payment for online registration at meeting	N/A	N/A	N/A	N/A	N/A	N/A	Outpatient private practice at Spire Hospital and Nuffield hospital	Aug 2014 - ongoing	Private Practice earnings are paid	Yes	Yes	Ramsey Sabit	16.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Seetal	Sall	POCT Lead	Laboratory Medicine	8a	CD&T	1.02.21	Yes	No	Ty Glas, Llanishen	45411	Yes	Yes	Jan 20 - Dec 20	None	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	S Sall	1.02.21	Yes		
	Annete	Schlaudraff	Consultant SRH	DoSH	Consultant	PCIC	3.02.21	Yes	No	CRI		Yes	N/A	N/A	N/A	N/A	N/A	N/A	DoSH ha sapplied fro for pharmaceutical funding for training and Waiting list reduction clinics from both Bayer plc and MSD succesfully. One such application that was approved was filed by myself			N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Annette Schuaudraff	3.02.21	Yes	Sponsorship form sent 12.02.21	
Low	Stefan	Schwarz	Consultant Radiologist	CD&T	Consultant	CD&T	16.11.20	Yes	No	UHW	43042	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Practising privileges at SPIRE Hospital Cardiff, I also hold a honorary position at the University of Nottingham as a 'Clinical Associate Professor' since May 2016 for which I receive honoraria	Current	Honoraria	Yes	Yes	Stefan Schwarz	16.11.20	Yes		Low
Low	Prabhu	Sekaran	Consultant Paediatrician Surgeon	Child Health	Consultant	Children and Women	25.01.21	Yes	Yes	UHW		Not Ticked	Director - Novel Surgery	2019 - current	nil	N/A	N/A	N/A	Spouse shares in GlaxoSmithKine			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I undertaken private practice in the Spire, Cardiff	N/A	N/A	Yes	Yes	Prabhu Sekaran	25.01.21	Yes	Secondary Form sent 10.02.21	
Low	Nimish	Shah	GP MHSOP	MHSOP	GP	Mental Health	25.01.21	Yes	No	UHL		Yes	Director Dr Nimish Shah Ltd	2016 - ongoing	Salary	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Nimish Shah	25.01.21	Yes	Secondary Form sent 10.02.21	
Low	Swaroop	Shanbhag	Consultant Spinal Rehabilitation	Neurosciences	Consultant	Sepcialist Services	30.01.21	Yes	No	UHW	33800	Not Ticked	Abergavenny Hand Surgery Ltd - Director Partner - Vasadev Shanbhag	Mar-17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Swaroop Shanbhag	30.01.21	Yes		
Low	Aarti	Sharma	Consultant	Obs & Gynae	Consultant	Children and Women	28.01.21	Yes	No	UHW	43758	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Spire Hospital	Feb-18	Payment for seeing patients	Yes	Yes	Aarti Sharma	28.01.21	Yes	Secondary form sent 12.02.21	
Low	Peter	Sharp	Consultant Cardiologist	Cardiology	Consultant	Specialist Services	14.12.20	Yes	No	UHW	2921847089	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Consultant: Medtronic, Philips, Recor Medical, Penumbra	1.07.20 - ongoing	Speaker's and/or consultancy compensation for time	Research funding, Boston Scientific	1.10.20 - 2025	Executive committee recompense for time running study	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Andrew Sharp	14.12.20	Yes	Secondary form sent 5.1.20	
Low	Timothy	Sheppard	Locum Consultant O&G	Obs & Gynae	Consultant	Children & Women	16.11.20	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Discussion and offer of employment in BPAS (not yet accepted, pending job planning)	2020	Sessional	203 Field Hospital, Army Reserve	1998 - Ongoing	Sessional / Daily Rate	Yes	Yes	Timothy Sheppard	14.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Hamsaraj	Shetty	Consultant Physician	Medicine Stroke	Consultant	Medicine	25.01.21	Yes	No	UHW	43837	Yes	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I have received honoraria for GP lectures sponsored by Bayer on 7th October, 2020 and 28th January 2021) & from Portola/Alexion Pharmaceuticals for being a member of Delphi panel	6.10.20 - 19.10.	Honorarium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Hamsaraj Shetty	25.01.21	Yes	Secondary Form sent 9.02.21	
Low	Somashekara	Shivashankar	Consultant Psychiatrist	Adult Mental Health	Consultant	Mental Health	26.11.20	Yes	No	CRI	20335555	Yes	Director of a Limited company but have no actual or perceived conflict with the Health Board Spouse is also a Director of a Limited company but have no actual or perceived conflict with the Health Board	01/04/2019 April 2019		Part ownership of a limited company but have no actual or perceived conflict with the Health Board Spouse is also a part owner of a Limited company but have no actual or perceived conflict with the Health Board	01/04/2019 April 2019			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Ad hoc work as SOAD for HIW but have no actual or perceived conflict with the Health Board	Jan-19		Ad hoc work as SOAD for HIW but have no actual or perceived conflict with the Health Board	Jan-19		Yes	Yes	Somashekara Shivashankar	26.11.20	Yes		
Low	Anju	Sinha	Consultant Obs & Gynae	Obs & Gynae	Consultant	Children and Women	26.01.21	Yes	No	UHW	43238	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private practice at Spire Cardiff Hospital	Ongoing	consultant fees charged	Yes	Yes	Anju Sinha	26.01.21	Yes	Secondary form sent 11.02.21	
Low	Kate	Skone	Consultant Community Paediatrician	Child Health	Consultant	Children and Women	26.01.21	Yes	No	UHW	20536782	Not Ticked	Director of Dr Skone Ltd	01.07.19 - ongoing Spouse - 01.07.19 - ongoing	Dividend Dividend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Kate Skone	26.01.21	Yes		
Low	Philip	Smith	Consultant Neurologist	Neuroscience	Consultant	Specialist Services	13.11.20	Yes	No	UHW	0292074 2834	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Co-Editor of BMJ journal, Practical Neurology (2011–present)	2011 - present	Honorarium	1. Chair of NICE Guidelines Panel on Heart Valve Disease 2. Member of NICE Guidelines Panel on Epilepsy	2019 - 2021	Nil	Member of GMC Tests of Competence Panel	2018 - present	ad hoc payment for specific tasks	Yes	Yes	Philip Smith	13.11.20	Yes	Secondary Work Form sent 25.11.20	
Low	Alex	Speakman	PN Pharmacist	Pharmacy		CD&T	09/10/2020	Yes	No	UHW	02920 748109	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Offer of sponsorship to ESPEN nutrition conference from B.Braun, travel and conference fees, this was declined	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Alex Speakman	09/10/2020	Yes		
Low	Sarah	Spencer	Deputy Head of Midwifery	Obs & Gynae	8b	Children & Women	4.12.20	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	Huntleigh Healthcare	2014 - ongoing	£1,000	N/A	N/A	N/A	N/A	N/A	N/A	Huntleigh Healthcare	2014 - ongoing	£1,000	Huntleigh Healthcare	2-14 - ongoing	£1,000	Yes	Yes	Sarah Spencer	4.12.20	Yes	Secondary form sent 2.12.20	
Low	Mark	Stacey	Consultant Anaesthetist	Anaesthetics	Consultant	Surgery	16.11.20	Yes	No	UHL	2920716860	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Board member of the Association of Anaesthetics	Oct 20 - Oct 24	Nil	N/A	N/A	N/A	I run a course called Medtrim - I occasionally run private courses	2017 - current	Yes	Yes	Yes	Mark Stacey	16.11.20	Yes	Secondary Work form sent 26.11.20	
Low	Michael	Stechman	Consultant Surgeon	General Surgery	Consultant	Surgery	13.11.20	Yes	Yes	UHW		Yes	Director of KVMS Medical, Private Medical Practice Company Director of KVMS Medical, Private Medical Practice Company	June 2019 - present June 2019 - present	Dividends Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Trustee of the British Association of Endocrine and Thyroid Surgeons	October 2018 - Present	Nil	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Michael Stechman	23.11.20	Yes		
Low	Emyr	Stephens	Prescribing Advisor	Pharmacy	8a	PCIC	25.01.21	Yes	No	Woodland House	36176	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I attended a Health Service Journal (HSJ) award dinner in London in Feb '20, as a project that I (and other C&V colleagues) was involved with was shortlisted for an award. This was in the category of 'Partnership working with the Industry', and so the company	27.02.20 - 28.02.20	Attendance at awards event, accomodation and travel costs	N/A	N/A	N/A	I have taken part in an Advisory Board for various products over the last 10 years or so. These were all for 1 day only.	Various	Honoraria	N/A	N/A	N/A	Yes	Yes	Emyr Stephens	25.01.21	Yes	Secondary and Sponsorship forms sent 25.02.21	
Low	Lawrence	Sunder Raj	Consultant Gastroenterologist	Gastroenterology	Consultant	Medicine	25.01.21	Yes	Yes	UHW	44879	Yes	Yes Spouse Yes	6.01.19 - 18.02.20 18.02.20	Directors salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private practice at Cardiff Bay Hospital	N/A	N/A	Yes	Yes	Lawrence Sunder Raj	25.01.21	Yes	Secondary Form sent 10.02.21	
Low	Indu	Thakur	Consultant Paediatric Oncologist	Child Health	Consultant	Children and Women	2.11.20	Yes	No	UHW	7533167483	ESR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I was given a sponsorship place on a Haematology update conference by Novartis amounting to registration and stay costs of £269.20		Fee paid	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Indu Thakur	2.11.20	Yes	Sponsorship form sent 1.03.21	
Low	Abraham David	Theron	Consultant Anaesthetist, CD Perioperative Care	Anaesthetics	Consultant	Surgery	13.11.20	Yes	No	UHW	43256	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	As Chair of the Royal College of Anaesthetist Welsh Advisory Board I am a co-opted member of college council. I am also Vice Chair of the Academy of Medical Royal Colleges of Wales	N/A	N/A	Executive Member of the Welsh Medical Committee. Part od the clinical reference group of the National Clinical Framework.	N/A	N/A	I have co-edited the Oxford Handbook of Obstetric Anaesthetsia for Oxford University Press. Royalties for this book is to be donated to SAFE Africa.	N/A	N/A	Yes	Yes	Abrie Theron	13.11.20	Yes		
Low	Lena	Thia	Consultant in Paediatric Respiratory Medicine	Child Health	Consultant	Children & Women	13.11.20	Yes	No	UHW	43530	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Honorarium for speaking to nurses on asthma sponsored by AstraZeneca. Honorarium for speaking at two webinars sponsored by Vertex	13.02.20 - 1.10.20	Honorarium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Lena Thia	13.11.20	Yes	Secondary Work Form sent 26.11.20	
Low	Benny	Thomas	Consultant Neurophysiologist	Neuroscience	Consultant	CD&T	27.01.21	Yes	No		46690	Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Private Practice	2002 - Present	Reimbursement of fees	Yes	Yes		25.01.21	Yes	Secondary Employment Form and Policy sent 28.01.21	
Low	Christopher	Thomas	Consultant Physician	Clinical Gerontology	Consultant	Medicine	25.01.21	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	Previous sponsorship to attend international conferences and honoraria for teaching from pharmaceutical agencies (BIAL, GSK, Abbvie, Britannia) on various occasions between 2009 and 2019. I also sat on expert advisory panel for GSK for one day in january 2012	2009 - 2019	Honori & Sponsorship	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Christopher Thomas	25.01.21	Yes		
Low	David Hywel	Thomas	Consultant Histopathologist	Histopathology	Consultant	CD&T	01.12.20	Yes	No	UHW	45316	Yes	Co-director of company to provide autopsy service for HM Coroner My wife is a co-director of the company	March 20 - ongoing March 20 - ongoing	payment from HM Coroner per autopsy salary from company	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	David Thomas	1.12.20	Yes	Secondary Work Form sent 3.12.20	
Low	Gareth	Thomas	Consultant in Gastroenterology	Gastroenterology	Consultant	Medicine		Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Underake 1 session private work per week in uncontracted time	2001 - current		Yes	Yes	Gareth Thomas		Yes	Secondary Work Form sent 25.11.20	
Low	Mary Annette	Thomas	Director Weqas	Weqas	8d	CD&T	17.12.20	Yes	No	Llanishen	48332	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Becton Dickinson - European Advisory Board member for Point of Care. Provided Advice and attended meetings. Invited Speaker at Siemens Healthineers meeting in Bangkok in 2019 and Brussels Oct 2018. Invited speaker at Nova Biomedical User Group meetings in Manchester and London November 2019	Aug 18 - current	Received travel expenses to attend meeting in London 2018, Aberdeen in 2020	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mary Thomas	17.12.20	Yes	Secondary form sent 6.1.20	
Low	Matthew	Thomas	Consultant Restorative Dentistry	Dental	Consultant	Surgery	26.11.20	Yes	No	UHW	42519	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	West Coast Dental Care - Self employed private practice	ongoing		Yes	Yes	Matthew Thomas	26.11.20`	Yes	Secondary Work form sent 4.12.20	
Low	Rhian	Thomas	Independent Member of the Board	Executive / Corporate		Executive / Corporate	28.01.21	Yes	No	Woodland House		Yes	N/A	N/A	N/A	Owner of consultancy business	01.03.19 - ongoing		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Member of Glas Cymru Cyf (Welsh Water) Co-opted Board Director of Cardiff & Vale Credit Union	01.10.19 - present 15.05.20 - present	Voluntary Voluntary	Senior Lecturer - University of South Wales	04.05.20 - ongoing		Yes	Yes	Rhian Thomas	28.01.21	Yes		
Low	Andrew	Thompson	Psychologist	Whit Psychology Training	9	Mental Health	02.10.20	Yes	No			Yes	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	No	N/A	Nil	Trustee for the charity Changing Faces, also member of research board for The Vitiligo Society. Occasional spokesperson for The British Psychological Society, The British Skin Foundation, The British Association of Dermatologists	Oct 20 - Ongoing	Nil	No	N/A	Nil	Occassional clinical psychology private practice (registered with HMRC as a sole trader) - medico-legal reports, invited talks/workshops, occassional psychological therapy	Oct 20 - Ongoing	Yes	Yes	Yes	Andrew Thompson	02.10.20	ESR		
Medium	Jared	Torkington	Consultant	General Surgery	Consultant	Surgery	12.11.20	Yes	Yes	UHW	44158	Yes	Director - Moondance Cancer Initiative Wife is a director of Cardiff Medical Events Ltd- a company that organises meetings and conferences	2020 - 2019 -	N/A	N/A	N/A	N/A	Shareholding in Alessi Surgical Instruments - spinout from Cardiff University. Also act as a chair of medical advisory board	2015 -	N/A	Consultancy to a trial management team from Medtronic Ltd for scientific study	2020	Consultancy	Medical Advisory Board Bowel Cancer UK Charity	2017 -	N/A	N/A	N/A	N/A	Private Practice at Spire	current	Salary	Yes	Yes	Jared Torkington	12.11.20	Yes	Secondary Form sent 26.01.21	
Low	Ryan	Trickett	Consultant Head Surgeon	T&O	Consultant	Surgery	12.11.20	Yes	Yes	UHL	25234		Director: Vale Hand Surgery (Private Practice) & Dragon Locums Spouse - Director: Vale Hand Surgery & Cardiff NHS GP Partner		salary	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Member BSSH, BOA, BMA Spouse: Member BMA, RCGP	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ryan Trickett	12.11.20	Yes		
Low	David	Tuthill	Consultant Paediatrician	Child Health	Consultant	Children & Women	12.11.20	Yes		UHW	46725	Not Ticked	Director Cardiff Paediatrics Partner: Director Cardiff Paediatrics	ongoing ongoing		N/A	N/A	N/A	I do occasional lectures for pharmaceutical and infant feed companies			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	David Tuthill	12.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	John	Union	Independent Member of the Board	Executives / Corporate	Executive	Executive	23.02.21	Yes	No	Woodland House		Yes	NED, Swansea Building Society Ignious Ltd (Subsidiary of Cadwyn Housing) Cardiff Business Club Ltd	1.11.17 - ongoing 1.1.20 - ongoing 1.1.20 - ongoing	Salary No salary No salary	John Union Ltd	1.4.16 - ongoing	No Salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Board Member/Vice Chair Cadwyn Housing Ltd Board member, Cambria Cudfuddiannol Ltd (Will step down shortly)	1.1.20 - ongoing 1.1.10 - ongoing	No salary No Salary	N/A	N/A	N/A	Yes	Yes	John Union	23.02.21	Yes		
Low	Vinod	Varghese	Consultant Clinical Geneticist	AWMGS	Consultant	AWMGS	7.12.20	Yes	Yes	UHW	43976	Yes	One of the directors of a ltd complany - Apps4Medics Ltd - Not linked to NHS or Cardiff & Vale UHB	11.01.2011 - ongoing Spouse - 11.01.21	Both have shares	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Vinod Varghese	7.12.20	Yes		
Low	Andrew	Vidgen	Consultant Psychologist	Mental Health	8c	Mental Health	15.04.20	Yes	No	Whitchurch Hospital	2921832610	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	private medico-legal work. Approximately 1.5 sessions / month outside normal working hours. Undertaken in Gwent area	Apr-17		Yes	Yes	Andrew Vidgen	12.11.20	Yes		
Low	Karen	Visser	Professional UHB Lead for Speech & Language	Community Child Health	8c	Children and Women	17.11.20	Yes	No	Riverside Health Centre	029 2183 6585	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Trustee of Community Music Wales	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Karen Visser	17.11.20	Yes		
Low	Ulrich	Von Oppell	Consultant Cardiac Surgeon	Cardiac Services	Consultant	Specialist Services	16.11.20	Yes	No	UHW	45078	Yes	Director - U & C Von Oppell Ltd	Mar-10	Private Practice	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ulrich Von Oppell	16.11.20	Yes	Secondary form sent 5.1.20	
Low	Amar	Wahid	Consultant Paeds Gastroenterologist	Paediatric Gastroenterology	Consultant	Children and Women	26.01.21	Yes	No	UHW		Yes	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Private Practice Secretary for Private Practice	November - ongoing November - ongoing	Salary Salary	Yes	Yes	Anwar Wahid	26.01.21	Yes	Secondary form sent 11.02.21	
Low	Fiona	Walker	Head of Prescribing	Cardiff North and West Locality	8c	PCIC	12.11.20	Yes	No	Woodland House	7812554527	ESR	N/A	N/A	N/A	N/A	N/A	N/A	I am a NICE Medicines and Prescribing Associate. This is a role that does not attract a salary or any payment. I am standing down from this role at the end of 2020		Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	N/A	N/A	Yes	Yes	Fiona Walker	12.11.20	Yes		
Low	Ruth	Walker	Executive Nurse Director	Executive	VSM	Executive	13.11.20	Yes	No	Woodland House	36006	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Council Member of the Nursing and Midwifery Council	2016 - ongoing	salary	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Ruth Walker	13.11.20	Yes	Secondary Work Form sent 25.11.20	
Medium	Stuart	Walker	Executive Medical Director	Executive	VSM	Executive	30.09.20	Yes	Yes	UHW	2921836001	Yes	Sister - Gilead employee, Father ILC CEO (both healthcare companies we may have relationships with)	N/A	risk of direct influence				see above re. sister/father - Gilead and ILC are pharma companies	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N/A	N	Yes	Yes	Stuart Walker	30.09.20	Yes		
Low	Mark	Wardle	Consultant Neurologist	Neurology	Consultant	Specialist Services	09.11.21	Yes	No	UHW	44016	Yes	ELDRIX	21.05.14 - ongoing	Company Director- Dividends	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	None	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Mark Wardle	09.11.21	Yes		
Low	Peter	Welsh	Senior Hospital General Manager Llandough/Barry	Executives / Corporate	VSM	Executive	17.11.20	Yes	Yes	UHL	20715698	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Magistrate - Cardiff Bench	1989 - ongoing	N/A	N/A	N/A	N/A	Wife - Optician for Roberts Opticians Whitchurch Road, Cardiff Son has own web design business	1985 - ongoing 2014 - ongoing		Yes	Yes	Peter Welsh	17.11.20	Yes		
Low	Simon	White	Consultant Orthopaedic Surgeon	Trauma and Orthopaedics	Consultant	Surgery	12.11.20	Yes	No	UHW	48044	Yes	Director, Simon P White Ltd	2008 - Present	Nil	N/A	N/A	N/A	Educational contract with Zimmer Biomet	2018 - present	Paid to lecture in annual leave	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Simon Paul White	12.11.20	Yes		
Low	Joy	Whitlock	Head of Quality and Safety Improvement	Patient Safety and Quality Improver	8b	Corporate Nursing	23.11.20	Yes	No	Woodland House	36311	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Sole trader of Joy Whitlock Coaching and Business Development www.joywhitlock.co.uk . Since I work part time for the UHB there will not be conflict with NHS duties. I'm declaring this, however, in the name of transparency	2016 - ongoing	Hourly fee as work arises. Mostly pro bono	Yes	Yes	Joy Whitlock	23.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Richard	Whitson	Consultant Vascular Surgeon	General Surgery		Surgery	14/10/2020	Yes	No	UHW	Ext 43356	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Trustee of Haven Homecare	2010 - ongoing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Richard Whitson	14/10/2020	Yes		
Low	Lauren	Whittington	Clinical Psychologist	CAMHS	8+	Children and Women	3.12.20	Yes	No	St David's Hospital	36730	Yes	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I currently work 1 session a week for Oxford Health NHS Foundation Trust as a clinical psychologist	27.11.20 - current	Salary as sessional worker	Yes	Yes	Laura Whittington	3.12.20	Yes	Secondary Employmet Form and Policy sent 3.02.21	
Low	Simon	Wilkins	Associate Editor Pharmacist	Therapeutics & Toxicology	8b	CD&T	1.02.21	Yes	No	UHL	26868	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Secondment (0.4FTE) to, and employment (0.2FTE) by, Cardiff University School of Medicine as a Senior Lecturer and Programme Director of two MSc programmes	2006	Salary	Yes	Yes	Simon Wilkins	1.02.21	Yes	Secondary form sent 12.02.21	
Low	Ian	Williams	Paediatric Clinical Nurse Specialist	Children's Centre, St David's Hospital		Children & Women	08/10/2020	Yes	No	St David's Hospital	2920536789	Not Ticked	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Tutoring with the Open University - Nursing	01/10/2020	Salary	Yes	Yes	Ian Williams	01/10/2020	Yes		
Low	Paul	Williams	Principal Clinical Scientist	Therapies and Health Science	8b	CD&T	3.02.21	Yes	No	UHW	42010	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	25.10.20 - 31.10.20	One off payment	Yes	Yes	Paul Williams	3.02.21	Yes	Secondary form sent 12.02.21	
Low	Claire	Wilson	Consultant Clinical Psychologist	Neuropsychology	8c	Specialist Services	13.09.21	Yes	No	UHW	029 2074 3224	Yes	No	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I am a partner at Positive Neuro Rehab. I work as a Consultant Clinical Neuropsychologist with people who present with neurological conditions either privately or as part of a medicolegal claim. I conduct this work outside of my NHS contracted hours. I do not take on any patients where there is a conflict of interests (e.g. on my NHS waitinglist, a previous patient, or someone who might be referred to me, or	Sep 21 - Ongoing	Yes	Yes	Yes	Claire Willson	13.09.21	ESR	Secondary Employment Form sent 18.10.21	
Low	Justyna	Witczak	Consultant Physician	Medicine	Consultant	Medicine	12.11.20	Yes	No	UHW	42341	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes. I received travel grants and honoraria for talks from the following companies: Napp, Boehringer-Ingelheim, Novo Nordisk	Nov 19 - Ongoing	Travel grants/honoraria for talks/lectures	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Justyna Witczak	12.11.20	Yes		
Low	Joon	Wong	Specialty Doctor in Paediatric Cardiology	Child Health	8+	Children & Women	13.11.20	Yes	No	Childrens Hospital for wales	02920 744743	Yes	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Employed by Independent General Practice Cardiff on ad hoc basis (no more than 6 to 8 times per year) to do Children Heart Screening Day on behalf of the Welsh charity organisation Welsh Hearts	Oct 2017 - ongoing (but haven't done a session since October 2019	Fees	Yes	Yes	Joon Wong	13.11.20	Yes		
Low	Andrew	Wood	Consultant	Radiology	Consultant	CD&T	12.11.20	Yes	Yes	UHW	3955	Yes	N/A	N/A	N/A	Wife has a private garden design business (Eileen Garden Landscapes): currently working on the 'Orchard' project at Llandough	2008	Ongoing	N/A	N/A	N/A	Occassional Lecturing Honoraria	Last date 2016	Fees	Treasurer - Heart Research Fund Wales	2000 -	N/A	N/A	N/A	N/A	Private Medico-Legal Cases	Current	Fees	Yes	Yes	D Andrew M Wood	12.11.20	Yes		
Low	Meinolfus	Wulf	Consultant Anaethesia	Perioperative Care / Anaesthetics	Consultant	Surgery	1.02.21	Yes	No	UHL	26660	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Research Cooperation (History of Technology):	2001/2015 -	No	Occasional sponsorship of conference and travel	2001 - ongoing	nil recent	N/A	N/A	N/A	Welsh Medical Committee (Member)	2018 - 2021	No	N/A	N/A	N/A	Yes	Yes	Meinofus Tratling	1.02.21	Yes		
Medium	Zaheer	Yousef	Consultant Cardiologist	Cardiology	Consultant	Specialist Services	18.11.20	Yes	No	UHW	42972	Yes	ZY Consultant Ltd - Director	31.07.19 - ongoing	Shareholder: ad hoc dividend payments (nil to date)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Chairman: Heart Research Wales and Medical Director Pace4Life	2015 - ongoing	N/A	N/A	N/A	N/A	In receipt of honoraria, lecture fees and research funding from Astra Zeneca, Pfizer, Servier, Beoringer Ingelheim, Bristol Meyers Squibb, Lilly, Novartis, Abbott, Medtronic . Undertake private practice at Spire	2005 - ongoing	Yes	Yes	Yes	Zaheer Yousef	18.11.20	Yes	Secondary Work Form sent 01.12.20	
Low	Syeda	Zatman	Consultant Anaesthetist	Anaesthetics	Consultant	Surgery	25.01.21	Yes	No	UHW	43106	Yes	Brockweir Clinic Ltd	Apr-19	Nil	Brockweir Clinic Ltd	Apr-19	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Tahsin Zatman	25.01.21	Yes		

Report Title:	**Legislative and Regulatory Tracker Report**								
Meeting:	Audit and Assurance Committee						**Meeting Date:**	8th February 2022	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**		**For Information**		
Lead Executive:	Director of Corporate Governance								
Report Author (Title):	Head of Risk and Regulation								

Background and current situation:

The purpose of this report is to provide Members of the Audit and Assurance Committee ('the Committee') with assurance on the implementation of recommendations which have been made by external regulatory and legislative bodies, of which the Health Board is obliged to comply with. Assurance in this regard if provided by means of a Legislative and Regulatory Compliance Tracking report.

An internal audit into the Corporate Governance Legislative and Regulatory Compliance Tracker was undertaken during July and August 2021. The outcome of that audit, provided an agreed 'reasonable' assurance rating.

Only 1 recommendation from this Audit remains on the Health Board's Internal Audit Tracker. This relates to the management of Welsh Health Circulars and following updates shared at the February Committee meeting, will be reported as complete in April.

Following the implementation of recommended best practice work has continued to refine and improve the content of the Legislative and Regulatory Compliance tracker so that it provides more robust assurance to Committee members. Most notably, this covering report continues to include commentary on the Health Boards management of Welsh Health Circulars and Patient Safety Solutions: Alerts and Notices which will continue to be reported as a matter of course.

Whilst progress has been made additional work remains ongoing to ensure that the feedback shared by recommendation owners and shared with the Committee is provided in a consistent and easy to read manner across each of the trackers shared with the Committee.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The tracker provides the following details:

- All Regulatory Bodies that have active recommendations with the Health Board. Also contained within the tracker are the details of Regulatory Bodies that have previously inspected the Health Board despite there being no live recommendations. This is to ensure that the tracker remains a comprehensive list of all potential regulatory bodies.
- The Regulatory Standard which is being inspected is listed where this information is available.

- The Lead Executive in each case is detailed as is the accountable operational lead so that it is clear who is responsible for completion of the recommendation at an executive and operational level.
- The Assurance Committee where any inspection reports will be presented along with any action plans as a result of inspection. This column, coupled with the comments section, provides assurance to the Committee that progress against and compliance with recommendations is being routinely monitored and scrutinised.
- A Red, Amber, Green (RAG) rating that highlights where the recommendation sits against the agreed implementation date. Entries are rag rates as follows:

Green – Over 1 month until due date for implementation of recommendation
Amber – Due date for implementation of recommendation within 1 month; and
Red – Due date for implementation of recommendation met or exceeded.

In addition to the above the below updates are also shared in relation to the Health Board's Management of Welsh Health Circulars (WHCs) and Patient Safety Solutions: Alerts and Notices (PSN's). Separate Tracker documents are held for the monitoring of WHC's and PSN'S and are managed by the Risk and Regulation and Patient Safety teams respectively.

Welsh Health Circulars

WHCs are received and triaged by the Risk and Regulation team before being allocated to a lead Executive to disseminate to their teams and appropriate colleagues to be actioned. A WHC tracker is maintained to monitor what action is taken and regular chasers are sent to Executive Leads to ensure that each WHC is complied with in line with prescribed timelines.

An extract from the WHC tracker is copied below as an example of the information recorded:

Welsh Health Circular (WHC) No	Name of WHC	Date Issued	Status	Action Needed By	Category	Overarching Actions Required	Lead Executive	Work in Progress	Work Completed	Status RAG Rated: Blue Complete, Green On track to Meet Deadline, Red	Comments
2021/006	Elections to Senedd Cymru May 2021 Guidance for NHS Wales	11.03.21	Action	24.03.21	Governance	The principles set out in the guidance apply to the NHS at all times, but particular note should be taken in the period between the start of the formal campaign on 25 March and up to and including polling day 6 May.Chief Executives of NHS organisations should ensure that the principles in this guidance are followed.	CEO		Yes		Guidance shared with CEO and Chair and Board Secretary and referred to in various meetings where discussions or decisions could be election relevant.

A regular update on progress made against WHC recommendations is reported at Management Executive Meetings so that the full Executive Team is sighted on the most recently issued WHC's and progress made against each circular. An update was last shared with the Management Executive Team on the 11th October 2021. Since that meeting, and following the November Committee meeting, three additional Circulars have been added to the tracker and triaged to executive colleagues for action. A further update will be shared with the Management Executive Team in February 2022.

The Circulars added to the tracker since the last meeting are:
NHS Wales Planning Framework 2022 to 2025 (WHC/2021/031)
Role and provision of dental public health in Wales (WHC/2021/032)
Role and provision of oral surgery in Wales (WHC/2021/033)

As of the 21/01/2022 the Health Board's WHC tracker was fully up to date and each WHC detailed on the Welsh Government website had been allocated to an Executive Lead to monitor and action.

Patient Safety Solutions: Alerts and Notices

PSN's are monitored and managed by the Patient Safety and Organisational Learning Manager ("PSOLM") who maintains a tracker of all PSN's that are received and ensures that each PSN is shared with relevant clinical and corporate directorates for action. The PSOLM also regularly chases colleagues to ensure that actions are undertaken and reported through the use of compliance forms which record completion of required actions. Once a PSN is recorded as complete the PSOLM notifies the relevant Welsh Government delivery Unit and copies of all such notifications and completed compliance forms are logged by the PSOLM and the Risk and Regulation Team.

An extract from the PSN Tracker is copied below.

Document Numbe	Notice	Type of Documer	Status	Date PS Team Notified	Date sent to Distributionl ist	Date Responses Due	Date Complianc e Declare	CW	Medicine	CD&T	MH	PCIC	Spec Servic	Surgery	Dental	Corporat
PSN062	https://du.nhs.wales/files/notices/psn062-liguefie	Patient Safety Notic	Active	04/10/2021	04/10/2021	25/02/2022		15/10/2021	05/10/2021	08/10/2021		11/10/2021		14/10/2021	11/10/2021	
PSN057	Patient Safety Notices\PSN057 Adrenal Crisis\PSN0	Patient Safety Notic	Active	28/05/2021	28/05/2021	31/01/2022		21/06/2021	01/06/2021	01/06/2021		02/06/2021	30/09/2021			

An update on progress made against PSN's was shared at the December 2021 Quality, Safety and Experience Committee for further scrutiny.

Following November's Committee meeting 5 of the 15 Active PSN's (that were open in November) were closed. Since that date an additional 6 PSN's have been received and as of the 17th January 2022 16 PSN's remain active, of which 10 are overdue. These entries will continue to be monitored and will be subject to further scrutiny at local quality and safety meetings and also at future Quality, Safety and Experience Committee meetings.

Regulatory Tracker

The Regulatory Tracker attached to this report is up to date as of the 21st January 2022 and will continue to be updated throughout the organisation and reported to the Committee on a bi-monthly basis as well as being reported to Management Executive meetings for executive oversight. The Tracker was last reported to the Management Executive team on the 1st November 2021.

Following November's Committee Meeting a total of 5 completed entries were removed from the register. A further 7 entries have been reported as complete since November's meeting and are recorded on the attached tracker.

Since November's meeting a further 2 additional entries have been added to the register in the following areas:

1) 1 new Health Inspectorate Wales entry relating to St Isan Road GP Practice which is recorded as complete. new Capital Expenditure External Review Entry has been recorded;

2) The detail of an Information Commissioners Office review has been added to the Tracker at row 38.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The improvements made to the tracker and the ongoing review of progress against regulatory body inspections and recommendations should reduce the risk that key regulatory requirements are missed.

The procedure for tracking such progress will also enable the Committee and Board to have oversight of the Health Board's compliance with regulatory requirements so that appropriate action can be taken to address emerging trends.

Recommendation:

For Members of the Audit Committee to:

(a) Approve the approach taken by the Risk and Regulation team to the tracking and reporting of compliance with regulatory inspections and recommendations.
(b) Approve the assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations.
(c) To note the continuing development of the Legislative and Regulatory Compliance Tracker.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

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

Prevention	x	Long term	x	Integration		Collaboration		Involvement	

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

Clinical Board	Directorate	Regulatory body/inspector	Service area	Initial - Inspection Date:	Title of Inspection/Regulation/Standards	Lead Executive	Assurance Committee or Group	Accountable individual	Next Inspection Date	Recommendation Narrative / Inspection outcome	Date for Implementation of recommendations:	Management Response / Update	RAG Rating	Please Confirm if completed (c), partially completed (pc), no action taken (na)
ALL WALES THERAPEUTICS AND TOXICOLOGY CENTRE														
ALL WALES QUALITY ASSURANCE PHARMACY														
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy SMPU	27.01.2020	Quality Assurance of Aseptic Preparation Services	Executive Medical Director	QSE Committee/ Management of medicines group	Clinical Director of Pharmacy and Medicines Management	TBC	166 actions update 21/5/21 - 16 overdue actions remain update 8/10/21 - 4 overdue actions remain	15.07.2021	Pharmacy Quality System recovery action plan developed and under weekly review by the Clinical Board. 5 oldest incidents, non-conformances and change controls now closed. **No update shared since November 2021**		**PC**
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy UHL	06.08.2020	Quality Assurance of Aseptic Preparation Services	Executive Medical Director	QSE Committee/ Management of medicines group	Clinical Director of Pharmacy and Medicines Management	TBC	91 actions update 21/5/21 - 4 overdue actions remain update 8/10/21 - 4 overdue actions remain	15.07.2021	4 overdue actions remain. Work remains ongoing within the clinical board to ensure that these are closed as soon as possible. **No update shared since November 2021**		**PC**
BRITISH STANDARDS INSTITUTE														
CARDIFF AND VALE OF GLAMORGAN FOOD HYGIENE RATINGS														
CAPITAL EXPENDITURE INTERNAL REVIEW														
Estates	Estates Management and Finance	Internal	Procurement Arrangements	01.09.2021	Internal Review	Executive Director of Finance	Finance Committee	**Director of Capital Facilities and Estates**	N/A	A total of 21 recommendations were made concerning the governance and contracting arrangements regarding Procurement Processes within the Capital, Estates and Facilities Directorate.	31.12.2021	Of the 21 recommendations 18 are now complete. The remaining 3 actions are in progress and will continue to be monitored by the the Executive Director of Finance and Director of Corporate Governance to complete as quickly as possible.		**PC**
COMMUNITY HEALTH COUNCIL														
Estates	Facilities	Community Health Council	Various	N/A	Community Health Council Inspection	Executive Director of Strategic Planning	Capital Management Group/Strategy and Delivery Committee	Director of Capital Facilities and Estates	Unnanounced	6 recommendations	31.12.2021	All recommendations complete by due date of December 2021.		**C**
FIRE AND RESCUE SERVICES														
Mental Health	Capital and Asset Management	Fire and Rescue Services	Hafan Y Coed UHL	20.07.2021	Regluatory Reform (Fire Safety) Order 2005	Executive Director of People and Culture	Health and Safety	**Head of Health and Safety**	10/12/2021	Duty of Works: EN01 - (EN3/21) Article 8 - Duty to take general fire precaution's is not being complied with EN3/21 Schedule states: "During the inspection carried out on 14th April 2021 there was evidence of illicit smoking found throughout the premises. These matters have previously been raised by this Authority and also within previous FRA's carried out by the UHB fire safety advisor. This is unacceptable. The UBN's smoking policy should be appropriately managed to ensure that smoking and ignition sources are controlled and monitored to reduce the potential for accidental and deliberate fire setting."	10.12.2021	Robust control measures have been agreed and implemented between the Director of CEF and senior premises managers. This has been communicated to the enforcing authority. A further inspection was carried out on 20th May by the enforcing authority and due to a number of non compliances found at that time an EN 03 was served i.e. ' Enforcement Notice not complied with'. This matter is now in the hands of the Fire Authority's Compliance team for deliberation. N.B. An Article 27 letter dated 15th September 2021 was served on the CEO requiring pertinent information to be forwarded to the Fire Authority within 14 days of the date of the letter. Communication with the Fire Authority remains ongoing.		**PC**
Medicine	Capital and Asset Management /UHW - Ward A4	Fire and Rescue Services	UHW Ward A4	29.09.2021	Regluatory Reform (Fire Safety) Order 2005	Executive Director of People and Culture	Health and Safety	**Head of Health and Safety**	06.04.2022	Duty of Works: EN59/21 - Article 8: Duty to take general fire precautions Article 13: Fire fighting and fire detection Article 15: Procedures for Serious and Imminent Danger and for Danger Areas Arcile 21: Training	06.04.2022	Measures have been agreed with and implemented by senior managers in Estates. This has been verbally communicated to the enforcing authority inspector. Communication with the Fire Authority remains ongoing.		**PC**
Mental Health	Capital and Asset Management /HYC - UHL	Fire and Rescue Services	Hafan Y Coed UHL	20.06.2021 and 29.09.2021	Regluatory Reform (Fire Safety) Order 2005	Executive Director of People and Culture	Health and Safety	**Head of Health and Safety**	Unknown	Article 27: 5 actions urgently required	06.04.2022	EN59/21 dated 8th October 2021 was served on the CEO outlining a number of contraventions under the following articles to be addressed by 06/04/2022 i.e. Article 8 Duty to take general fire precautions. Article 13 Fire Fighting and Fire Detection. Article 15 Procedures for Serious and Imminent Danger and for Danger Areas. Article 21 Training. Communication with the Fire Authority remains ongoing.		**PC**
Mental Health	Capital and Asset Management /HYC - UHL	Fire and Rescue Services	Hafan Y Coed UHL	30.09.2021	Regluatory Reform (Fire Safety) Order 2005	Executive Director of People and Culture	Health and Safety	**Head of Health and Safety**	03/11/2021	Article 30: EN56/21 - urgent action required Article 8: Duty to take general fire precautions	03.11.2021	This EN has been served as a direct consequence of a fire set by a patient who had in his possession two cigarette lighters. The UHB should appropriately manage all ignition sources to reduce the potential for accidental and deliberate fire setting. A number of urgent mettings in addition to a root cause analysis forum has been programmed to take place with H&S, Fire Safety and senior MH Board managers to enable additional proactive measures to be adopted as a matter of priority to prevent a similar occurance. Following a satisfactory revisit by enforcement officers of SWFRS this Notice was subsequently lifted.		**C**
HEALTH EDUCATION AND IMPROVEMENT WALES														
HEALTH INSPECTORATE WALES														
Children & Women	Maternity	HIW	Maternity Services	TBC	HIW	Executive Nurse Director	QSE Committee	Head of Midwifery	**TBC - Matter on Hold**	HIW are undertaking a national review of maternity services across Wales (Phase 2). **Letter recevied 13/1/21 from HIW Phase 2 on hold.**	Details of community maternity sites sent to HIW 17.07.20 and self assessement sent 24.07.20.	On hold. An update on all HIW inspections are shared at each Quality, Safety and Experience Committee. Updates were last shared at the June QSE Committee. No update since November's meeting		**N/A**
CD&T	Radiology, Medical Physics and Clinical Engineering	HIW	Diagnostic Radiology	TBC	Ionising Radiation (Medical Exposure) Regulation 2017 -IR(ME)R	Executive Nurse Director	QSE Committee	Director of Quality and Safety CD&T	TBC	Notification of inspection received IM(ME)R Inspection. Contact details provided to HIW 15.05.21	N/A	An improvement plan has been submitted and accepted by HIW which includes actions to ensure measures are in place to eliminate potential areas of discrimination, to ensure that staff complete their mandatory training within defined timeframes and that all staff have an annual appraisal. The department is currently revising the employer's written procedures as required under IR(ME)R to ensure they accurately reflect clinical practice, removing ambiguity and duplication to provide clarity and a more consistent approach		**C**

Mental Health	Community Mental health	HIW	Community Mental Health	TBC	HIW	Executive Nurse Director	QSE Committee	Director of Nursing for Mental health Services	**TBC**	National Review of Mental Health Crisis prevetnion in the Community	**N/A**	List of contacts sent 5th May 2021. Aiming for interviews July 2021. The terms of reference have been published by HIW and the final report was due to be published in December 2021 and is awaited.		**PC**
Medicine	EU/WAST	HIW	EU/WAST	TBC	HIW	Executive Nurse Director	QSE Committee	Director of Nursing Medicine	TBC	Themaitc revew.The focus of the review is to consider the impact of ambulance waits outside Emergency Departments (ED) on patient safety, privacy, dignity and their overall experience.	N/A	Update shared at the December QSE meeting. HIW acknowledges that a significant number of whole system activities are underway to address the recommendations in the report and are liaising closely with Wales' Chief Ambulance Commissioner regarding the response.		**C**
PCIC	GP Practice St Isan Road	HIW	GP Practice St Isan Road	05.10.2021	Quality Check - St Isan Road Surgery	Executive Nurse Director	QSE Committee	Director of Nursing PCIC	TBC	General Quality Review	n/a	The final HIW report was published 09/11/2021. The Quality Check report from St Isan Road Surgery listed a number of positives in relation to the practice's response to Covid-19, and found that the practice was following all appropriate guidance and has relevant policies and staff training in place		**C**
HEALTH AND SAFETY EXECUTIVE														
HUMAN TISSUE AUTHORITY														
INFORMATION COMMISSIONERS OFFICE														
Digital Health Intelligence	IM&T and Information Governance	ICO	Digital Health	13.03.2020	ICO Data Protection Audit	Director of Digital Health	Digital and Health Intelligence Committee	Head of Information Governance	TBC	25 recommendations were made in relation to Governance and Accountability. 1 of these recommendations required urgent action, 14 were rated high, 7 medium and 3 low. 20 recommendations were made in relation to Cyber Security. 1 of these recommendations required urgent action, 9 were rated high, 9 medium and 1 low. An overall assurance rating of reasonable was achieved in both areas.	25.10.2021	At Septembers committee meeting a total of 14 recommendations remained outstanding. 6 of these actions were recorded as complete, 7 as partially completed and 1 had no action taken since the September 2021 meeting. As of 20.01.2022 the Digital Health team report that the remaining 8 recommendations are partially complete albeit conversations are being had regarding two historic entries that have previously been reported as complete. The ICO undertook a follow up investigation in November 2021 and concluded that there was still a risk of non-compliance with data protection legislation and recommended urgent action tto complete outstanding recommendations. An update will be shared at the February Digital Health and Information Committee		**PC**
JOINT EDUCATION ACCREDIATION COMMITTEE														
Specialist Services	Haematology	JACIE	South Wales BMT Programme	TBC	6th edition of JACIE standards	Executive Director of Medicine	QSE Committee	Executive Director of Medicine	01.02.2023	Minor deficiencies noted	01.10.2019	Programme received formal re-accredition notice - There are ongoing discussions with the executive board regarding a new facility for BMT/Haematology as the service will not achieve re-accredition post the next inspection cycle. **No update since November 2021**		**PC**
MEDICAL GENETICS														
MEDICAL GENETICS	Medical Genetics	SGS/UKAS	Institute of Medical Genetics, UHW	TBC	ISO 15189:2012	Executive Director of Therapies and Health Science	QSE Committee and Monthly Medical Genetics QSE Meeting	AWMGS Quality Manager	N/A	Action Mandatory x 14 Require Evidence to UKAS x 14 Action Recommended x 5	05.12.2019	Findings have been closed by UKAS		**C**
MEDICAL GENETICS	Institute of Medical Genetics	UKAS	Institute of Medical Genetics, UHW	TBC	ISO 15189	Executive Director of Therapies and Health Science	QSE CommitteeQSE Committee and Monthly Medical Genetics QSE Meeting	AWMGS Quality Manager	N/A	No findings/non-conformances were raised, so there is no improvement action report	TBC	Regular updates are shared at the Medical Genetics QSE meeting.		**C**
MHRA														
CD&T	Pharmacy	MHRA	Pharmacy UHL	TBC	Good manufacturing practice (GMP) and good distribution practice (GDP)	Executive Medical Director	QSE Committee	Clinical Director of Pharmacy and Medicines Management	TBC	3 majors 2 others	31.03.2020	Descalated from MHRA Inspection Action Group 1st July 2020 Outstanding Estates issues to resolve to meet requirements of the regulator		**PC**
NATURAL RESOURCES WALES														
OFFICE FOR NUCLEAR REGULATION														
QUALITY IN PRIMARY IMMUNODEFICIENCY SERVICES														
RESEARCH AND DEVELOPMENT														
UKAS														
Surgery	Perioperative	SGS/UKAS	HSDU	15.07.2021	ISO 13485:2016	Executive Director of Therapies and Health Science	QSE Committee	Executive Director of Therapies and Health Science	N/A	2 minors	15.07.2022	Re-Validation Audit. Minor 1, was for audit of audits. We should have someone independent from HSDU to audit our audits. SSU Llandough will Audit HSDU and we will audit SSU. Minor 2, not currently registered to MHRA. HSDU is in the application process at the moment.		pc
WELSH WATER														
WSAC														
Surgery	Audiology	WSAC	Newborn hearing screeing wales	04.11.2021	Audiology / Newborn Hearing Screening QS	Executive Director of Therapies and Health Science	QSE Committee	Paediatric Cochlear Implant Lead - Razun Miah/Rhian Hughes/Ellen Thomas	01.11.2021	Results awaited.	31.01.2022	Results have not yet been released by PHW. This should be received in the new year.		**NA**
Surgery	Audiology	WSAC	audiology - paediatrics	04.11.2021	Audiology / Paediatric QS	Executive Director of Therapies and Health Science	QSE Committee	Paediatric Cochlear Implant Lead - Razun Miah/Rhian Hughes/Ellen Thomas	01.11.2021	85% target met in individual standards and 90% overall target met - 95.22% overall compliance score achieved	31.01.2022	5 recommendations made relating to Standards, 1a.3, 2a.8, 3a.5 &3a.6, 6a.1 and 7b.1. All recommendations are reported as partially complete with action plans in place.		**PC**
WEST MIDLANDS QRS														

Report Title:	**Audit Wales Recommendation Tracking Report and Regulatory Tracker Report**								
Meeting:	**Audit and Assurance Committee**						**Meeting Date:**	**8.02.2022**	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**		**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Risk and Regulation Officer**								

Background and current situation:

The purpose of the report is to provide Members of the Audit Committee with assurance on the implementation of recommendations which have been made by Audit Wales by means of an external audit recommendation tracking report.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Fifteen External Audit Recommendations are recorded on the Tracker which have been brought forward from November's Audit and Assurance Committee. No additional recommendations have been added at this time.

Four recommendations have been completed since November 2021, and 11 (of 15) recommendations are partially complete.

Two recommendations are one year overdue, three recommendation are over 6 months (but less than 12 months) overdue and three recommendations are under 3 months overdue. Seven of the recommendations have not exceeded the agreed implementation date for completion.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

A review of all outstanding recommendations has been undertaken with executive and operational leads for each recommendation since November 2021. This work will continue and be reported at each Audit and Assurance Committee to provide regular updates in the movement of recommendations.

The table at Appendix 1 shows a summary status of each of the recommendations made for external audits undertaken in **19/20, 20/21** and 21/22 as at 13 January 2022.

This report and appendices will also be discussed at Management Executive meetings so that the leadership team of the Health Board have an overview of progress made against External Audit Recommendations.

Recommendation:

The Audit Committee Members are asked to:

(a) Note and receive assurance from the progress which has been made in relation to the completion of Audit Wales recommendations.
(b) To note the continuing development of the Audit Wales Recommendation Tracker.

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

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

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

Audit Wales Recommendations 2019/20 – 2021/22 (February 2022)

External Audit	Complete	No action	Partially complete	< 3 mths	> 3 mths	+6 mths	+ 1 year	Grand Total
Clinical Coding Follow Up	-	-	1	-	-	-	1	1
Audit of Financial Statements	-	-	1	-	-	-	1	1
Implementation of the Wellbeing of Future Generations Act	4	-	1	3	-	2	-	5
Audit of Accounts Report Addendum – Recommendations 2021-22			5	-	-	-	-	5
Follow Up of Operating Theatres	-	-	2	-	-	-	-	2
Assessment of Progress Against Previous ICT Recommendations	**-**	**-**	1	-	-	1	-	1
Total	**4**	**-**	**11**					**15**

From the above table it can be seen that since the last report to Committee in November 2021. No further recommendations have been added to the tracking report and the number of recommendations now stand at 15. Of the 15 outstanding AW recommendations listed, 4 have been completed. It can also be seen that 11 recommendations are partially completed. Two outstanding actions are 1+ years overdue, three are less than three months overdue and three are greater than +6 months overdue. The remaining seven actions have not exceeded their agreed implementation date.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Recommendation	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2019-20	No date specified	Clinical Coding Follow-up From 2014 not yet completed	R2	**Medical Records:** R2 Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include: a) reinforcing the Royal College of Physician (RCP) standards across the Health Board and developing a programme of audits which monitors compliance with the RCP standards; b) improving compliance with the medical records tracker tool within the Health Board Patient Administration system (PAS); c) putting steps in place to ensure that notes that require coding are clearly identified at ward level and that clinical coding staff have early access to medical records, particularly at UHW; e) reducing the level of temporary medical records in circulation; f) considering the roll out of the digitalisation of health records to the Teenage Cancer Unit to allow easier access to clinical information for clinical coders; and g) revisiting the availability of training on the importance of good quality medical records to all staff.	Director of Digital and Health Intelligence	Head of Information Governance	PC	b)The UHB is developing mobile tracking technology which would support an audit programme designed to determine levels of tracking compliance across departments Head of IG working with Medical Record's Directorate Manager to implement regular auditing function.
2019-20	Mar-20	Audit of Financial Statements Report Addendum - Recommendations	R4	4: the Phase 2 and Phase 3 continuing healthcare claims require concluding The Health Board should establish the reason for the ongoing delay with each of the remaining Phase 2 and Phase 3 claims and it should seek to conclude them promptly.	Director of Finance	Deputy Finance Director	PC	Phase 2 – all cases completed Phase 3 – 3 claims remain incomplete – all claims have been reviewed but these are not ready for completion yet: 1 requiring face to face meeting so other options being explored, 2 claims on hold whilst correct legal authority awaited). Status of each case to be revisited by Retrospective CHC Team, with solicitor. The position was last shared with the Audit and Assurance Committee at its November 2021 meeting.
2019-20	Annually	Implementing the Wellbeing of Future Generations Act	R1	**Long-term** Further enhance the profile of primary care by building upon the successes of existing promotional campaigns.	Director of Planning	Director of Operations, PCIC	C	The Primary Choice campaign has covered the following primary care roles GP, nurse, dental, optometrist and receptionist. the sceond phase was paused due to Covid but work has now recommenced to include MH practitioner, physio, clinical practioner, pharmacist and roles within the OOHs service. In addition to this there has been significant comms as part of the CAV24/7 work around accessing primary care. **Ongoing communication (at national and local level) in public domain in relation to access to primary care services, different types of provision etc.**
2019-20	Dec-21	Implementing the Wellbeing of Future Generations Act	R2	2 Develop a campaign to educate the public about what types of services will be available at each of the centres and hubs.	Director of Planning	Director of Operations, PCIC	PC	Programme of business cases in development with engagement on design detail of services required to meet local needs taken forward as part of business case. First scheme (Maelfa) in constuction on track to be completed Dec 2021 and planning for Penarth and Ely hubs well underway. **Additional support secured in relation to planning of key future schemes which will include public and key stakeholder input. Work to be undertaken by end March 22.**
2019-20	Annually	Implementing the Wellbeing of Future Generations Act	R5	**Prevention** 5 Undertake needs assessments on an ongoing basis and continually review services to ensure that centres and hubs remain current and fit for purpose.	Director of Planning	Director of Operations, PCIC	C	**Clusters plans are almost complete (8 out of 9 finalised). Planning support in place for next round of schemes and capacity being secured to support delivery.**
2019-20	Nov-21	Implementing the Wellbeing of Future Generations Act	R6	6 Develop a clear plan to agree finances prior to centre and hub services commencing to prevent duplication of resources.	Director of Planning	Director of Operations, PCIC	C	Operating model options and revenue consequences form part of each project scope are under active consideration by the SOFW in the community delivery board. **Process therefore in place and strengthend as part of the planning support that has been secured for the next priority schemes.**

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Recommendation	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2019-20	Oct-21	Implementing the Wellbeing of Future Generations Act	R9	**Involvement** 9 Explore the best vehicles to engage marginalised citizens both in terms of planning future centres and hubs and in ensuring they are accessible to all when in operation. For example, by finding community leaders to help roll out key messages and engage with these groups on an ongoing basis.	Director of Planning	Director of Operations, PCIC	C	For each scheme, there is an engagement plan with the local community to ensure the detailed plans have been informed by both service views and views of those who will use the services. As part of the @home programme, C3SC has been commissioned by the RPB to develop an engagement framework. This is being prototyped with the CRI HWBC. **Engagement plans will be shared for future schemes as part of the SOFW:IOC Delivery Group and @home programme board arrangements.**
2020-21	Mar-22	Follow-up of Operating Theatres	R1	Ensure that momentum is maintained to deliver the benefits of the theatre improvement project which relate to process improvement, such as Day of Surgery Admission and pre-operative assessment: • prioritise the expansion of the pre-operative assessment service across specialties where doing so will achieve maximum benefit in improving quality and safety of care.	Chief Operating Officer	General Manager - Peri Operative Care	PC	We have bid for additional investment through recovery to increase POAC activity. This has been supported and staff are being appointed. We are also working to relocate this service in conjunction with estates and planning team. Also work with external partners "Foureyes" Qtr 4 of this financial year to push "GIRFT" high volume daycase and efficency.
2020-21	Mar-22	Follow-up of Operating Theatres	R4	Create standards for professional management and leadership and ensure that team leaders meet that standard.	Chief Operating Officer	General Manager - Peri Operative Care	PC	Good progress is being made with regular 2:1 Theatre Manager/Lead Nurse and General Manager meetings and also regular 2:1 Clinical Leader, Lead Nurse and General Manager meetings. There is also a Directorate Management meeting on a bi-weekly basis and Clinical Leaders meeting with Theatre Managers occurs on a regular basis. These meetings offer the opportunity to ensure that the Managers and Leaders within the Directorate are being supported and any issues can be discussed through a standardised agenda. Workforce Manager appointment has been made and we are awaiting a start date. This role will ensure that the staff engagement work that is being carried out will continue and will drive not only workforce redesign but also the professional standards of the directorate. This project approach will be imnplemeted by the end of the year 2021 and progress will be monitored. A development booklet for clinical leaders has been developed which outlines the professional standards for our clinical leaders. A development plan will be developed by the workforce programme mangaer to support clinical leaders to achieve these.
2020-21	Jun-21	Assessment of Progress Against Previous ICT Recommendations	R4/5	Rollout appropriate and regular offline information governance training to employees without PC access.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	PC	An IG presentation has been produced that can be delivered by the individual service for staff who are unable to undertake online training. This has been circulated to those services with a dedicated training function. **No change for February meeting**
2021-22	May-22	Audit of Accounts Report Addendum - Recommendations	R1/6	The Health Board should issue its annual related party declarations to associate members.	Director of Corporate Governance	Head of Risk and Regulation	PC	This will be undertaken as part of year end arrangements for 2021/22.
2021-22	Windows 7 replacement - February 22 Servers - March 2023	Audit of Accounts Report Addendum - Recommendations	R2/6	The Health Board should replace its unsupported servers and devices. Where replacment is not currently feasible, the Health Board should ensure that robust mitigating arrangments are in place. Looking forward, the Health Board needs to be proactive, with better planning for its timely replacement of unsupported IT operating systems and devices.	Director of Digital and Health Intelligence		PC	There are ongoing programmes in place to replace or upgrade all affected devices. Jan 2022 Update: The majority of the CAVUHB workstation estate has now been upgraded with less than 8% left to complete. In Nov 2021 the server team in CAVUHB began decomissioning legacy server operating systems and upgrading where possible, this work is planned to continue throughout 2022/23. DHCW Nessus and SIEMs solutions have also been implemented in Dec 2021, along side a dedicatedIvanti patch management solution. A new Anti-Virus solution has been implemented for the CAVUHB server estate in Dec 2021.
2021-22	Feb-22	Audit of Accounts Report Addendum - Recommendations	R3/6	The Health Board should test its DR plan to gain assurance that IT systems can be restored if needed. The Health Board should review the DR plan regularly, and in doing so ensure that changes to the infrastructure and network are fully considered. Once updated and finalised, the Healht Board should test rhe revised DR plan to ensure that it works as intended.	Director of Digital and Health Intelligence		PC	The IT DR Plan is being reviewed and upated as part of a progamme to refresh IT Security documentation. Jan 2022 Update: HPE StoreOnce backup and archiving solution with a capacity of 1PB has been purchased and due to be implemented in Feb 2022. This will form part of a new Backup and DR approach for CAVUHB. This will be achieved by retiring tape media and consolidated with Veeam software throughout, to be carried out during early 2022.
2021-22	Feb-22	Audit of Accounts Report Addendum - Recommendations	R4/6	The Health Board should update its IT chang control policy and procedure	Director of Digital and Health Intelligence		PC	The change control policy is being updated and will be implemented as part of the new Ivanti helpdesk implementation project which includes change control functionality. Jan 2022 Update: Ivanti Helpdesk and Change Management Module is scheduled to be implemented W/C 10th Jan 2022.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Recommendation	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	Nov-22	Audit of Accounts Report Addendum - Recommendations	R5/6	The Health Board should evaluate and consider upgrading its IT1 and IT2 data centre controls, or, decommissioning and replacing them with a better, fit for purpose, data centre.	Director of Digital and Health Intelligence		PC	Future reliance on these rooms is being reviewed and potential part decommissioning will be considered. Jan 2022 Update: Additional funding has been allocated for these improvements. Further consolidation of the two datacenters has progressed and a remote DR/Backup location in UHL has been identified. This new DR site will be developed over the next 12 months, subject to appropriate funds being available.

Status of Report Overall	(All)
Please confirm if completed (c), partially completed (pc), no action taken (na)	(All)
Financial Year Fieldwork Undertaken	(All)

Count of Age	**Column Labels**
Row Labels	**Date not Specified**
Audit of Accounts Report Addendum - Recommendations	
Audit of Financial Statements Report Addendum - Recommendations	
Clinical Coding Follow-up From 2014 not yet completed	2
Follow-up of Operating Theatres	
Implementing the Wellbeing of Future Generations Act	
Structured Assessment 2018	
Grand Total	**2**

Due Date Not Reached	over 6 Months	Over One Year	under 3 months	(blank)	Grand Total
			3		3
		1			1
				4	6
5					5
	7				7
		1			1
5	**7**	**2**	**3**	**4**	**23**

List	Status
Chief Executive	C
Chief Operating Officer	PC
Director of Corporate Governance	NA
Director of Finance	
Director of Planning	
Director of Public Health	
Director of Therapies &	
Director of Transformation &	
Director of People & Culture	
Executive Medical Director	
Executive Director of Nursing	

Saunders,Nathan
02/08/2022 11:48:02

Report Title:	**Internal Audit Recommendation Tracker Report**								
Meeting:	Audit Committee						**Meeting Date:**	8th February2022	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**		**For Information**		
Lead Executive:	Director of Corporate Governance								
Report Author (Title):	Head of Risk and Regulation								

Background and current situation:

The purpose of the report is to provide Members of the Audit Committee with assurance on the implementation of recommendations which have been made by Internal Audit by means of an internal audit recommendation tracking report.

The internal audit tracking report was first presented to the Audit Committee in September 2019 and approved by the Committee as an appropriate way forward to track the implementation of recommendations made by internal audit. Since the July 2021 Audit Committee, minor changes have been made to the format of the tracker in consultation with the Health Board's Internal Audit team.

The tracker continues to highlight progress made against previous years recommendations albeit in a more streamlined manner. The tracker attached to this report sets out the progress made against recommendations from 2019/20, 2020/21 and 2021/22.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

As can be seen from the attached summary tables the overall number of outstanding recommendations has reduced from 86 individual recommendations to 85 during the period November 2021 to February 2022. The reduction in recommendations can be attributed to the removal of 17 completed entries from the tracker following November's committee meeting. A further 16 entries have been added to the tracker since November 2021. The audit reports added to the tracker on this occasion are:

1) Clinical Audit (9 Recommendations made)
2) Five Steps to Safer Surgery (6 Recommendations made).

Of the 85 recommendations listed 18 are recorded as completed, 64 are listed as partially complete and 3 are listed as having no action taken.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

A review of all outstanding recommendations has been undertaken since the last meeting of the Audit Committee where the internal audit tracker was presented (November 2021). Each

Executive Lead has been sent the recommendations made by Internal Audit which fall into their remits of work.

It should be noted that the narrative at Column J (Management Response/Executive Update) of the attached tracker are the updates provided for this meeting. Where no update has been shared for an individual entry this is confirmed within narrative.

The table below shows the number of internal audits which have been undertaken between 2019/20 and 2021/22 (to date) and their overall assurance ratings.

	Substantial Assurance	Reasonable Assurance	Limited Assurance	Rating N/A - Advisory	Total
Internal Audits 2019/20	10	25	2	2	39
Internal Audits 2020/21	7	18	1	3	29
Internal Audits 2021/22	-	3	3	-	6

Attached at Appendix 1 are summary tables which provide an update on the November 2021 position as of the 17/01/2022.

ASSURANCE is provided by the fact that a tracker is in place. This assurance will continue to improve over time with the implementation of regular follow ups with the Executive Leads.

Recommendation:

The Audit Committee Members are asked to:

(a) Note the tracking report for tracking audit recommendations made by Internal Audit.
(b) Note and be assured by the progress which has been made since the previous Audit and Assurance Committee Meeting in November 2021.
(c) Approve the approach taken towards the management and monitoring of Internal Audit Recommendations

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are	x	9. Reduce harm, waste and variation sustainably making best use of the	x

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

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

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

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2019/20 (February 2022 Update)

	Update February 2022				Update February 2022				Update February 2022			
Recommendation Status	**High**	**C**	**PC**	**NA**	**Medium**	**C**	**PC**	**NA**	**Low**	**C**	**PC**	**NA**
Overdue under 3 months												
Overdue by over 3 months under 6 months												
Overdue over 6 months under 12 months												
Overdue more than 12 months	1		1		4		4			1	2	
No date set										1	1	
Superseded												
Total	**1**		1		**4**		4		**5**	2	3	

Total number of recommendations outstanding as of 17th January 2022 for financial year 2019/20 is 10 (2 of which have completed) compared to the position in November 2021 when a total of 11 outstanding recommendations were noted.

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2020/21 (February 2022 Update)

	Update February 2022				Update February 2022				Update February 2022			
Recommendation Status	**High**	**C**	**PC**	**NA**	**Medium**	**C**	**PC**	**NA**	**Low**	**C**	**PC**	**NA**
Date not reached												
Overdue under 3 months						1	3			4	4	
Overdue by over 3 months under 6 months						3	4					
Overdue over 6 months under 12 months		1					2			1	2	
Overdue more than 12 months						1	1					
Total	**1**	1			**15**	5	10		**11**	5	6	

Total number of recommendations outstanding as of 17th January 2022 is 45(*) (13 of which are listed as complete) compared to the position in November 2021 when a total of 55 outstanding recommendations were noted.

* It should be noted that 18 recommendations from the IM&T Control and Risk Assessment review are not included in the above table as the report was not rated. 16 of the 18 entries are recorded as partially complete and are overdue by under 6 months. 2 of these entries are recorded as complete.

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2021/22 (September 2022 Update)

	Update February 2022				Update February 2022				Update February 2022			
Recommendation Status	**High**	**C**	**PC**	**NA**	**Medium**	**C**	**PC**	**NA**	**Low**	**C**	**PC**	**NA**
Date not reached	4		4		6		6		1		1	
Overdue under 3 months					4		4					
Overdue by over 3 months under 6 months	4		4		3		1	2				
Overdue over 6 months under 12 months					4	3	1		4		3	1
Overdue more than 12 months												
Total	**8**		8		**17**	3	12	2	**5**		4	1

Total number of recommendations outstanding as of 17th January 2022 for financial year 2021/22 is 30 (3 of which have completed) compared to the position in November 2021 when a total of 20 outstanding recommendations were noted.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2019-20	01/07/2020	Medical Staff Study Leave - Reasonable	R1/6	Medium	The UHB Study Leave Procedure for Medical & Dental Staff should be reviewed and revised. The policy should more clearly specify: - roles and responsibilities – of Directorates, Managers, Consultants; - funding and budget guidance. - monitoring and compliance arrangements including KPIs; and - reporting arrangements. Once updated, the procedure flow chart that is appended should also be updated accordingly.	Executive Director of People and Culture	Executive Director of Workforce and OD & Medical Director	PC	Draft Procedure is currently with the BMA for their views (originally requested by end of October 2021). BMA contacted again and given new deadline of 7 January 2022. Once comments are received it will be considered at the next LNC meeting (19 January 2022) with the intention of presenting it to the Strategy and Delivery Committee for approval on 15 March 2022.
2019-20	01/09/2020	Medical Staff Study Leave - Reasonable	R4/6	Medium	The following arrangements are reviewed and strengthened:- - budget setting, monitoring and reporting; - payment of honorary staff expenses; and - ability to access Trust funds to support study leave budgets.	Executive Director of People and Culture & Medical Director		PC	A proposal to make an equitable amount available for each doctor was discussed at LNC but no agreement reached with BMA. We now have a new Interim Medical Director and discussions will continue with a view to reaching agreement. For further discussion at LNC meeting 19 January 2022
2019-20	21/07/019	Freedom of Information	R7/7	Low	FOI certification or additional FOI training should be available for team members whose role involves processing and answering Foi requests	Director of Digital & Health Intelligence	Information Governance Manager	C	Jan 2022 Update: FOI training has been procured for staff whose roles involve FOI obligations
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R1/5	High	The UHB should ensure policies are reviewed and updated within appropriate timescales.	Director of Corporate Governance	Head of Corporate Governance	PC	This piece of work is partially complete. Further time is required to undertake this significant piece of work. Due to other prioriites, it is anticiapted that a thorough review of the policies will be completed by the end of February 2022.
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R2/5	Medium	Review the 'register' for completeness. Assess if all policies, procedures and other written control documents available on the intranet and internet are current and then ensure they are all recorded appropriately in the 'register'.	Director of Corporate Governance	Head of Corporate Governance	PC	Partially complete. Further time is required to undertake this significant piece of work. Due to other priorities, it is anticipated that this piece of work will be completed by the end of February 2022.
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R3/5	Medium	1. Review the readability of documents to make ways to write clearer, especially those available through internet to wider audience. From register, 372 out of 393, recorded as published on internet. 2. Correct and improve accessibility of documents. Review publishing process to ensure documents are circulated through correct location in internet and/or intranet sites. 3. A combined EHIA should be completed for all policies or where a Health Impact Assessment is not required this should be clearly stated. 4. The Corporate Governance Department should ensure the integrity of the 'Register', by reviewing accuracy of all key information.	Director of Corporate Governance	Head of Corporate Governance	PC	Partially complete. Further time is required to undertake this significant piece of work. Due to other priorities, it is anticipated that this piece of work will be completed by the end of February 2022.
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R4/5	Low	Review of record keeping process for when a request is made to create new written control document; from receipt of request to create, to issue of draft for consultation. Review of record keeping process for the consultation process; from request made, publishing and any feedback received.	Director of Corporate Governance	Head of Corporate Governance	PC	Partially complete. Further time is required to undertake this significant piece of work. Due to other priorities, it is anticipated that this piece of work will be completed by the end of February 2022.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R5/5	Low	Review of record keeping process for notifying stakeholders of new, amended and exiting policies.	Director of Corporate Governance	Head of Corporate Governance	PC	Partially complete. Further time is required to undertake this significant piece of work. Due to other priorities, it is anticipated that this piece of work will be completed by the end of February 2022.
2019-20	N/A	Pre-employment Checks	R9/10	Low	Management should review all supporting policies/procedures listed in the CVU Recruitment Policy. Management should review and consider updating the Secondment Policy to include the requirement for pre-employment checks to be completed before an employee can commence in a secondment post. Management should review the Recruitment of Locum Doctors and Dentists Policy, ensuring all terminology is relevant.	Executive Director of People and Culture	Executive Director of People and Culture	C	All Policies / Procedures listed have now been reviewed with the exception of the Review of Locum Doctors and Dentists Policy which has been superceded by the Managed Bank arrangements which have now been implented. The plan is to take the Policy to Strategy and Delivery Committee to be rescinded in March 2022, after a desk top exercise has been completed to ensure that nothing significant will be lost and that all principles etc have been incorporated into other relevant documentation.
2019-20	N/A	Pre-employment Checks	R10/10	Low	Temporary Staffing Department management to review the standard letter sent with the conditional offer and ensure it complies with the Identification Check NHS Standard.	Executive Director of People and Culture	Executive Director of People and Culture	PC	Update awaited from NWSSP
2020-21	31/11/2020	Environmental Sustainability Report	R2/2	Medium	Evidence of the retrospective approval of the sustainability report by the Environmental Steering Group / Health & Safety Group and sign off by the Director of Capital Estates and Facilities should be provided to audit each year. The documented procedural guidance should be also updated to reflect the actual review and approval process currently in place.	Director of Finance	Head of Energy and Performance	C	The report for 2020/21 was presented / discussed at the Environmental Mangement Steering Group held on 6/7/21. The report was issued for comments and feedback. The next meeting is scheduled for 23/11/21 and if any amendments are required they will be discussed/agreed at the meeting.
2020-21	31/12/2020	Management of Serious Incidents	R3/6	Medium	Management should ensure that all outstanding actions are completed.	Executive Nurse Director	Assistant Director Patient Safety and Quality	PC	Serious Incidents are managed using the closure forms which should be completed by the Clinical Boards and submitted to the Asst. Director of Patient Experience or Quality Safety to sign off. The NRI (Nationally reported Incident) policy has been implemented. Clinical Boards are regularly advised of the closure forms required through a robust monitoring process. The closure forms are quality checked through the Head of Patient Safety and/or Assistant Director prior to submission to the Delivery Unit. From 14th June 2021 the reporting of and management of Serious Incidents changed. They are now called NRIs (Nationally Reportable Incidents) and some categories which had previously been reported asd an SI are no longer considered an NRI (example is adolescent in an adult setting and unexpected death in the community of a Mental Health patient). NHS Organisations now have longer to fact find before reporting (now 7 days from date of incident/knowledge of incident). NHS Organisations are now able to determine the level of and timeframe for investigation (which was previoulsy the remit of the DU). Dependant on the findings of the invetsigation, one of 3 closure forms will be submitted dependant on whether there were any causative or contributory factors identified through the investigation process. The Head of Patient Safety and the Patient Safety Facilitators meet regularly with the Clinical Board Directors of Nursing to review progress and actions against the open and overdue NRIs to improve closure timeframes. Whilst the AD Patient Safety post is vacant, the NRI reporting and closure forms are signed off by the Executive Nurse Director.
2020-21	31/03/2021	Integrated Health Pathways	R1/6	Medium	Additionally, appropriate support should be put in place for the HealthPathways Project Lead that ensures effective cover for their role should they be away for a period of time or during long term sickness.	Executive Medical Director	PCIC	C	When the service was transferred to PCIC in April an existing member of staff was trained to provide cover for the Project Lead. Support will be further strengthened following a recent agreement to employ a co-ordinator to support the service.
2020-21	30/09/2021	UHB Core Financial Systems	R1/3	Medium	Management should ensure the FCPs are updated as soon as possible.	Director of Finance	Helen Lawrence – Sept 2021	PC	FCPs are currently being reviewed to ensure up to date and reflective of current procedures. The position was last reported to the Audit and Assurance meeting at its November 2021 meeting.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	30/04/2021	UHB Core Financial Systems	R2/3	High	Management should ensure that the main Asset Register is updated to reflect the accurate position. The required Due process follow up should be commenced as soon as possible specifically for missing assets and all other applicable assets. For future verification exercise, it may be helpful if Finance provides a key with various categories (e.g. D- Disposal, A- Additions, M- Missing, O- others for unique issues: departments specifying on a separate column what O denotes etc). This can be forwarded at the point the initial email is sent out to the departments. This would help ensure standardization across the board, managing the time used in collating the information and help to analyse with ease if required.	Director of Finance	Helen Lawrence - March/April 2021	C	A review of the asset register has been undertake. A verifiation key has been implemented for the annual verification process which started in October 2021 and is now completed. The position was last shared with the Audit and Assurance Committee at its November 2021 meeting.
2020-21	31/03/2021	Consultant Job Planning 2nd Follow-up	R4/4	Medium	All completed job plans must be signed by the Consultant and the clinical manager responsible for agreeing them. The standard Job Plan documentation included in the UHB Job Planning guidance should be updated to incorporate the use of digital signatures.	Executive Medical Director	Kirsten Mansfield	PC	The Allocate e-job planning system has been purchased and continues to be rolled out across the UHB. **Update Oct 2021** - As of 1st October 2021 54% of the Consultant and SAS grades have a job plan on the system. We are currently also working at aligning them to an annualised Job Plan cycle where all job plans will start from 1st April 2022 and will be reviewed yearly from then on. **Update Dec 21** - We now have 74% of job plans held in the system. Engagement is excellent and Job plan meetings are taking place accross the board despite winter pressures and Covid. The plans are moving through the sign off process and we hope to reach our target of 85% compliance by April 1st. This allows for long term sickness and maternity leave. Engagement has been our biggest challenge with many feeling that the timing of implementation was ideal Regardless of this we have seen a significant increase in engement and are moving closer to our target.
2020-21	30/06/2021	IM&T Control and Risk Assessment	R1/18	Not Rated	An IG Forum should be established for the IG leads from each clinical board to meet to discuss issues and to coordinate IG matters across the Health Board at an operational level.	Director of Digital & Health Intelligence	IG Manager by 30 June 2021	PC	We agree with the recommendation; the intention is for IG issues to be picked up at Clinical Board Q&S briefings but this will require additional capacity to ensure that the IG function is able to support the Clinical. This function is supplemented by the monthly IG Sub Group which meets to discuss operational IG issues. Representation from CB as required.
2020-21	31/05/2021	IM&T Control and Risk Assessment	R2/18	Not Rated	The revised governance framework for IM&T / digital should be implemented to ensure that there is a holistic structure for the organisation, with participation from Clinical Boards. Where control over aspects of IM&T has devolved to departments, the assurance flows to the DHIC should be clarified to ensure the committee can maintain oversight over the whole organisation.	Director of Digital & Health Intelligence	Director of Digital & Health Intelligence 31 May 2021	PC	Jan 2022 Update: The Digital Service Management Board, to include Clinical Board representation, was re-established to meet on a quarterly basis, from 27 May 2021 onwards. As part of the DSMB function, alignment of those services incorporating informatics and ICT services that sit outside D&HI directorate are mapped and included for oversight at UHB level.
2020-21	31/07/2021	IM&T Control and Risk Assessment	R3/18	Not Rated	A register of compliance requirements for all IM&T related legislation and standards should be developed along with a process for assessing status and reporting upwards to Committee.	Director of Digital & Health Intelligence	Director of Digital & Health Intelligence 31 July 2021	PC	Jan 2022 Update: A register of compliance for all IM&T related legislation and standard is under development to support the NIS Directive and data security standards, which will be implemented through the Head of Digital Operations.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R4/18	Not Rated	Management should consider providing an annual report that identifies risks that have a low likelihood but have a severe worst-case scenario. This would ensure that executives are aware of the risks and worst cases that are being managed at a lower level, but hold the potential for severe adverse effects should they materialise. Management Response	Director of Digital & Health Intelligence	Director of D&HI 30 September 2021	PC	The D&HI directorate risk register is shared with the D&HI Committee at each meeting. An annual report to capture the low risk high impact risks will be produced and shared at the committee and with the Management Executive team.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R5/18	Not Rated	The risk identification process should be formally linked to the issue / event / problem management process in order to ensure that underlying risks are identified.	Director of Digital & Health Intelligence	Head of IG and Cyber 31 Oct 2021	PC	The risk identification process to support the event and problem management process will be developed for inclusion as part of the management or risk assurance documentation. Jan 2022 Update: IT support staff have successfully completed the ITIL foundation course and are developing the incident and problem management procedure during Q4 21/22.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	31/05/2021	IM&T Control and Risk Assessment	R6/18	Not Rated	The Health Board should ensure greater links with clinical boards and the D&HI Directorate are developed using the DMB to ensure all decisions are aligned with the organisations digital strategy.	Director of Digital & Health Intelligence	Director of D&HI 31 May 2021	C	Jan 2022 Update: The DSMB has been re-established, meeting quarterly, providing an overview of plans and activities from across the organisation in relation to the UHB's digital strategy. DSMB includes Clinical Board representation.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R7/18	Not Rated	Departmentally managed systems should comply with good practice for the management of digital. The D&HI Directorate should produce good practice guidance documentation for the health board overall as leaders of the digital services provision, with all departments required to comply for areas such as change control.	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	The D&HI directorate will produce updated good practice guidance documentation, based on ITIL and industry standards, for dissemination across all IM&T functions across the UHB. Jan 2022 Update: using the new IT helped desk tool. Ivanti, Standard Operating Procedures have been developed, linked to ITIL processes, being implemented in Q1 22/23
2020-21	30/09/2021	IM&T Control and Risk Assessment	R8/18	Not Rated	A review of the current strategic position of the Health Board in relation to its digital provision and maturity across all domains should be undertaken.	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	The D&HI directorate will undertake a complete baseline assessment against the digital maturity standards (HIMMS) to assist in determining the current position and help inform the digital strategy roadmap. This will be presented at D&HI committee.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R9/18	Not Rated	The roadmap should be fully defined in order to help deliver the Digital Strategy.	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	The current roadmap has been produced to align with the channel programme boards; a more detailed roadmap to include resources and dependencies will be developed for approval at D&HI committee. Jan 2022 Update: an overhaul of the digital strategy and supporting roadmap is in progress, supporting the emerging UWH2 requirements (SOFH), to be completed by 31/03/22
2020-21	30/09/2021	IM&T Control and Risk Assessment	R10/18	Not Rated	The Strategy should be available on the Health Board website, and flagged, with a communication plan to push awareness with all stakeholders	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	The digital strategy is available as a public document and is accessible via the UHB's website. A communication plan for internal consumption is being developed. Jan 2022 Update: the refreshed digital strategy will be submitted to Board in March 2022.
2020-21	31/08/2021	IM&T Control and Risk Assessment	R11/18	Not Rated	The D&HI Directorate budget should be set to reflect the actual need of the organisation. The capital expenditure budget should be reviewed with the intent to providing a stable funding position to allow for delivery of the digital strategy.	Director of Digital & Health Intelligence	Director of D&HI 31 Aug 2021	PC	A Case for Investment has been produced and shared with the Management Executive team which sets out the capital and revenue requirements for the life of the digital strategy (2020-2025). Discussions on affordability and potential sources of funding are taking place with executive management. Decisions on funding are expected to be made during the second quarter of 2021/22
2020-21	30/09/2021	IM&T Control and Risk Assessment	R12/18	Not Rated	A full assessment of the current skills within the directorate, alongside the required resource and skills for the Digital Strategy should be undertaken. Once the gaps in skills have been identified a formal plan to upskill staff should be developed.	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	All staff within the D&HI directorate are expected to complete the PADR and objective setting process, which will identify current training and development needs. These will be compared with the known and expected requirements to deliver the digital strategy and will form the annual plan of training and development.
2020-21	31/07/2021	IM&T Control and Risk Assessment	R13/18	Not Rated	A formal cyber security workplan should be developed. This should be based on a formal assessment of the current position of the health board and define the actions needed to improve the position.	Director of Digital & Health Intelligence	Head of IG and Cyber 31 Oct 2021	PC	A full cyber security work-plan, including NIS directive requirements will be completed as soon as the cyber team is in place. Jan 2022 Update: The UHB has completed the Cyber Assessment Framework (CAF) benchmarking exercise as part of the implementation of the NIS Regulation. It will work through the recommendations once received in Q4 21/22.
2020-21	30/06/2021	IM&T Control and Risk Assessment	R14/18	Not Rated	The national cyber security training should be mandated for all staff.	Director of Digital & Health Intelligence	Director of D&HI 30 June 2021	PC	Accepted. The national cyber resilience unit at Welsh Government has been approached for assistance in producing the training plan for staff across the UHB. Jan 2022 Update: a pilot phishing exercise successfully completed in Dec 21 and will be scaled up across the UHB in Q4 21/22.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R15/18	Not Rated	Formal reporting on cyber security should be established, along with a suite of cyber security KPIs in order to show the status of cyber security and the progress of the team in managing issues.	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	A formal report on cyber security will form part of the suite of documents to be shared regularly at the D&HI committee. Jan 2022 Update: an update on cyber security work is to be taken to private meeting of DHIC in February 2022.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R16/18	Not Rated	Consideration should be given to developing a single register of assets and their configuration status for the Health Board. This should include a process for identifying critical assets and ensuring regular assessment of the need for replacement of these.	Director of Digital & Health Intelligence	Head of Digital Operations, Russell Kent 30 Sept 2021	PC	Jan 2022 Update - The new Service Management solution within CAVUHB Ivanti Helpdesk contains an Asset Management Module. This will be used to collate IT Assets throughout the organisation. - Technical implementation commences Jan 2022.
2020-21	31/07/2021	IM&T Control and Risk Assessment	R17/18	Not Rated	A patch management policy, and associate procedure should be developed.	Director of Digital & Health Intelligence	Head of Digital Operations, Russell Kent 31 July 2021	C	Jan 2022 Update - New patch management software has been implemented Nov 2021. Policies, schedules and departmental coordination complete.
2020-21	30/09/2021	IM&T Control and Risk Assessment	R18/18	Not Rated	The organisation should develop an overarching BCP / DR process. This should: • consider all the systems and use a business impact analysis to identify the business critical systems to prioritise for recovery; • departments with devolved control should feed into this process to ensure all system have appropriate plans and that the plans do not conflict; • RTO / RPO should be agreed for each system with the key stakeholders; and • The full position should be defined and agreed with executives to ensure that they accept the position and associated risks.	Director of Digital & Health Intelligence	Director of D&HI 30 Sept 2021	PC	Agreed. Working with colleagues in corporate planning, a full BCP/DR process will be developed and shared with Management Executive. Jan 2022 Update: additional resource procured to update and refresh existing documentation to delivery comprehensive set of processes for sign for at Management Executive - end Q4 21/22.
2020-21	30/09/2021	Data Quality Performance Reporting (Single Cancer Pathway) - Reasonable	R1/5	Medium	Management should continue as planned to finalise the review of the Data Quality Policy (UHB 298) (to reflect the General Data Protection Regulation framework), and the Data Quality Procedure (UHB 288). Once finalised, formal approval of the documents should be sought from the Board.	Chief Operating Officer	Director of Digital and Health Intelligence September 2021	PC	The Data Quality policy is complete but not yet reviewed. It will be completed and taken through the relevant committee for approval by end of Qtr4 21/22.
2020-21	30/09/2021	Data Quality Performance Reporting (Single Cancer Pathway) - Reasonable	R2/5	Medium	Operational procedures or guidance documents should be produced to ensure continuity and standardisation of the data quality processes.	Chief Operating Officer	Cancer Services Lead Manager, 30 September 2021	C	An SOP is now in place and signed off, this includes guidance on how to use the Cancer Tracking Module (CTM). The SOP is updated in line with any updates made to the CTM along with the rationale for collecting additional data points. The SOP is available on the shared drive and will be updated to reflect the changes to how MDTs are booked in line with the new CaNISC programme.
2020-21	30/09/2021	Data Quality Performance Reporting (Single Cancer Pathway) - Reasonable	R4/5	Medium	Management should ensure that stronger quality assurance checks are undertaken on the source data.	Chief Operating Officer	Cancer Services Lead Manager, 30 September 2021	C	The CaNISC replacement programme is still ongoing with a completion date of May 2022. However, the validation tool has been developed. The Cancer Services team upload C&V data into the validation tool which generates a local validation report cross referencing C&V data from the CTM to the data held within CaNISC at month end. This is then used to sign off our end of month position for reporting to the Welsh Cancer Network and Welsh Government. There is an SOP in place for month end reporting and use of the Power BI software for sign off.
2020-21	30/09/2021	Data Quality Performance Reporting (Single Cancer Pathway) - Reasonable	R5/5	Low	Management should consider implementing an issues log to capture discrepancies in the data and help identify any negative trends.	Chief Operating Officer	Cancer Services Lead Manager, 30 September 2021	PC	There is an issues and action log used by the team to raise technical concerns and training requirements to the IT development team. The Cancer Services team have a single point of contact in IT for this.
2020-21	31/10/2021	Infrastructure / Network Management	R1/5	Medium	A formal patch and update policy and procedure should be developed which clearly articulates the decisions relating to patching and updates, and which sets out the process for applying patches and updates in a secure manner to reduce the risks associated with these. We note that this recommendation was also included in the IT Assessment Internal Audit Report.	Director of Digital & Health Intelligence	Russell Kent, Head of Digital operations October 2021	PC	Jan 2022 Update - A comprehensive network audit and review is in flight and will be completed by March 2022. This report will provide revised patching and security update recommendations and policies, all of which will be enforced from May 2022.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	30/11/2021	Infrastructure / Network Management	R2/5	Medium	A configuration management policy / procedure should be defined in order to enable efficient and effective control over IT assets and fully understand the configuration of each component that contributes to IT Services in order to: • account for all IT components associated with the Service; • provide accurate information and documentation to other Service Management processes; and • to provide a sound basis for Incident, Problem, Event, Change and Release Management (e.g. reduction of the amount of failed Changes). This should be underpinned by a configuration management record which records all items and their status.	Director of Digital & Health Intelligence	Russell Kent, Head of Digital Operations November 2021	PC	Jan 2022 Update - Ivanti Helpdesk and Change Management module is scheduled to be installed in Jan 2022.
2020-21	31/12/2021	Infrastructure / Network Management	R3/5	low	An overall statement or procedure should be developed that sets out the aims for network monitoring and management, and how this will be done. The procedure should note that the aim is to ensure that that relevant staff have alerts and reports so that imminent problems are detected and reported for prompt response and actions. Guidance should then be provided on the mechanism by which this is done	Director of Digital & Health Intelligence	Russell Kent, Head of Digital Operations December 2021	PC	Jan 2022 Update - As part of the implementation of an ITIL compliant Ivanti Helpdesk, ten support staff members have particpated and passed their initial ITIL certification.
2020-21	31/12/2021	Infrastructure / Network Management	R4/5	Low	Work should continue to develop the dashboard to highlight areas such as areas of high packet loss or latency, and the reporting functionality. With consideration given to reporting of key information outside of the network team such as: • availability up/down, last	Director of Digital & Health Intelligence	Russell Kent, Head of Digital Operations October 2021	C	Jan 2022 Update - Agreed Due to the size of the disperse networking at CAV, this is focussed on the management and monitoring of the core networking elements in UHW, UHL and CRI.
2020-21	31/12/2021	Infrastructure / Network Management	R5/5	Low	The links between the network team and Clinical Board IT projects should be defined to ensure consultation. An assessment of the future network requirements should be undertaken that considers the use of cloud based services across the whole of the Health Board.	Director of Digital & Health Intelligence	Russell Kent, Head of Digital Operations December 2021	C	Jan 2022 Update - Structural changes within the Digital and Health Intelligence teams have implemented more collaborative and better visibility of workloads and future schemes within the organisation.
2020-21	31/08/2021	Rostering in Community Children's Nursing Service	R1/7	Medium	The draft rostering desktop procedures should be reviewed by Team Leaders for accuracy and alignment with the objectives of the wider Health Board rostering procedure (UHB 339), thereafter they should be formally approved and adopted by CCNS. The approved rostering procedures should be disseminated to all CCNS nurses to formally advise them of the processes in place.	Chief Operating Officer	Alison Davies, Senior Nurse 30th June 2021 Operational Managers, CCNS Paula Cooper & Jayne Keddie 31st August 2021	C	Draft rostering procedures have been finalised by the CCNS Operational Managers. Rostering guidelines for staff explaining the procedure have been disseminated to the CCNS team both electronically and via team meetings.
2020-21	31/12/2021	Rostering in Community Children's Nursing Service	R3/7	Medium	The Child Specific Needs Analysis, Staff Skills Matrix and Staff to Child Strengths and Weaknesses Map should be revised and updated by the Team Leaders to reflect current clinical need / requirements and subject to regular review to ensure accuracy of content. Additionally, these key documents should be incorporated into the rostering procedures for use during the monthly roster creation process.	Chief Operating Officer	Alison Davies, Senior Nurse 30th June 2021 Paula Davies, Lead Nurse Alison Davies, Senior Nurse December 2021	C	The documents are now manually updated by the Operational Managers and Team Leaders on a monthly basis at their Operational Management meeting in collaboration with the Practice Educator. The OM's now have a process for sign off so that there is an audit trail in order to provide assurance. This has been incorporated into the rostering procedures. The Directorate is about to trial Malinko, an advanced rostering system which supports community services and should provide solutions to matching staff to patients which Rosterpro is unable to achieve. The Malinko team presented to Directorate QSPE meeting in September 2021 and CCNS has been agreed a the priority area for the pilot within the CYPFHS Directorate.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	15/12/2021	Rostering in Community Children's Nursing Service	R4/7	Low	The CCNS Memorandum of Understanding: Home Based Continuing Care Packages should be updated, approved by senior management at both departmental and Clinical Board level for dissemination to parents / guardians as soon as is practicable so as to formalise mutual arrangements between the UHB and parent(s)/carers of children under the department's care.	Chief Operating Officer	Paula Davies, Lead Nurse Alison Davies, Senior Nurse 15th December 2021	PC	The Memoranum of Understanding has been updated and with the UHB Legal team for checking and approval. Once returned it will be sent out to families with a covering letter and opportunity to discuss with the management team via a telephone or virtual meeting.
2020-21	30/11/2021	Rostering in Community Children's Nursing Service	R7/7	Low	Management should continue as planned to ensure the gaps in staff training across CCNS are addressed.	Chief Operating Officer	Paula Cooper, Operational Manager Jayne Keddie, Operational Manager November 2021	PC	The service is usually compliant with mandatory training targets and service specific training. As is the case with all Directorate services, we are still experiencing increased staff absence due to COVID-19, and currently have increased vacancy in the service. Managers are reminded of mandatory training compliance at regular meetings, compliance updates are disseminated to managers and plans are in place to improve compliance rates.
2020-21	31/07/2021	Staff Recruitment	R1/3	Low	Management should consider developing a system that is able to record key recruitment data for the different recruitment 'areas' for registered nurses in order to assess the effectiveness of each one.	Executive Nurse Director	Clinical Board Directors of Nursing are re-setting establishments in ESR by July 2021.	PC	Information data re nursing workforce has been strengthened to what is currently available. This includes recruitment, turnover, sickness etc and numbers of staff deployable. Real recruitment figures are confirmed in month and predictions placed dependent on overseas nurses recruitment, post grad students leaving universities etc. This is information is also available by Clinical Board NB some data is retrospective e.g. sickness figures. Each month a report is created to provide the actual position with regard to all of the above. Overseas nurses recruitment continues with a further 90 posts agreed. It is being considered that C&V join the All Wales OSN procurement led by shared services.
2020-21	31/07/2021	Wellbeing Hub at Maelfa	R7/13	Low	Management should continue to seek the early resolution of the Project Bank (O).	Director of Planning	Director of Capital, Estates & Facilities July 2021	C	The action remains with Welsh Government and Lloyds Bank to agree appropriate arrangements. The UHB would be unable to resolve this matter in isolation as this is an issue that would effect all health boards who enter contract with Willmott Dixon
2020-21	31/07/2021	Wellbeing Hub at Maelfa	R8/13	Medium	Adviser agreements should be executed in a timely manner prior to duties commencing (O).	Director of Planning	Director of Capital, Estates & Facilities July 2021	PC	Confirmation no2 for the cost advisor is now complete by both parties. The confirmation no2 for the PM and supervisor remain outstanding.
2020-21	31/12/2021	Engagement Around Service Planning - Reasonable	R1/5	Medium	Management should ensure that the Health Board's practical guide to engagement and associated flowchart is updated to reflect the current processes and made available on the HB intranet.	Director of Planning	Executive Director of Strategic Planning December 2021	PC	UHB will work with South Glamorgan CHC to review and update internal practical guide to engagement and associated processes. However, first step is to review the Local Framework for Engagement and Consultation on Changes to Health Services agreed between UHB and CHC in 2018, as this underpins the advice provided in the practical guide. Local Framework reviewed and updated internally by December 2021, including provision of advice from Corporate Goverance. Sharing for discussion with CHC delayed pending outcome of mediation on a disuputed service change, in which Local Framework is material. Once agreed, internal practical guide and associated suite of resources which have also been reviewed and updated, will be issued internally.
2020-21	31/12/2021	Engagement Around Service Planning - Reasonable	R2/5	Medium	In accordance with the Health Board's guidance on engagement, management should continue to ensure that the Community Health Council is engaged at the earliest opportunity, through the appropriate means as soon as a service change is recognised, and documentation is shared in a timely manner.	Director of Planning	Executive Director of Strategic Planning December 2021 - as part of the annual IMTP planning cycle	PC	Importance of timely completion of CHC Service Change Proforma for discussion with CHC when service change proposals are being developed will be reinforced with Clinical Boards; consideration given to building it into IMTP templates. Service Change Proforma has been reviewed and updated, pending discussion and agreement with the CHC. It forms a part of the Local Framework that has been reviewed as above and will be reissued to Clinical Boards once agreed between the UHB and CHC. Note decision to delay discussion with CHC pending outcome of mediation described in section 52

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	31/12/2021	Engagement Around Service Planning - Reasonable	R3/5	Low	Consideration should be given to developing a process to formally capture lessons learned from stakeholder engagement, which has the potential to enhance future engagement.	Director of Planning	Executive Director of Strategic Planning December 2021	C	A template for capturing lessons learnt for completion by those actively involved in designing and running an engagement (including CHC colleagues) developed following corporate engagement on Shaping Our Future Clinical Services programme. Feedback from UHB and CHC colleagues informed resulting proforma and description of process. Approved by Strategic portfolio steering group for future use to support subsequent Lessons Learnt exercises from stakeholder engagement.
2020-21	31/12/2021	Engagement Around Service Planning - Reasonable	R4/5	Low	Consideration should be given to introducing a schedule of engagement activity to support service change / developments.	Director of Planning	Executive Director of Strategic Planning December 2021	C	Value of a forward looking schedule of engagement based on information in the organisation's Annual Plan/IMTP agreed with CHC. A service development tracker based on the Annual Plan, which includes a schedule of engagement, has been developed and reviewed by Clinical Boards. Tracker and schedule discussed with the CHC at Sept 2021 Service Planning Committee; agreememt for Head of Service Planning to undertake further collaborative work to bring together UHB and CHC schedules.
2020-21	31/12/2021	Engagement Around Service Planning - Reasonable	R5/5	Low	In support of identified HB good practice, it would be beneficial for a common stakeholder mapping process to be adopted, to illustrate stakeholder selection by power and priority levels, to inform the engagement of service change / development.	Director of Planning	Executive Director of Strategic Planning December 2021	PC	The Engagement Plan Template, included as a supporting resource for the internal UHB Practical Guide to Engagement, has been reviewed and updated to include stakeholder mapping advice based on current best practice. Once the actions in section 52 on Local Framework have been completed, the Practical Guide and suporting resources will be re-issued to Clinical Boards and put on the UHB intranet.
2021-22	9.11.2021	Legislative, Regulator & Alerts Compliance	R4/8	Medium	The following should be taken forward to enhance the oversight of Welsh Health Circulars: a) The tracker should be regularly reconciled to the Welsh Government website to ensure no gaps are identified. b) The tracker should be regularly updated to ensure meaningful information is collected. c) An effective follow up process should be embedded so that assurance can be gained that actions are being completed.	Director of Corporate Governance	Head of Risk and Regulation	PC	Required Actions complete – a)The WHC is fully up to date with all current WHC's. The WG website is also checked at least once a month to ensure that the most up to date circulars are noted. b)The tracker is reviewed and updated at least monthly. c)Regular reminders are sent to executive leads for WHC's to ensure that adequate action is taken and noted. Updates on WHC'S are now also reported to Management Executive Meetings and the Audit and Assurance Committee.
2021-22	30.09.2021	Legislative, Regulator & Alerts Compliance	R7/8	Low	Assurance reports regarding Patient Safety Alerts should be provided to the Quality, Safety and Experience Committee or appropriate group during 2021/22.	Director of Corporate Governance	Assistant Director of Patient Safety and Quality	NA	Agreement of future reporting arrangements for PSAs within the revised QSE Committee structure. Agreement of a regular schedule of reporting for PSAs
2021-22	30.09.2021	Healthy Eating Standards - Hospital Restaurant & Retail Outlets	R1/3	Low	At the next review of the Standards consideration should be given to the following, which may also assist in raising the profile: Testing the reference links to ensure they are still live and current; Noting the governance forum which endorsed the Standards on the cover sheet; Direct reference to the Well-being of Future Generations (Wales) Act 2015; and Reference to Strategic change programmes, which underpin the Shaping our Future Wellbeing Strategy, such as Shaping our Future Population Health.	Executive Director of Public Health	Principal Health Promotion Specialist	PC	1) Review and update all paperwork 2) Confirm governance arrangements with Executive Director of Public Health 3) Ensure referencing to strategic drivers are incorporated in the documentation. **1. General update on 20/12/21** 1) The Healthy Eating Standards for Hospital Restaurant & Retail Outlets paperwork has been updated and was presented to the Steering Group on 04/11 for final agreement. 2) Initial discussions regarding governance arrangements held with Exec DPH on 20/09 - a further meeting with Head of Capital Estates and Facilities was held on 18/10 and it was agreed to use more formalised reporting to the Nutrition & Catering Steering Group at their meetings, held 3 times a year. The Steering Group Terms of Reference was updated to reflect this and agreed on 04/01. 3) Reference to the WBFG/SOFWB is now included in the Healthy Eating Standards for Hospital Restaurant & Retail Outlets paper - attached below, next review is due November 2022. **2.Implementation update was slightly delayed until above meetings were held.** **3. Challenges - the ongoing impact of Covid (on staffing levels and customer footfall) and Brexit (supply and demand) has delayed timing of meetings. 4. Recommendation last updated for comittee on 08/10/21**
2021-22									

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	31.10.2021	Healthy Eating Standards - Hospital Restaurant & Retail Outlets	R2/3	Medium	To enhance the governance arrangements currently in place to support and direct the Standards, the governance arrangements should be reviewed, and draft governance documents finalised and approved to provide clarity.	Executive Director of Public Health	Principal Health Promotion Specialist	NA	Review governance and reporting mechanisms to ensure the standards are implemented and applied in accordance with UHB governance processes. **1. General update** - Director of PH has agreed with Executive Director of Therapies that this workstream will report into the Nutrition & Catering Steering Group. The updates will take on a more formal apprroach (as noted above). **2. Implementation date -** This change was implemented in November 2021 - however, the Nutrition & Catering Steering Group meeting was postponed to February, when it is anticipated that the Exec Director of Public Health will deliver a presentation to the Group outlining the future direction of the Standards. **3. Challenges -** The ongoing impact of Covid, which means that meetings might not be held as frequently as planned. **4. Assurance Comittee** -A follow up meeting is planned for the Director for Public Health with colleagues from Capital, Estates and Facilities to maintain awareness of the workstream and monitor progress . **No update since November 2021 meeting.**
2021-22	31.10.2021	Healthy Eating Standards - Hospital Restaurant & Retail Outlets	R3/3	Medium	Consideration should be given to taking forward the following to enhance the audit process and associated outputs: ⍰ To reflect on the system of scheduling audits, weighing the benefits and possible value added by performing some unannounced spot checks; ⍰ Follow up visits should be documented to determine if there is a noted improvement, or if compliance issues remain; ⍰ To develop a process for capturing and sharing good practice; and ⍰ The audit checklist should be updated to reflect the requirement of the Standards to incorporate the display of the traffic light system.	Executive Director of Public Health	Senior Health Promotion Specialist (Helen Griffith) Public Health Practitioner (Chloe Barrell)	NA	1) Revise audit schedule to include unannounced spot checks in addition to scheduled audit visits. 2) Audit documentation revised to ensure audit results , in particular non compliance, is highlighted and appropriate actions identified to improve compliance. 3) Develop communication tools to highlight examples of good practice, for example, newsletters, performance dashboards etc. 4) Include traffic light system in audit documentation. **1.General update 20/12/21** -unannonced spots checks will be added in to next years audit schedule, this years' audits have already taken place. Audit documentation was developed into clear visual results and this was shared with all catering outlets to demonstrate compliance and areas for improvement. Audit paperwork now includes good practice examples, these were circulated to all outlets. Traffic lights system has been included in documentation. An information pack is also being developed to communicate the work of the Standards to catering staff. **2. Implementation date** for audits/spots checks were delayed as access to site was restricted during Covid. They were completed between September and November 2021 once outlets were operating fully. **3. Challenges** faced due to staffing shortages for the audit team caused some delay, additional staff from Public Health and Dieteics Team were provided to meet demand. Supply challenges for catering have also had an effect on compliance e.g. baked crisp shortages/issues procuring fresh fruit and veg. **4.Assurance Committee** - N/A -October meeting (unsure of date) **No update since November 2021 meeting.**
2021-22	22/06/2021	Cancellation of Outpatient Clinics Follow-up Mental Health CB	R1/5	Low	Clarification of the approving forum and next review date should be added to the written procedure for the Cancellation of Outpatient Clinics.	Chief Operating Officer	Clinical Board Director	PC	Document to be formatted to usual UHB standard, with version control, date, authorising body.
2021-22	22/06/2021	Cancellation of Outpatient Clinics Follow-up Mental Health CB	R2/5	Medium	The boxes for consideration of alternative solutions and alternative HCPs should be completed for each Outpatient Clinic Cancellation as evidence that all available options have been effectively considered before clinics are cancelled.	Chief Operating Officer	Clinical Board Director	C	The guidelines have been updated, and the pro forma for completion includes clear instruction for staff cancelling, and those authorising that form should be completed in FULL. Amendment to protocol advising to escalate any concern about non-completion of forms, any performance variations or concerns about utility of processes.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	22/06/2021	Cancellation of Outpatient Clinics Follow-up Mental Health CB	R3/5	Medium	All authorisation boxes should be completed for each Outpatient Clinic Cancellation as evidence of senior level authorisation.	Chief Operating Officer	Clinical Board Director	C	As a Clinical Board – we have taken a decision to prioritise senior sign off (and thus scrutiny) on the less than six week cancellation – which have the most profound affect on waiting patients. We have not MANDATED clinic sign off for more routine clinics. E.g. a directorate with 20 consultants with two clinics per week – would be expected to sign off – 240 paper forms per year. Our clinics are almost entirely organised through PARIS and we have developed reports – which are able to show us all cancellations and the given reason. We feel scrutiny of these reports gives a more meaningful result. We will keep this approach under review – and will of course mandate IF directed to do so.
2021-22	22/06/2021	Cancellation of Outpatient Clinics Follow-up Mental Health CB	R5/5	Medium	1. A continued period of testing, bedding in and fine tuning of the cancellation report should be undertaken so that outstanding data accumulation and presentation issues can be identified and cleared. This should involve input from all recipients of the report. 2. Any further changes which need to be made in connection with the monthly cancellation report should be reflected in the Cancellation of Outpatient Clinics written procedures.	Chief Operating Officer	Clinical Board Director, Daniel Crossland, Deputy Director of Operations and Delivery	PC	Each Directorate has a 6 weekly scheduled performance meeting. The O/P cancellation procedure will be a recurrent agenda item until the iterative process is satisfied by the time of the 3 year procedure review. This is reflected in the procedure.
2021-22	31.10.2021	Ultrasound Governance CD&T CB	R1/5	High	The Executive Director of Therapies and Health Science should be provided with assurance that the revised Medical Ultrasound Risk Management Policy and Procedure (UHB 322 v2) has been adequately communicated within the Health Board.	Executive Director of Therapies and Health Science	Assistant Director of Therapies and Health Science	PC	The Policy and Procedure, along with the USCGG ToRs, will be promoted through the Medical Equipment Group, Medical Device Safety Officer's group, Clinical Board operational teams as well as through the Clinical Executive's Office of Professional Leadership. The audit findings have been discussed at the Office of Professional Leadership on 4th October and the Medical Equipment Group on the 11th October. A follow up meeting with CD&T Clinical Board members took place on 17th Nov 2021 where the proposed action of setting up the USCGG was agreed. The USCGG group was added to the Medical Equipment Group (MEG) ToRs and agreed by the MEG on 8th Dec 2021. The 'in draft' USCGG ToRs have been updated to reflect the conversations at these groups. Delay to implementation date due to agreeing reporting structure and feedback from USCGG membership. Meeting in Jan 2022 with Exec DoTH to confirm assurance before cascading USCGG ToRs and Policy and Procedures through UHB via QSE.
2021-22	31.03.2022	Ultrasound Governance CD&T CB	R2/5	Medium	Consideration should be given to the mechanisms for Clinical Boards to provide assurance to the Executive Director of Therapies and Health Science, to satisfy the assurance responsibilities set out within the Medical Ultrasound Risk Management Procedure (UHB 322).	Executive Director of Therapies and Health Science	Assistant Director of Therapies and Health Science	PC	An annual audit template will be developed by the membership of the USCGG to include a balanced range of performance indicators on the effective management of U/S devices including training, competence and maintenance as part of the U/S governance framework. Opportunities to develop a digital audit tool will be explored with corporate IM&T teams. An on-line training module is planned. This work will form part of the actions for the Ultrasound Clinical Governance Group.
2021-22	26.08.2021	Ultrasound Governance CD&T CB	R3/5	Medium	Following feedback through the course of the review, consideration should be given to: • Producing an abridged version of the Medical Ultrasound Risk Management Procedure, summarising key themes, to underpin the full procedure; and • The renaming of the procedure to reflect the actual content of Ultrasound Governance and to align with the role of the Ultrasound Clinical Governance Group.	Executive Director of Therapies and Health Science	Principal Clinical Scientist (Paul Williams)	PC	An Abridged version of the USCGG Procedure has been written will be shared with the Policy and USCGG ToRs, as in R1/5. For consistency it is recommended that the naming of the documents be 'Ultrasound Clinical Governance Policy' and ' 'Ultrasound Clinical Governance Procedure'. Also that the policy and procedures be located under 'U' in the C&V UHB Patient Safety and Quality policies, rather than 'T'. Will approval from Exec QSE.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	31.10.2021 30.11.2021	Ultrasound Governance CD&T CB	R4/5	High	Ultrasound governance arrangements should be reviewed as follows: • The placing of the Ultrasound Clinical Governance Group (UCGG) within the Health Board's governance structures. • The appointment of appropriate person(s) to Chair the UCGG meetings with sufficient seniority to escalate issues as they arise. • The reporting mechanisms to facilitate the escalation and cascade of ultrasound governance. • Membership of the UCGG should be sourced from all ultrasound using Directorates. • Actions and attendance (including quorum) are recorded for the meetings. On completion of review, the governance arrangements should be revised and formalised through an updated Terms of Reference.	Executive Director of Therapies and Health Science	UCGG / Assistant Director of Therapies and Health Science Assistant Director of Therapies and Health Science	PC	The USCGG ToRs will be formally reviewed to ensure that it has appropriate governance arrangements. The USCGG will formally report through the Medical Equipment Group (MEG) which is chaired by the Executive Director of Therapies and Health Science. The MEG will receive minutes and a written report. USCGG and MEG ToRS now in draft to reflect these changes and will be signed off by EDoTH. The membership of the USCGG will be signed off by the Executive Director of Therapies and Health Science. Communication on expected attendance from clinical areas at the USCGG will be disseminated through the operational Clinical Board structures and the Office of Professional Leadership. Delay to implementation date due to agreeing reporting structure and feedback from USCGG membership. Meeting in Jan 2022 with Exec DoTH to confirm assurance before cascading USCGG ToRs and Policy and Procedures through UHB via QSE.
2021-22	30.09.2021	Ultrasound Governance CD&T CB	R5/5	Medium	In accordance with Sections 2 and 3 of the UHB Ultrasound Risk Management Procedure, the three key roles of Clinical Lead User, Speciality Lead User and Educational Supervisor / Training Supervisor should be formalised within the sampled audit areas.	Executive Director of Therapies and Health Science	Directorate Ultrasound Governance Lead (Mark Denbow)	PC	The three key roles of Clinical Lead User, Speciality Lead User and Educational Supervisor / Training Supervisor have been formalised within Medical Physics. Ultrasound Clinical Governance Group meetings will be setup, the first of which is starting in February 2022. Within this we will be formalising roles and working through each aspect of the policy inc: roles and responsibilities and communication plan around this. Delay in implementation as USCGG membership and ToRs had first to be agreed.
2021-22	31.01.2022	Clinical Audit	R1/9	High	A Clinical Audit Strategy should be developed, cognisant of the Business Case to support Quality, Safety and Experience Framework (2021 – 2026), currently under consideration by executive management, to ensure the Health Board aligns with HQIP guidance.	Executive Medical Director	Head of Patient Safety and Quality Assurance and Associate Medical Director	PC	A Clinical Audit Strategy will be developed considering the HQIP guidance. (Time frames of completing this action will be dependent on the timing of, and amount of investment has been agreed which may influence the approach) 5/1/21 Still Awaiting approval of investment, the basis for the strategy has been commenced but delayed due to long term sickness. Level of investment is required to inform the strategy as will impact on the apporach taken.
2021-22	31.01.2022	Clinical Audit	R2/9	High	The Health Board should develop a Clinical Audit Policy and subsequent Procedure, which will require formal approval, to provide a mandate to direct staff on a consistent basis. The policy and procedures should be developed in keeping with HQIP guidance, so that national and local clinical audits are carried out consistently and comply with current information governance legislation and guidance.	Executive Medical Director	Head of Patient Safety and Quality Assurance and Associate Medical Director	PC	A Health board specific Clinical Audit policy will be developed and subsequent procedure which will provide a mandate to direct staff in a consistent way. The policy will be approved through the Clinical Effectiveness Committee Meeting (As with the clinical audit strategy time frames of completing this action will be dependent on the timing of and amount of investment has been agreed which will also influence the approach. 5/1/21 Still Awaiting approval of investment, the basis for the strategy and policy has been commenced but delayed due to long term sickness, level of inve3stemetn will be required to complete as will impact on approach to guide staff.
2021-22	31.03.2022	Clinical Audit	R3/9	High	Management should continue as planned, to present the proposal for the future organisational structures to support Quality, Safety and Experience to management executive, to ensure identified resource issues are mitigated. Specifically, that the Health Board are able to: • Monitor the progress or completion of action plans / improvements in response to National Clinical Audits; • Monitor and support the development of Quality and Safety priority audits (Tier 2); and • Monitor the progress, completion and reporting of clinical audits and action plans that have identified the need for improvement.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	A Business Case to support the Quality, Safety and Experience Framework (2021 – 2026) is currently under consideration by Executive Management. The required investment will allow for purchase of the AMaT monitoring and tracking system and the team to progress this work. This action is dependent on the timing and level of investment. 5/1/21 Still Awaiting approval of investment.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	31.03.2022	Clinical Audit	R4/9	High	Management should ensure they have appropriate systems and processes to effectively record, track and monitor clinical audit outcomes, comparable to the size of the Health Board.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	Currently submission of part A's and B's are being recorded, but neither the capacity or IT management system is in place to monitor and track the improvement plans (Part B) A management system for monitoring and tracking clinical audits has been identified (AMaT) along with the required resource to implement and administer the work has been included in the Business Case to support QS&E Framework (2021 – 2026) is under consideration by the Executive Management Team. 5/1/21 Still Awaiting approval of investment to purchase AMaT and required resource.
2021-22	30.04.2022	Clinical Audit	R5/9	Medium	There is currently no Clinical Audit Training Plan in place to prioritise which Clinical Boards and Directorates require training. Potential risk of: • Clinical issues materialise if risks are not identified due to monitoring and governance arrangements not being in place Recommendation 5 Priority C	Executive Medical Director	Head of patient Safety and Quality Assurance/Senior Clinical Audit Coordinator	PC	An evaluation of training needs will be undertaken across the health boards to prioritise clinic audit training. Investment in the clinical audit team is required to deliver training and support clinical audit across the health board, as illustrated in the business plan. **5/1/21** Still Awaiting approval of investment. Clinical audit training has recomneced, however difficulties with capasity to continue to undertake this work fully without additional resource and long term sickness. The function of the clinical aduit team has also had to focus on National Audits and meeting mandatory requirments over recent months.
2021-22	30.04.2022	Clinical Audit	R6/9	Medium	In conjunction with recommendation 2, the Clinical Audit Policy and underpinning procedure should detail the process for Clinical Boards to produce local Clinical Audit Plans. All Clinical Audit Plans should be made available to the Clinical Audit Team so that they are sighted on all local clinical audits that are being undertaken.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	The development of the Clinical Audit policy, strategy and purchase of AMaT will transform the way in which tier 2 local audits are registered and monitored and will allow centralisation of clinical audit plans and reports, improving accessibility and ownership to clinicians for their audits and improvement plans and for Clinical board to have ability to track progress. The Clinical Audit Policy and Strategy will detail roles and responsibilities with a clearly defined process for staff to follow and refer to. Training will be provided and aligned with the policy and strategy for clinical audit. Completion of this action is dependent on the timing and level of investment in response to the business case. **5/1/21** Still Awaiting approval of investment, the basis for the strategy and policy has been commenced but delayed due to long term sickness. It is difficult to progress this work without investment in the team and IT manangment system to establish the approach that will be taken. Long term sickness and clinical audit team having to prioritise National Mandatory audits has also had an impact
2021-22	30.04.2022	Clinical Audit	R7/9	Medium	In conjunction with recommendation 2, the mandate to complete a 'Clinical Audit Project Proposal Form' for all tier 2 and 3 audits, which are to be forwarded to the Clinical Audit Team, should be directed by Clinical Audit Policy and Procedures.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	The development of the Clinical Audit policy and strategy will include mandated guidance for the proposal, authorisation and registration of Tier 2 and 3 clinical audits aligned with the Health Board information Governance arrangements This action is dependent of the timing and level of investment in response to the business case. 5/1/21 Still Awaiting approval of investment, the basis for the strategy and policy has been commenced but delayed due to long term sickness. It is diffuclt to progress this wok without investment in the team and IT manangment system. Long term sickness and clinical audit team having to prioritise National Mandatory audits has also had an impact
2021-22	30.04.2022	Clinical Audit	R8/9	Medium	The governance arrangements to challenge and support local clinical audits requires clarity and to become embedded within the revised quality, safety and experience governance arrangements, to ensure the following: • There is effective oversight of local clinical audit plans and their delivery; • Local Clinical Audits are being reported upon and monitored, to ensure performance is being measured and action taken to implement change where needed, which is sustainable.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	The development of the Clinical Audit policy, strategy and purchase of AMaT will transform the way in which tier 2 local audits are registered and monitored, including implementation of any necessary improvements. The Clinical audit policy and strategy will include a clearly defined process for clinicians and clinical boards in relation to governance arrangements for the delivery and quality monitoring of clinical audit activity.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	30.10.2021	Clinical Audit	R9/9	Low	Whilst the remit of the Clinical Effectiveness Committee is developing and embedding, consideration should be given to the good practice sighted in another Health Board, and the potential remit of the Committee to consider pertinent risks that they have the ability to challenge and support.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	Outlier status is a standard item on the Clinical Effectiveness Committee meeting agenda, outliers would remain on the agenda and actions updated until issues resolved. Clinical Leads and/or clinical boards are invited to attend CEC to discuss risks when identified, including any improvement plans and obstacles in place Implementation of a risk register has been added to the agenda for October Clinical meeting for consideration. 5/1/21 To be discussed in January CEC due to CEC meetings capacity
2021-22	31.03.2022	Five Steps to Safer Surgery	R1/7	High	Mechanisms need to be established that enable the Health Board to record Step One (Briefing) and Step Five (Debriefing) of Five Steps to Safer Surgery. Whilst considering options, attention should be given to the ability to report on quantitative data from Theatreman to identify areas of concern with steps two through to four.	Executive Medical Director	IT Service Manager and Interim Lead Nurse	PC	The Perioperative Care Directorate has worked in collaboration with Trisoft (The Manufacturer of TheatreMan, our Theatre Operating system within Cardiff & Vale UHB) to develop a mechanism for recording all 5 stages of the '5 Steps to Safer Surgery' electronically. This development will allow for quantitative data collection. All stages of the '5 Steps to Safer Surgery' will be compulsory. Prior to full implementation, the Theatre Informatics Team will need to undertake a period of testing to confirm that the correct pathways are active. The Perioperative Care Directorate will also need to ensure staff are aware of the change in process and provide any necessary training. Update :12/1/22 Trisoft have placed the questionnaires into other test environment and are awaiting our instruction to place into live. A help guide has been written but reports have not yet been explored due to the development not being attached to the current live system.
2021-22	31.03.2022 30.11.2021 31.03.2022	Five Steps to Safer Surgery	R2/7	High	Staff should be reminded of the importance for accurately completing the safer surgery checklist and if gaps are noted, these should be escalated and resolved appropriately.	Executive Medical Director	IT Service Manager Interim Lead Nurse Director of Nursing & Clinical Director	PC	In line with Agreed Management Action 1, The Perioperative Care Directorate aim to record all 5 stages of the 5 stages of the '5 Steps to Safer Surgery' electronically. This will eliminate duplication of information and all stages of the '5 Steps to Safer Surgery' will be mandatory fields within TheatreMan.Update : 31.12.21 This has been confirmed as being possible and we are awaiting a date from the Theatre IT team as to when this will be fully implemented. If a stage of the '5 Steps to Safer Surgery' is not completed staff will have to explain the reason why. Non-compliance reports can be generated and addressed with individuals involved. Update 31.12.21 Non compliance reports will be discussed at Theatre Manager 2:1's with the General Manager and Lead Nurse for Peri-Operative Care.A draft flow chart has been devised which shows escalation process for non-conformance. The Perioperative Care Standard Operating Procedure (SOP) for 'Team Briefings and the application of the World Health Organisation (WHO) Surgical Safety Checklist' has been updated to provide guidance on how to escalate areas of non-compliance, this document will be agreed at the next Perioperative Care Policy Meeting and then Surgery Clinical Board for ratification. Update 31.12.21 will be agreed at the next Perioperative Care Policy Meeting To improve the non-compliance culture associated with the '5 Steps to Safer Surgery' the Senior Team within Surgery Clinical Board have engaged with the Patient Safety Team and Natssips lead for the PST with the view of securing senior support from the Executive Team within Cardiff & Vale UHB challenge the noncompliance culture associated with the '5 Steps to Safer Surgery. Update 12.1.22 The PST and Natssip lead are supportive of this change
2021-22	30.11.2021	Five Steps to Safer Surgery	R3/7	Medium	In conjunction with Recommendation 5, management should ensure that the processes within the 'Procedure for Team Briefings and the application of the World Health Organisation (WHO) Surgical Safety Checklist' (UHB Reference 58 v4), are effectively embedded within the Health Board and fully complied with for all surgical procedures.	Executive Medical Director	Interim Lead Nurse	PC	The Perioperative Care Standard Operating Procedure (SOP) for 'Team Briefings and the application of the World Health Organisation (WHO) Surgical Safety Checklist' has been updated to provide guidance on how to escalate areas of non-compliance, this document will be agreed at the next Perioperative Care Policy Meeting and then Surgery Clinical Board for ratification. Update 31.12.21 will be agreed at the next Perioperative Care Policy Meeting

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	31.03.2022 31.03.2022	Five Steps to Safer Surgery	R4/7	Medium	Staff should be further educated around the value of the Five Steps to Safer Surgery and reminded of the requirement to actively engage in the process.	Executive Medical Director	Director of Nursing and Clinical Director	PC	To improve the non-compliance culture associated with the '5 Steps to Safer Surgery' the Senior Team within Surgery Clinical Board have engaged with the Patient Safety Team with the view of securing senior support from the Executive Team within Cardiff & Vale UHB challenge the non-compliance culture associated with the '5 Steps to Safer Surgery'Update 31.12.21 - This has been discussed and has been supported by the Medical Director and the CD for Surgery Clinical Board The Perioperative Care Directorate has undertaken a benchmarking exercise to understand how other Health Boards educate new staff and reinforce the value of the Five Steps to Safer Surgery amongst existing staff members. The Benchmarking exercise highlighted how other Health Boards have developed a training video which is shared at induction. The Perioperative Care Directorate would like to develop a training video to educate new and existing staff members about the application and importance of the '5 Steps to Safer Surgery'. To maximise the effectiveness of the video Senior Leaders within the UHB will be invited to participate. Update: the directorate have been working with the other Theatre Managers across Wales to establish whether this could be a joint project with neighbouring health boards. A working group has been set up to take this forward.
2021-22	30.11.2021	Five Steps to Safer Surgery	R5/7	Medium	As part of the scheduled review in 2021 of the 'Procedure for Team Briefings and the application of the World Health Organisation (WHO) Surgical Safety Checklist' (UHB Reference 58 v4), the following should be included: • Step Five – Debriefing, of the Five Steps to Safer Surgery; and • Clarification of the process for employees to highlight non-compliance or concerns with Five Steps to Safer Surgery.	Executive Medical Director	Interim Lead Nurse	PC	The Perioperative Care Standard Operating Procedure (SOP) for 'Team Briefings and the application of the World Health Organisation (WHO) Surgical Safety Checklist' has been updated to provide guidance on how to escalate areas of non-compliance, this document will be agreed at the next Perioperative Care Policy Meeting. Update 31.12.21 will be discussed at next Perioperative Care Policy Meeting
2021-22	30.11.2021	Five Steps to Safer Surgery	R6/7	Medium	Risk surrounding Five Steps to Safer Surgery need to be incorporated within the Directorate / Clinical Boards risk management processes.	Executive Medical Director	Interim Lead Nurse	PC	A risk assessment for 'Word Health Organisation (WHO) Safety checklist' has been completed (22/07/2021). This will be updated to reflect the recommendations of this Audit and will be shared with the Directorate and Surgery Clinical Board. Update 31.12.21 The risk assessment has been updated and will be added to Surgery CB risk register.
2021-22	31.03.2022	Five Steps to Safer Surgery	R7/7	Low	Consideration should be given to the opportunities available to raise the profile of thematic issues of Five Steps to Safer Surgery outside of the Clinical Board, through the Health Board's revised Quality and Safety governance arrangements and to raise the profile of the work undertaken by the Peri-Operative Care Directorate to address common themes.	Executive Medical Director	Interim Lead Nurse	PC	The Perioperative Care Directorate has undertaken a benchmarking exercise to understand how other Health Boards educate new staff and reinforce the value of the Five Steps to Safer Surgery amongst existing staff members. The Benchmarking exercise highlighted how other Health Boards have developed a training video which is shared at induction. The Perioperative Care Directorate would like to Develop a Training video to educate new and existing staff members about the application and importance of the '5 Steps to Safer Surgery'. To maximise the effectiveness of the video Senior Leaders within the UHB will be invited to participate. 21/1/22 update- The representative from the PST has shared a story board for a video and accessed posters used by other HB's . It is hoped that this work will be taken forward by several health Boards in Wales A risk assessment for 'Word Health Organisation (WHO) Safety checklist' has been completed (22/07/2021). This will be updated to reflect the recommendations of this Audit and will be shared with the Directorate and Surgery Clinical Board. Update 31.12.21 A letter has been drafted to share with the staff the results of this audit and the actions that will be taken.

Report Title:	Timetable for the Production of the 2021-2022 Annual Report						
Meeting:	Audit and Assurance Committee				**Meeting Date:**	8 February 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Corporate Governance						

Background and current situation:

The purpose of this report is to provide Members of the Audit and Assurance Committee with the opportunity to discuss and comment upon the draft timetable for the production of the 2021-22 Annual Report (see Appendix 1), prior to submission to the Board for formal approval.

The Welsh Government has issued, as in previous years, guidance for the preparation of annual reports and accounts. This guidance is based upon HM Treasury's Government Financial Reporting Manual (FReM)1 and is intended to simplify and streamline the presentation of the annual reports and accounts.

NHS bodies are required to publish, as a single document, a three part Annual Report and Accounts document, which must include:

Part 1 The Performance Report, which must include:
• An overview

Part 2 The Accountability Report - this is to demonstrate how the Health Board has met key accountability requirements to the Welsh Government and must include:-

• A Corporate Governance Report - this explains the composition and organisation of the Health Board's governance structures and how they support the achievement of the Health Board's objectives.

• A Remuneration and Staff Report - this contains information about the renumeration of senior management, fair pay ratios, sickness absence rates etc.

• A Parliamentary Accountability and Audit Report - this contains a range of disclosures relating to the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long term expenditure trends and the audit certificate and report.

Part 3 The Financial Statements – this includes:-
• The Audited Annual Accounts 2020-21

In recognition of the continuing challenges faced by NHS Wales during 2021-22 due to responding to COVID–19, HM Treasury has reviewed the financial reporting requirements for 2021-22. In order to ease the burden on preparers of government annual reports and accounts ("ARAs"), minimum reporting requirements as per the Financial Reporting Manual (FReM) are in place for a limited time and only relate to non-audited elements of ARAs.

For 2021-22: -

- There will be no requirement to prepare a separate Annual Quality Statement, or to prepare a separate Annual Putting Things Right report. Information on dealing with concerns should be contained in the Performance Report, unless a separate report has already been developed.

- Entities apply the FReM are permitted to omit the performance analysis section of the Performance Report. Where content is common between the Performance Overview and the Annual Governance Statement, it will not be necessary to duplicate the information.

- The Sustainability Report is not mandatory for inclusion in the Annual Report. However, the Health Board should make a statement in its Annual Report indicating where and when the metrics will be available, and when available, these should be published on the Health Board's website.

The Final Annual Report including the Performance Report, Accountability Report and Financial Statements (Accounts) should be must be completed and submitted to Welsh Government by 15 June 2022.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The proposed timetable was reviewed by the Executive Directors at the Management Executive meeting on 24 January 2022.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Similar to other large corporate bodies, the Health Board is required to publish an annual report each year by the end of July. These are presented formally at the annual public meeting, which is held in July each year. The content is prescribed by regulation but, in essence, the Annual Report is an important public facing document which provides an oversight of what has been happening during the year within the Health Board, how the Health Board has performed and how it has spent its money.

A detailed draft timetable for the production of the 2021-22 Annual Report is provided at Appendix 1.

Recommendation:

The Audit and Assurance Committee is asked to:-

a) **Ratify** the proposed timetable and approach, as set out in this report, for the Annual report 2022-22 prior to the same being presented to full Board for formal approval.

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

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

Equality and Health Impact Assessment Completed:	Not Applicable

Appendix 1: DRAFT GOVERNANCE TIMETABLE FOR THE ANNUAL REPORT 2021-22

Main Tasks	Lead Exec	Jan	Feb	Mar	Apr	May	Jun	Annual General Meeting (AGM
Annual Report Part 1 Performance Report (including Wellbeing Statement Sustainability)	Caroline Bird, Interim Chief Operating Officer (TBC)	Review content requirements and frame the scope of the report	Draft report, circulated for comment	Coordination and review of comments, updating of draft report. Draft report / update to be considered by Management Executive on 28 March 2022	Finalise Draft Internal Audit to receive draft report by 8 April 2022 to comment in respect of Sustainability elements Internal Audit to return comments April 2022 (date TBC)	Audit Committee Workshop on 12 May 2022 to endorse Sign off by Board Submission of draft Performance Report Overview, Accountability Report (including the Governance Statement) to Welsh Government and WAO by 6 May 2022	Comments back from WG to be incorporated for approval to Board of the Final Report by **Special Audit Committee** on 14 June 2022 **Special Board meeting** to approve final draft Annual Report (including the Performance Report, the Accountability Report and Financial Statements (Accounts) on 14 June 2022 The Annual report including the performance Report and the Financial Statements (Accounts) should be completed and submitted to Welsh Government by the **15 June 2022**	The Annual Report and Audit Accounts will be presented at a Public Meeting (AGM) on 28 July 2022
Annual Report Part 2a Accountability Report Governance Statement	Nicola Foreman Director of Corporate Governance	Review content requirements and frame the scope	Draft report, circulated for comment.		Draft Accountability report submitted to Internal Audit & Wales Audit Office by 1 April 2022 Reviewed at Management Executive Meeting 25 April 2022. Internal Audit Sign off Draft Report in readiness for submission to Audit Committee April 2022 (TBC)	Audit Committee Workshop on 12 May 2022 - Endorse Sign off by Board Submission of draft Performance Report Overview, Accountability Report (including the Governance Statement) to Welsh Government and WAO by 6 May 2022	The Annual Report including the Performance Report, Accountability Report and Financial Statements (Accounts) should be completed and submitted to Welsh Government by the **15 June 2022**	

Annual Report Part 2b Accountability Report, Remuneration and Staff Report	Rachel Gidman Executive Director of Workforce & OD Catherine Phillips, Executive Director of Finance	Review Content requirements and frame scope		Draft submitted to Internal Audit & Wales Audit Office by the 31 March 2021	Reviewed by Management Executive on 25 April 2022 Internal Audit Sign off Draft Report to Audit Committee April 2022 (TBC) Board on 28 April 2022 - Approve Accounts for submission to WG & WAO	Audit Committee Workshop on 12 May 2022- Endorse Sign off by Board Submission of draft Performance Report Overview, Accountability Report (including the Governance Statement) to Welsh Government and WAO by 6 May 2022	The Accountability Report, Remuneration and Staff Report should be completed and submitted to Welsh Government by the **15 June 2022**	
Main Tasks	**Lead Exec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Annual General Meeting (AGM**
Annual Report Part 3 Audited Financial Statements (Annual Accounts)	Catherine Phillips, Executive Director of Finance	Review Content requirements and frame scope of report.			Board on 28 April 2022 - Approve Accounts for submission to WG & WAO Draft Submission of Unaudited Accounts to Welsh Government by NOON on 29 April 2022	Audit Committee Workshop on 12 May 2022- Endorse Sign off by Board	Audited Financial Statements (Accounts) should be completed and submitted to Welsh Government by the **15 June 2022** WG to issue Debtor & creditor Matrix Income and expenditure matrix by 19 June 2022	The Annual Report and Audit Accounts will be presented at a Public Meeting (AGM) on 28 July 2022
Annual Report – Executive Summary	Nicola Foreman Director of Governance	Review Content requirements and frame the scope	Draft the Executive Summary	Issue draft for comment	Finalise Summary	Draft document to Medical Illustration Team for graphic design work Equality Impact Assessment	The Annual Report including the Performance Report, Accountability Report and Financial Statements (Accounts) should be completed and submitted to Welsh Government by the **15 June 2022.** Welsh Translation Welsh version to Medical Illustration Team to design Welsh version	

Archwilio Cymru
Audit Wales

Annual Audit Report 2021 – Cardiff & Vale University Health Board

Audit year: 2020-21

Date issued: January 2022

Document reference: 2792A2022-23

This document has been prepared for the internal use of Cardiff & Vale University Health Board as part of work performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report	
About this report	4
Key messages	5
Detailed report	
Audit of accounts	8
Arrangements for securing efficiency, effectiveness and economy in the use of resources	10
Appendices	
Appendix 1 – reports issued since my last annual audit report	17
Appendix 2 – audit fee	20
Appendix 3 – financial audit risks	21

Summary report

About this report

1 This report summarises the findings from my 2021 audit work at Cardiff & Vale University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- Audit of accounts
- Arrangements for securing economy, efficiency, and effectiveness in the use of resources

3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible, using technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.

4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.

5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery. I have also reviewed the governance arrangements of the Welsh Health Specialised Services Committee.

6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1)**. I also include a summary of the status of planned work currently being re-scoped.

7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.

8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.

9 The Interim Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Assurance Committee on 8 February 2022. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

11 I concluded that the Health Board's accounts[1] were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to the Senedd, to draw attention to disclosures in note 21.1 of the accounts relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government.

12 I reported five audit issues, together with my audit recommendations, to the Health Board's Audit and Assurance Committee. I will review the Health Board's actions as part of my 2021-22 audit

13 While the Health Board achieved financial balance for its capital expenditure for the three-year period to 31 March 2021, it did not achieve financial balance for its revenue expenditure for the same period. I therefore issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.

[1] I audit and certify the Health Board's Performance Report, Accountability Report and Financial Statements. 'Accounts' is a generic term.

14 Other than the breach of the Health Board's revenue resource limit, I found no material financial transactions that were not in accordance with authorities in place, nor used for the purposes intended.

15 Alongside my audit opinion, I included an Emphasis of Matter (EoM) commentary that draws attention to note 21 of the audited accounts. The note describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. The Ministerial Direction covered the need for interim remedial action to address the impact of HM Treasury's changes to the tax arrangements on senior clinicians' pension contributions. While I did not modify my audit opinion in respect of this matter, I did place a substantive report on the Health Board's financial statements.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

16 My programme of Performance Audit work has led me to draw the following conclusions:

- the Test, Trace, and Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
- in relation to the Welsh Health Specialised Services Committee Governance Arrangements: since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales'.
- the COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
- all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
- the Health Board's arrangements for developing operational plans are effective, but opportunities to strengthen arrangements for monitoring and reporting on delivery of operational plans remain.
- the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities exist

to further strengthen public transparency of Board business. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall plan delivery need to be strengthened.

- there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to breakeven.
- the Health Board has made good progress to address our 2017 recommendations relating to its radiology services, but there is further work necessary.

17 These findings are considered further in the following sections.

Detailed report

Audit of accounts

18 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.

19 My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.

20 My responsibilities in auditing the Health Board's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2020-21 financial statements

21 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter (EoM) paragraph in my report to draw attention to disclosures in the accounts relating to note 21 of the accounts, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. I did not qualify my audit opinion in respect of this matter.

22 I reported five issues and audit recommendations to the attention of officers and the Audit and Assurance Committee. The Health Board accepted all my recommendations and set out its intended actions and implementation dates. Four of the five issues related to information-technology (IT) matters, which my team therefore also presented to the Health Board's Digital Committee. I will review the Health Board's actions as part of my 2021-22 audit.

23 The Health Board submitted its draft accounts by the Welsh Government's deadline, and I met Welsh Government's timetable for audit certification.

24 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My team reported these issues to the Health Board's Audit and Assurance Committee, and its Board, on 10 June 2021. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no significant uncorrected misstatements.
Corrected misstatements	I reported the correction of various material misstatements, within some ten areas of the financial statements.
Other significant issues	I reported five recommendations for improvement, with management's formal responses, which the Audit and Assurance Committee considered on 7 September 2021.

25 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position at 31 March 2021 and the return was prepared in accordance with the Treasury's instructions.

26 My separate audit of the charitable funds' financial statements is currently ongoing. I received the draft financial statements on 3 November 2021, and I am due to report my findings to the Health Board's Charitable Funds Committee on 20 January 2022.

Regularity of financial transactions

27 While the Health Board achieve financial balance for its capital expenditure for the three-year period to 31 March 2021, it did not achieve financial balance for its revenue expenditure for the same period, with a three-year deficit of £9.724 million. I therefore issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.

28 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. Exhibits 2 And 3 show that the Health Board met its capital resource allocation but not its revenue resource allocation for the three-year period to 31 March 2021.

Exhibit 2: financial performance against the revenue resource allocation

	2018-19 £'000	2019-20 £'000	2020-21 £'000	Total £'000
Operating expenses	945,419	1,025,612	1,205,955	3,176,986
Revenue resource allocation	935,547	1,025,670	1,206,045	3,167,262
Under (over) spend against allocation	(9,872)	58	90	(9,724)

Exhibit 3: financial performance against the capital resource allocation

	2018-19 £'000	2019-20 £'000	2020-21 £'000	Total £'000
Capital charges	48,413	58,070	95,343	201,826
Capital resource allocation	48,487	58,159	95,447	202,093
Under (over) spend against allocation	74	80	104	267

Source: audited 2020-21 accounts

29 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur. I found that, other than the Health Board's failure to meet financial balance for its revenue expenditure, it had no material financial transactions that were not in accordance with authorities nor used for the purposes intended.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

30 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- examining how NHS bodies have responded to the challenges of delivering the Test, Trace, and Protect programme.
- reviewing the governance arrangements of the Welsh Health Specialised Services Committee.
- reviewing how well the rollout of the COVID-19 vaccination programme was progressing.
- reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic.
- undertaking a phased structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.

31 My conclusions based on this work are set out below.

Test, Trace, Protect programme

32 My work examined how public services responded to the challenges of delivering the Welsh Government's Test, Trace, Protect Programme (TTP). As well as commenting on the delivery of TTP up to and including December 2020, my report set out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

33 I found that the different parts of the Welsh public and third sector had worked together well together to rapidly build the TTP programme. The configuration of the system blended national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.

34 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these arrangements proved challenging in the face of increasing demand.

35 Despite increased testing and tracing activity, the virus continued to spread, and as in other parts of the UK and internationally, testing and tracing have needed to be supplemented with local and national lockdown restrictions in an attempt to reduce transmission rates.

36 While a range of support mechanisms exist, it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate.

Welsh Health Specialised Services Committee governance arrangements

37 In May 2021, I published my review on the governance arrangements of the Welsh Health Specialised Services Committee (WHSSC). WHSSC is a joint committee made up of, and funded by, the seven local health boards in Wales. On a day-to-day basis, the Joint Committee delegates operational responsibility for

commissioning to Welsh Health Specialised Services officers, through the management team. WHSSC, which is hosted by Cwm Taf Morgannwg University Health Board, has an annual budget of £680 million and makes collective decisions on the review, planning, procurement, and performance monitoring of specialised services for the population of Wales on behalf of health boards.

38 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. Considering the time passed since the two reviews, together with increasing service and financial pressures and the changing landscape of collaborative commissioning, I felt it was timely to review WHSSC's governance arrangements.

39 My review found a number of improvements have been made to the overall governance arrangements in WHSCC since 2015. Good progress has been made to strengthen arrangements for quality assurance of specialised services, although scope still exists to increase the attention given to finance, performance, and quality reporting at Joint Committee. There is also a need to review the arrangements for recruiting and remunerating independent members that sit on the Joint Committee given some of the challenges in filling these roles. Current Joint Committee members have a healthy working relationship and operate well together. However, the current model creates potential conflicts of interest due to the fact some Joint Committee members are also the Chief Officers of the health bodies commissioned to provide specialised services.

40 My review found that arrangements for planning commissioned services are generally good and there is an improving focus on value. However, some key new services such as new service models for major trauma and thoracic surgery have taken a long time to agree and implement. My review also found that the COVID-19 pandemic has significantly affected the delivery of specialised services, and that the development of a plan for the recovery of specialised services should now be a priority. The Welsh Government's long-term plan for health and social care, A Healthier Wales, signals the intention to review a number of hosted national functions, including WHSSC, with the aim of 'consolidating national activity and clarifying governance and accountability'.

41 Whilst the governance arrangements for WHSSC have continued to improve, my report shows that there are still a number of facets of the WHSSC model that merit further attention.

Vaccination programme

42 My audit focused on the rollout of the COVID-19 programme in Wales up to June 2021, the factors that affected the rollout and future challenges and opportunities.

43 The vaccine programme has delivered at significant pace. At the time of reporting, vaccination rates in Wales were the highest of the four UK nations, and some of the highest in the world. The milestones in the Welsh Government's vaccination

strategy provided a strong impetus to drive the programme and up to the time of reporting, the key milestones had been met.

44 The UK's Joint Committee on Vaccination and Immunisation guidance on priority groups was adopted but the process of identifying people within some of those groups has been challenging.

45 The organisations involved in the rollout have worked well to set up a range of vaccination models which make the best use of the vaccines available, while also providing opportunities to deliver vaccines close to the communities they serve.

46 Overall vaccine uptake to the time of reporting was high, but there was a lower uptake for some ethnic groups and in the most deprived communities. At the time of the audit, vaccine wastage was minimal, but concerns were emerging about non-attendance at booked appointments.

47 The international supply chain is the most significant factor affecting the rollout, with limited vaccine stock held in Wales. However, increasing awareness of future supply levels was allowing health boards to manage the vaccine rollout effectively.

48 As the programme moved into the second half of 2021, challenges presented themselves around encouraging take-up amongst some groups, vaccine workforce resilience and venue availability. A longer-term plan is needed to address these and other elements of the ongoing vaccination programme.

How NHS bodies supported staff wellbeing during the COVID-19 pandemic

49 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.

50 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health.

51 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce. Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.

52 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional

measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.

53 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated.

54 With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

Structured assessment

55 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:

- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
- phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

Operational planning arrangements

56 My work considered the Health Board's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for effective recovery of services.

57 My work found **that the Health Board's arrangements for developing operational plans are effective, but opportunities exist to strengthen arrangements for monitoring and reporting on delivery of operational plans.**

58 The Health Board's operational plan for quarters three and four of 2020-21 satisfied Welsh Government planning guidance and was submitted within the required timeframe following effective engagement with Independent Members, Clinical Boards, enabler services (such as finance), and relevant external partners, such as the Community Health Council.

59 The plan was a progression of the previous two quarterly plans and was underpinned by robust modelling and high-quality operational, financial, and workforce data. Whilst the Health Board's planning arrangements are sufficiently flexible and agile to respond to changing circumstances, opportunities exist for it to strengthen its overall arrangements for monitoring and reporting on operational plan delivery.

Governance arrangements

60 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.

61 My work found **that the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to further strengthen public transparency of Board business remain. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall delivery of these plans need to be strengthened.**

62 The Health Board has good arrangements in place to conduct Board and Committee business effectively. The Health Board has taken positive steps to enhance public transparency of Board business, but there is scope to strengthen these arrangements further. The Health Board is committed to continuous improvement, as well as learning from the pandemic. The Health Board has a full and stable cadre of Independent Members. There have been significant changes to the Executive Team during the year, which the Health Board has managed well to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders.

63 The Health Board's approach to operational planning remains robust. It has clear plans in place, such as the Annual Plan, for responding to the ongoing pandemic, as well as for recovering services in the short- and medium-term, and redesigning services for the longer-term. However, its arrangements for monitoring and reporting on overall delivery of these plans require strengthening to enable full scrutiny and assurance. The Health Board has further strengthened its approach to risk management and tracking recommendations, and its arrangements for providing assurance on quality and safety matters have improved.

Managing financial resources

64 I considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance. I found that

there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to breakeven.

65 The Health Board continued to operate within its capital resource allocation, but it failed to meet the duty not to exceed its resource revenue allocation over the rolling three-year period to 31 March 2021. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22.

66 The Health Board has continued to operate within most of its existing financial controls. However, weaknesses in financial controls relating to major capital procurement and expenditure identified by the Health Board have resulted in systematic breaches. The Health Board has investigated these and is taking steps to strengthen its governance controls and arrangements in respect of capital schemes and expenditure. The Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but there is scope to improve public transparency of Board business in this area.

Radiology Services: Update on Progress

67 My work considered progress made by the Health Board to address the recommendations in our 2017 report on radiology services.

68 I found that **the Health Board has improved the way it plans and delivers radiology services through strong management of the service. Good progress has been made to address our 2017 recommendations, but there is further work necessary.**

69 The Health Board has achieved 3 of the recommendations made in 2017 and is making good progress in addressing a further 4 recommendations. However, insufficient progress has been made in relation to the recommendation on increasing appraisal rates for non-clinical radiology staff to at least the level of all other radiology staff.

70 In undertaking this assessment of progress, one new risk was identified in relation to radiology services, namely increased demand due to the pandemic. There is an unknown level of 'pent-up' demand as a result of patients having treatment delayed or not visiting their GP during the pandemic. This pent-up demand could significantly affect the radiology service's ability to respond to referrals and report images in a timely manner, leading to increased waiting times for both scans and reporting of scans. The Health Board, therefore, will need to make sure that it maintains oversight of this risk.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2021.

Report	Month
Financial audit reports	
Charitable Funds (2019-20 Accounts) - Audit of Financial Statements Report	January 2021
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Audit of Financial Statements Report Addendum	August 2021
Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Test, Trace, Protect in Wales: An Overview of Progress to Date	March 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	April 2021
Welsh Health Specialised Services Committee Governance Arrangement	May 2021

Report	Month
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021
Radiology Services: Update on Progress	December 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	December 2021
Other	
2021 Audit Plan	January 2021

My wider programme of national value for money studies in 2021 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

Exhibit 3: performance audit work still underway

There are a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care	Phase 1 – January 2022 Timing of further work included as part of the 2022 plan still to be confirmed.
Orthopaedics	February 2022
Quality Governance Review	January 2022

Appendix 2

Audit fee

My 2021 fee letter of 5 March 2021 set out the fee estimate of £400,652 (excluding VAT, which is not chargeable). I currently expect the actual fee to be a little higher than the estimate, by some £3,000 to £4,000. I will write to you separately to confirm the final fee, which may result in a small additional charge.

Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	I will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.	I reviewed a number of the accounting estimates and a sample of transactions that included journal entries. I again undertook considerable extended audit work in respect of the Health Board's current liabilities. My audit findings were materially satisfactory.
Under the NHS Finance (Wales) Act 2014, health boards ceased to have annual resource limits with effect from 1 April 2014. They instead moved to a rolling three-year resource limit, for revenue and capital net expenditure,	I will continue to monitor the Health Board's financial position for 2020-21 and the cumulative three-year position to 31 March 2021, for the both revenue and capital-resource limits. This review will also consider the impact of any relevant uncorrected	As set out in this report, my audit confirmed that the Health Board met its three-year capital resource allocations; and did not meet its three-year revenue resource allocations. I therefore qualified my regularity opinion.

Audit risk	Proposed audit response	Work done and outcome
with the first three-year period running to 31 March 2017. The Health Board has exceeded its rolling three-year revenue limit in the past four years, and I therefore qualified my regularity opinion on its financial statements for those years. For 2020-21 the Health Board expects to break even. If achieved, the Health Board would still have a cumulative deficit of £9.8 million for the three years to 31 March 2021 because of the deficit of £9.8 million in 2018-19.	misstatements over those three years. If the Health Board fails to meet the three-year resource limits for revenue and/or capital, I would expect to qualify my regularity opinion on the 2020-21 financial statements. I may also place a substantive report on the financial statements to explain the basis of the qualification and the circumstances under which it had arisen.	
The COVID-19 national emergency continues and the pressures on staff resource and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.	I will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. I will help to identify areas where there may be gaps in arrangements.	I regularly monitored and evaluated this risk and I am pleased to report that no significant problems arose.

Audit risk	Proposed audit response	Work done and outcome
The increased funding streams and expenditure in 2020-21 to deal with the COVID-19 pandemic will have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include accounting for field hospitals and their associated costs; fraud, error, and regularity risks of additional spend; valuation of year-end inventory, including PPE; and estimation of annual leave balances.	I will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.	I examined transactions and balances relating to COVID-19. I applied a lower materiality to the Health Board's field hospitals, which resulted in some extended testing. My audit findings were satisfactory.
With regard to the Health Board's inventory at the financial-year-end, last year I qualified my audit opinion, stating that: *'Due to the impact of the COVID-19 pandemic and the statutory lockdown arrangements that took effect from 23 March 2020, I was unable to observe and re-perform parts of the Health's Board's count of its inventories on 31 March 2020. As I have been unable to obtain the required audit assurance by alternative means, I am*	I will continue to assess the impact of the COVID-19, and lockdown arrangements, on my audit of the Health Board's year-end inventory.	While my team was again unable to observe and re-perform parts of the Health's Board's year-end count of its inventories, for 2020-21 the Health's Board's year-end inventory balance was immaterial. I did undertake extended audit testing of the year-end balance to gain assurance that it was not immaterial to my audit (ie. that the balance was not understated). The results of my audit work were satisfactory and I therefore did not qualify my audit opinion.

Audit risk	Proposed audit response	Work done and outcome
therefore unable to determine whether the Health Board's reported year-end inventory balance of £16.784 million is materially true and fair.' If the Health Board's inventory remains material, and I am again unable to attend parts of the Health Board's count of its inventories, I would expect again qualify my opinion. It is important to emphasise to you, as I did last year, that qualification would not be due to shortcomings in the Health Board's systems or actions, but because of the impact of COVID-19 on one of our key audit procedures.		
The Dragon's Heart field hospital is material to the financial statements, with an estimated cost of some £70 million. The hospital was commissioned in Spring 2020 and it is now being decommissioned and 'made good'. This work is scheduled to be done during 2020-21. The novel and complex nature of this project,	I have engaged regularly with the Health Board to keep abreast of the key issues. The Health Board has flagged that it expects to provide me with all its documentation in March, for my review. Further to this audit review, the hospital will be a key part of my testing of the financial statements and the annual governance statement.	I undertook the planned audit work, which resulted in a satisfactory outcome.

Audit risk	Proposed audit response	Work done and outcome
together with its high value, does give rise to an inherent risk of misstatement in the financial misstatements.		
Last year, as a result of COVID-19, and in accordance with specific guidance issued by their professional institute, the Health Board's property valuer declared a 'material valuation uncertainty' in four of their valuation reports. The four reports had a total valuation of £65 million as at 31 March 2020. The Health Board had used these valuation reports to inform the measurement of certain of its property asset values in the financial statements at that date. Last year I included an 'Emphasis of Matter' paragraph in my audit opinion drawing attention to your disclosure of the material uncertainty. There could be similar valuations this year that contain the valuer's material uncertainties due to COVID-19.	I will review all valuations during 2020-21 of the Health Board's land and property and consider the impact on my audit of any reported material-uncertainties.	I undertook my planned audit work which found that material uncertainties were not reported by valuers for 2020-21. Therefore, for 2020-21 I did not need to report an emphasis of matter.

Audit risk	Proposed audit response	Work done and outcome
The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year I included an 'Emphasis of Matter' paragraph in my audit opinion drawing attention to your disclosure of the contingent liability. However, if any expenditure is made in-year, I would consider it to be irregular as it contravenes the requirements of 'Managing Welsh Public Money'.	I will review the evidence one year on in respect of the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.	As set out in this report, I added an Emphasis of Matter text alongside my audit opinion, and I placed a substantive report on the accounts. I did not qualify my regularity opinion as there was no expenditure within the 2020-21 accounts.
I audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a low level of materiality. The disclosures are therefore inherently more prone to material misstatement. In past audits I have identified material misstatements in the remuneration report submitted for my audit, which the Health Board then corrected. I therefore judge the 2020-21 disclosures to	I will review all entries in the Remuneration Report to verify that the Health Board has reflected all known changes to senior positions, and that the disclosures are complete and accurate.	I undertook my planned audit work, which resulted in a number of material corrections.

Audit risk	Proposed audit response	Work done and outcome
be at risk of misstatement.		

Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Report Title:	**Audit and Assurance Committee – Annual Workplan 2022-23**								
Meeting:	Audit and Assurance Committee						**Meeting Date:**	8th February 2022	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	Director of Corporate Governance								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

The purpose of the report is to provide Members of the Audit and Assurance Committee with the opportunity to review the Audit and Assurance Committee Work Plan 2022/23 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The work plan for the Audit and Assurance Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda). It ensures that the Committee will advise and assure the Board and the Accountable Officer on whether effective governance and assurance arrangements are in place. The Terms of Reference are also in line with standards of Good Governance determined by the NHS Wales.

Recommendation:

The Audit and Assurance Committee is asked to:

Review the Work Plan 2022/23;
Ratify the Work Plan 2022/23;
Recommend approval to the Board on 31st March 2022.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce health inequalities	x	6.	Have a planned care system where demand and capacity are in balance	x
2.	Deliver outcomes that matter to people	x	7.	Be a great place to work and learn	x
3.	All take responsibility for improving our health and wellbeing	x	8.	Work better together with partners to deliver care and support across care	x

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

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

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

Audit and Assurance Committee Work Plan 2022 - 23							
App. -Approval Ass.- Assurance Inf. - Information	**Exec Lead**	**05-Apr**	**14-Jun**	**05-Jul**	**06-Sep**	**08-Nov**	**07-Feb**
Agenda Item							
Governance							
Review the system of assurance	NF	Ass.				Ass.	
Review the risk management system	NF		Ass.				Ass.
Note the business of other Committees and review inter-relationships	NF						Ass.
Review Draft AGS & Draft Annual Report	NF	Ass.	App.				
Review Draft Quality Statement (not required for 21.22)	RW	Ass.	App.				
Review the UHB Annual Report	NF	Ass.	App.				
Review of Standing Orders	NF						Ass.
Report on Declarations of Interest and Gifts and Hospitality	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive relevant reports from Regulatory Bodies	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive tracking report from Regulatory Bodies	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive tracking report from internal audit recommendations	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive tracking report from Audit Wales recommendations	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Financial Focus							
Agree final accounts timetable and plans	CP						App.
Review of audited annual accounts and financial statements	CP		App.				
Review changes to SFIs and changes to accounting policies	CP/NF	Ass.					
Review losses and special payments	CP	Ass.	App.			App.	
Single Tender Actions	CP	Ass.		Ass.	Ass.	Ass.	Ass.
Review of Draft Charitable Funds Annual Report and Accounts	CP					Ass.	
Internal Audit							
Review and approve annual internal audit plan	IA	App.					
Review the effectiveness of internal audit	IA					Ass.	
Review of internal audit progress reports	IA	Ass.		Ass.	Ass.	Ass.	Ass.
Receive internal audit reports undertaken during the period	IA	Ass.		Ass.	Ass.	Ass.	Ass.
Receive annual internal audit report and associated opinions (HoIA)	IA		App.				
Audit Wales							
Agree Auditor General's Audit Plan	AW						App.
Review the effectiveness of external audit	AW					Ass.	
Review External Audit Progress Reports	AW	Ass.		Ass.	Ass.	Ass.	Ass.
Receive the Auditors report to those charged with governance	AW		App.				
Receive the Auditors Annual Audit Report	AW						App.
Receive Annual Structured Assessment Report	AW					Ass.	
Clinical Audit							
Review annual Clinical Audit Plan	RW/MJ					Ass.	
Counter Fraud							
Review and approve annual counter fraud plan	CF	App.					
Review counter fraud progress reports	CF	Ass.		Ass.	Ass.	Ass.	Ass.
Review the effectiveness of Counter Fraud Specialist	CF					Ass.	
Receive counter fraud annual report	CF	Ass.	App.				
Audit Committee							
Annual Work Plan	NF						App.
Self assessment of effectiveness	NF	Ass.					
Induction Support for Committee Members	NF	Ass.					
Review Terms of Reference	NF						App.
Produce Audit Committee Annual Report	NF						App.
Minutes of Audit Committee Meeting	NF	App.	App.	App.	App.	App.	App.
Action log of Audit Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.

Report Title:	**Audit and Assurance Committee – Terms of Reference**								
Meeting:	Audit and Assurance Committee						**Meeting Date:**	8th February 2022	
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	**Director of Corporate Services**								
Report Author (Title):	**Director of Corporate Services**								

Background and current situation:

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Audit and Assurance Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Terms of Reference for the Audit and Assurance Committee were last reviewed in February 2021 and approved by the Board in March 2021 therefore, only a few changes have been recommended.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The Terms of Reference for the Audit and Assurance Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in March 2021.

Recommendation:

The Audit and Assurance Committee is asked to:

(a) Review the changes to the Terms of Reference for the Audit and Assurance Committee;
(b) Ratify the changes to the Terms of Reference for the Audit and Assurance Committee and
(c) Recommend the changes to the Board for approval on 31st March 2022.

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

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

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

Audit and Assurance Committee

Terms of Reference

Reviewed by Audit and Assurance Committee: 8th February 2022
Approved by the Board:

AUDIT AND ASSURANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The UHB Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit and Assurance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to:

- ***Advise*** and ***assure*** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the UHB's assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

- the adequacy of the UHB strategic governance and assurance framework and processes for risk management and internal control designed to support the Accountable Officer's statement on internal control, providing reasonable assurance on:

  - the organisations ability to achieve its objectives;

- compliance with relevant regulatory requirements, standards and other directions and requirements set by the Welsh Government and others;

- the reliability, integrity, safety and security of the information collected and used by the organisation;

- the efficiency, effectiveness and economic use of resources; and

- the extent to which the organisation safeguards and protects all its assets, including its people

- the adequacy of the arrangements for declaring, registering and handling interests at least annually

- the adequacy of the arrangements for dealing with offers of gifts or hospitality

to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);

- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;

- the Schedule of Losses and Compensation;

- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);

- the adequacy of Executive and Managements response to issues identified by Audit, Inspection and other assurance activity;

- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and

- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by:

- reviewing the ***comprehensiveness*** of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical;

- reviewing the ***reliability and integrity*** of these assurances; and

- considering and approving policies as determined by the Board.

3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;

- there is an effective Counter Fraud Service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality, Safety and Experience Committee;

- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees

- the work carried out by key sources of external assurance, in particular, but not limited to the UHB External Auditors (Audit Wales), is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity

- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;

- the systems for financial reporting to the Board, including those of budgetary control, are effective; and that

- the results of audit and assurance work specific to the UHB, and the implications of the findings of wider audit and assurance activity relevant to the UHB's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.6 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit (Audit Wales) shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.7 The Committee will meet with Internal and External Auditors (Audit Wales) and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.8 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.9 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board *[one of which should be the member of the Quality and Safety Committee (or equivalent)]*

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance

Chief Executive
Director of Finance (Lead Executive)
Director of Corporate Governance
Head of Internal Audit
Local Counter Fraud Specialist
Representative of External Auditor (Audit Wales)
Other Executive Directors will attend as required by the Committee Chair

4.3 By invitation — The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 Secretary — As determined by the Director of Corporate Governance

Member Appointments

4.5 The Membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Committee Members' Terms and Conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair.

Support to Committee Members

4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint (sub) Committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.

6.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.2 The Committee shall provide a written, annual report to the board and

the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Report Title:	Draft Annual Report 2021/22 – Audit and Assurance Committee						
Meeting:	Audit and Assurance Committee				**Meeting Date:**	08.02.2022	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Background and current situation:

The purpose of the report is to provide Members of the Audit and Assurance Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval.

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provides assurance to the Board that this is the case.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

At the time of writing this report, the Committee has achieved an overall attendance rate of 87.5% based upon the number of Committees held to date. The draft Annual Report will be updated following the Committee's meeting in February 2022 to reflect attendance for the period 1 April 2021 to 31 March 2022.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc)

The attached Annual Report 2021/22 of the Audit and Assurance Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Recommendation:

The Audit and Assurance Committee is asked to:

- **REVIEW** the draft Annual Report 2021/22 of the Audit and Assurance Committee.
- **RECOMMEND** the Annual Report to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

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

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

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of Audit and Assurance Committee

2021-2022

1.0 INTRODUCTION

In accordance with best practice and good governance, the Audit Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members one of whom must have financial experience and one of whom must be a member of the Quality, Safety and Experience Committee. During the financial year 2021/22 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Lead Executive), Director of Corporate Governance, Head of Internal Audit, Local Counter Fraud Specialist and a Representative of External Auditor (Audit Wales). Other Executive Directors will attend as required by the Committee Chair. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair.

3.0 MEETINGS AND ATTENDANCE

The Committee met seven times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Audit Committee achieved an attendance rate of XX (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	06.04.21	13.05.21	10.06.21	06.07.21	07.09.21	09.11.21	08.02.22	Attendance
John Union (CC)	✓	✓	✓	✓	✓	✓		
David Edwards (VC)	✓	×	×	✓	✓	✓		
Mike Jones	✓	✓	✓	x	✓	✓		
Ceri Phillips	✓	✓	✓	✓	×	✓		
Total	**100%**	**75%**	**75%**	**75%**	**75%**	**100%**		

4.0 TERMS OF REFERENCE AND WORKPLAN

The Terms of Reference and work plan are to be reviewed and approved by the Committee on 08 February 2022 and be approved by the Board (*to be inserted once approved by the Board (anticipated to be on 31 March 2022).*

5.0 WORK UNDERTAKEN

As set out in the Terms of Reference, the purpose of the Audit and Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's assurance framework – to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales. In particular, the Committee's role includes (but is not limited to) commenting upon:-

- Compliance with relevant regulatory requirements, standards and other directions/requirements set by Welsh Government and others;

- The efficiency, effectiveness and economic use of resources;

- Adequacy of arrangements for (i) declaring, registering and handling interests, and (ii) dealing with offers of gifts or hospitality;

- The Health Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);

- The Schedule of Losses and Compensation;

- The planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist; and

- The adequacy of executive and management response to issues identified by audit, inspection and other assurance activity.

During the financial year 2021/22 the Audit and Assurance Committee reviewed the following key items at its meetings:

PRIVATE AUDIT AND ASSURANCE COMMITTEE

APRIL, MAY, JUNE, JULY, SEPTEMBER, NOVEMBER 2021 & FEBRUARY 2022

Papers presented to the private session of the Audit and Assurance Committee were as follows:

- Counter fraud Progress Report
- Procurement Compliance Report
- Workforce and Organisational Development Compliance Report

PUBLIC AUDIT AND ASSURANCE COMMITTEE

The work undertaken and considered by the committee during the financial year 2021 to 2022 included the following:-

- **Internal Audit Progress and Tracking Report & Internal Audit Plan 2021/22**

Internal Audit Reports were submitted to each of the Audit and Assurance Committee meetings (apart from the special meeting in June 2021). The reports provided details on outcomes, key findings and conclusions from the finalised Internal Audit assignments and specific detail relating to progress against the Audit Plan and any updates that occurred within the plan.

In April 2021 the Committee noted that there had been a delay throughout the year in progressing with delivery of the Internal Audit plan due to the ongoing effects of the COVID-19 pandemic.

The Committee received assurance that the Health Board had put in place appropriate processes, during the COVID-19 pandemic, to monitor and report on matters in compliance with the provisions of the Nurse Staffing Levels (Wales) Act 2016.

The Internal Audit report for the Lakeside Wing, which had been circulated to Committee Members in February 2021, had provided reasonable assurance.

In July 2021 the Committee received a number of completed Internal Audit reports which included: -

a) Annual Planning process 21/22
b) Engagement Around Service Planning
c) Data Quality Performance Reporting (Single Cancer Pathway)
d) Infrastructure / Network Management
e) C&W CB – Rostering in Community Children's Nursing
f) Staff Recruitment
g) Wellbeing Hub at Maelfa.

All of the audits above provided reasonable assurance, save for the Annual Planning process 21/22 report which had demonstrated substantial assurance.

At the September meeting, the Committee received three Internal Audit reports which related to (i) Regulatory, Legislative and Alerts Compliance, (ii) Healthy Eating Standards – Hospitals Restaurant and Retail Outlets) and (iii) Mental Health CB – Cancellation of Outpatient Clinics Follow-up, each of which provided reasonable assurance. The report relating to CD&T CB – Ultrasound Governance provided limited assurance.

In November 2021 the Committee was advised that a number of audits which had been due to be completed and presented to the Committee, had been delayed due to a number of pressures, which had included pressures within the relevant service and availability of Internal Audit staff resource.

To add further information following February's Committee

Internal Audit Tracking Report

The Internal Audit Tracking Report is presented at each Committee meeting in order to provide Members with assurance on the implementation of recommendations made by Internal Audit.

In April 2021 the Committee were advised that the recommendations made by Internal Audit had reduced from 110 recommendations to 106 recommendations during the period February to April 2021.

At the Audit Committee meeting in November the Committed had noted that:

- the overall number of outstanding recommendations had reduced from 96 individual recommendations to 86 during the period September 2021 to November 2021.
- The reduction in recommendations could be attributed to the completion of 30 entries from the tracker following July's Committee meeting.
- A further 20 entries have been added to the tracker.
- Of the 86 recommendations listed 17 were recorded as completed, 62 were listed as partially complete and 7 were listed as having no action taken.

Further information to be provided following February's Committee meeting

Audit Wales Update

At each Committee meeting, Committee Members received and considered an update from Audit Wales in relation to the current and planned Audit Wales work. Accounts and performance audit work are considered, and information was also provided on the Auditor General's wider programme of national value-for-money examinations.

In June the Committee (prior to formal Board approval) considered and ratified the Health Board's audited accounts, performance report and accountability report alongside the audit report, in readiness for the document being submitted to Welsh Government by the June 2021 deadline.

The Committee noted that work was undertaken to review the COVID-19 vaccination roll out which had included a high-level overview of the administration planning and the rollout approach of all vaccinations in Wales.

The Committee was informed that between 8 and 12 March 2021, Audit Wales had held an online week of learning, good practice and ideas linked to the COVID-19 learning project "Making Sense of a Crisis: Learning from the CVOID-19 Pandemic". The learning resources produced were available on the Audit Wales website.

At its July meeting, the Committee received a number of reports from Audit Wales which included: -

a) Structured Assessment 2021 (Phase One) – Operational Planning Arrangements
b) Rollout of the COVID-19 vaccination programme in Wales
c) Procuring and Supplying PPE for the COVID-19 Pandemic
d) Welsh Health Specialised Services Committee Governance Arrangements

In September the Audit Committee received an addendum report to the Audit of Accounts Report that Audit Wales had presented to the Committee in June 2021. The addendum report set out six recommendations (five of which were IT related), and the Committee were informed that the said recommendations had reflected well on the accounts which were audited. The addendum report also provided the Committee with an update on the progress the Health Board had made against previous years' recommendations.

At the meeting in November the Committee received the report which related to staff well-being during the COVID 19 pandemic. The Committee noted that in relation to the Structured Assessment (i) Phase 1 had been completed, (ii) Phase 2 was being drafted and (iii) the planned date for consideration of the Phase 2 work was February 2022. The Committee had noted further that the focus of the review for Audit Wales was the clinical audit and delivery arrangements.

To add further information/paragraph following February's Committee meeting

Audit Wales Tracking Report

The Committee received an Audit Wales Tracking report at each meeting in order to provide Members of the Committee with assurance on the implementation of recommendations which had been made by Audit Wales.

Information to be added in relation to how many recommendations have been completed/remain outstanding as at February's Committee meeting.

Review of Draft Charitable Funds Annual Report and Accounts

At the November meeting the Committee received and discussed the draft accounts which related to the activities of the Health Board's Charity during the period 1 April 2020 to 31 March 2021.

Procurement Compliance Report

In November, the Committee received and discussed a report which set out some circumstances where potential procurement breaches had occurred together with the actions which had been taken/should be taken in order to mitigate against those breaches. Those actions had included the provision of procurement and governance training to key members of staff and Board members.

Review of WHSSC Governance Arrangements

In September the Committee discussed and noted the proposed management responses of WHSSC and the management responses of the Welsh Government, in response to Audit Wales' recommendations. Those recommendations had been raised in the Audit Wales report which had been reported to the Committee in July.

Review the System of Assurance Strategy

The Committee received an update on the system of the Health Board's draft Assurance Strategy at its September meeting. The Committee noted that purpose of the Assurance Strategy was to help the Health Board to target those areas where further assurance was required and to avoid further duplication.

The Committee had further noted that the draft strategy was to be signed off by the Board and that the assurance map was being developed by the Corporate Governance team. The RAG rating on the reports presented were given by the Corporate Governance Team and assurance had been given across the 3 lines of defence.

Report of the Auditor General on Test, Trace, and Protect (TTP) in Wales

The report on the TTP was brought to the Audit Committee meeting in April 2021. The Committee had noted and discussed the report, including the following points:

- the service had been developed largely from scratch and at pace and it had been suggested that the service needed to continue to evolve alongside the mass vaccination programme to effectively manage virus rates,
- The report gave a high-level overview of what had been, and continued to be, a rapidly evolving programme,
- The evidence base for the report included document reviews, interviews with staff in Health Boards, Local Authorities, the NHS Wales Informatics Service (NWIS), Public Health Wales (PHW) and the WG between September and December 2020, and an analysis of key metrics that showed how well the TTP programme had been performing,

2021-2022 Fee Letter

The Audit Wales Audit fee was discussed at the meeting in April 2021.

Declarations of Interest, Gifts, Hospitality & Sponsorship

The Committee routinely received an update with regards to the Health Board's Declaration of Interest, Gifts, Hospitality and Sponsorship register.

The Committee had noted the proposal for staff to complete a "lifetime" Declaration of Interest via ESR .

Legislative and Regulatory Tracker Report

The Legislative and Regulatory Tracker Report is presented to the Committee at each meeting. Amongst other matters, the report provided details with regards to regulatory standards the Health Board is required to meet and regulatory inspections that have been carried out and/or are due to be carried out. The Committee had noted that regulatory inspections had been carried out by :-

1) Health Inspectorate Wales (HIW);
2) United Kingdom Accreditation Service (UKAS):
3) Cardiff and Vale of Glamorgan Food Hygiene Ratings; and
4) Fire and Rescue Services.

The Committee noted that the Tracker has been developed considerably during the course of the year. More latterly, an internal audit had recommended three areas for improvement and, at its November meeting, the Committee had received assurance that those recommendations had been completed.

Standing Orders, SFI's, Reservation and Delegation of Powers

The Committee reviewed the proposed updates to the Health Board's Standing Orders, Reservations and Delegation of Powers, and Standing Financial Instructions in May and endorsed those proposed updates for submission to the Board for final approval.

Board effectiveness survey 2020-2021

As part of the Health Board's assurance arrangements, in May the Committee was presented with (i) the findings of the Annual Board Effectiveness Survey 2020-2021, and (ii) an update on the action plan following the survey undertaken in 2019-2020.

Induction Support for Committee Members - Verbal

In April the Committee noted that there was an opportunity for new Members to receive induction training with regards to the role and responsibilities of the Audit and Assurance Committee, and to have the opportunity to familiarise themselves with the standing items on the Audit and Assurance agenda.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Audit and Assurance Committee meeting by presenting a summary report of the key discussion items at the Audit Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

1) Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of Committee minutes and written reports throughout the year;
2) Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
3) Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.0 OPINION

The Committee is of the opinion that the draft Audit and Assurance Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union

Committee Chair

Report Title:	**Audit Wales – Call For Evidence – Decarbonisation Baseline Review**	**Agenda Item no.**	**9.2**
Meeting:	**Audit & Assurance Committee**	**Meeting Date:**	08.02.2022
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**X**
Lead Executive:	**Abigail Harris**		
Report Author (Title):	**Ed Hunt, Programme Director SOFH**		

Background and current situation:

In November 2021, Audit Wales contacted public bodies in Wales with a survey whose responses will be used to conduct a baseline review of the public sector's arrangements to respond to the Welsh Government's carbon reduction targets for 2030. Responses will be used to assess response and identify good practice, concerns and gaps in a report in summer 2022.

This paper summaries the response that was provided.

The Committee are asked to note the content of the survey response from C&V.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

This section summarises key areas of C&V's response:

Questions in the survey included general information being sought on how well the Welsh Government's direction of travel have been communicated and whether C&V have a strategic direction to support the 2030 targets. The committee will note a Sustainability Action Plan was approved by the Board in November 2021.

Questions which could not be answered definitively were those around assessing the financial implications of meeting 2030 targets. The answer provided stated that the medium and long term financial implications have not been identified in detail. With respect to the energy performance of our estate, possible future schemes are being assessed. These would/could be funded through routes such as Welsh Government's Re:Fit scheme.

There were questions related to barriers and risks. C&V's answers included that better health in the population would reduce demand, but that only 20% of a person's health is because of the access to and quality of care with the other 80% based on factors not in our control – socioeconomic to name just one requiring a multi-agency approach to tackling; that our colleagues are focused on the here and now as a result of system pressures (COVID) and not having the time, space and capacity to drive environmental benefits; that our infrastructure is not efficient; that IP&C measures necessitating extensive use of single use PPE are likely to remain beyond the pandemic.

Finally, the question was asked whether C&V is confident of meeting the 2030 target. At this stage, we cannot be confident, but that we are committed to being so.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The response was authored and led by Ed Hunt. who was supported by colleagues active in this field with credible opinions on sustainable healthcare. These included Tom Porter, Fiona Brennan and Stacey Harris.

Recommendation:

The Committee are asked to note the survey.

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

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

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

Archwilio Cymru
Audit Wales

Climate Change

Decarbonisation Baseline Review
Call for Evidence

November 2021

Decarbonisation baseline review

What we are doing

1 The Auditor General has committed to carrying out a long-term programme of work on climate change. Our first piece of work will be a baseline review, looking at the Welsh public sector's arrangements to respond to the Welsh Government's carbon reduction targets for 2030.

2 To inform our baseline review, we are asking public bodies to complete a call for evidence by **3 December 2021**. Please contact us if you are unable to meet this deadline.

Why this work is important

3 A landmark report by the United Nations Intergovernmental Panel on Climate Change published in August 2021 was described as a 'code red for humanity' by the UN Secretary General. The report finds that human activity is changing the Earth's climate in unprecedented ways and that drastic reductions in carbon emissions are necessary, so that in 20 or 30 years, global temperatures may stabilise.

4 The latest climate projections for Wales show an increased chance of milder, wetter winters and hotter, drier summers, rising sea levels and an increase in the frequency and intensity of extreme weather events. The implications are clearly stark.

5 Following advice from the Climate Change Committee[1], in March 2021 the Welsh Government committed to a net zero carbon emissions target by 2050. The Welsh Government has also committed to a collective net zero carbon emission target from the public sector in Wales by 2030 and a 63% reduction in overall carbon emissions across Wales by 2030. These targets represent significant challenges for the public sector.

6 The Welsh Government has published a Public Sector Route Map to support the Welsh public sector in reaching net zero greenhouse gas emissions by 2030. Alongside the route map the Welsh Government has published the public sector net zero reporting guide and associated spreadsheet to allow the public sector to capture and report emissions on a consistent basis.

7 It is timely to assess how the public sector is responding to this challenge. Our baseline review will focus on how the public sector is preparing to achieve the 2030 targets. It will allow us to identify good and interesting practices as well as any concerns and gaps. We aim to publish a report in early summer 2022.

[1] The Climate Change Committee (CCC) is an independent, statutory body established under the Climate Change Act 2008. Its role is to advise the UK governments on emissions targets and to report on progress made in reducing greenhouse gas emissions and preparing for and adapting to the impacts of climate change.

What we need from your organisation

8 We appreciate the effort that will go into completing this call for evidence. We would like two key things from your organisation please:

- To respond to the call for evidence as fully as possible. The fuller and more open your responses, the better our baseline will be.
- To send us key documents that relate to your organisation's approach to meeting the 2030 targets. Please embed these documents at **Appendix 1**, where you will also find a suggested list of documents, and cross reference to them when answering the questions below.

Completing the call for evidence

9 Please type directly in the boxes below. Those completing the call for evidence need to have the authority to provide a formal, corporate response on behalf of the whole organisation.

10 We are aware that the documents you supply may provide more detail in relation to our questions. Where that is the case, please give a high-level overview and refer to the document/s where we can find more detail. Our goal is to build our understanding while minimising the demands on your time. If you have plans to introduce new or revised arrangements then please tell us about those, as well as anything that is already in place.

11 We are aware that some carbon reduction initiatives are being taken forward in collaboration with other organisations. This includes joint working through Public Services Boards and City Deal arrangements. In your response to the call for evidence, please tell us about initiatives being pursued in collaboration with others, as well as actions being taken by your organisation alone.

12 **We may wish to use some of the information you provide to develop case studies to help public bodies learn from each other. When developing case studies relating to your organisation, we will contact you to seek further detail if necessary and/or check factual accuracy. The Privacy Notice at Appendix 2 sets out how we may use the information collected in this call for evidence.**

Call for evidence

Please provide contact details for someone who can help us with follow up queries.

Name

Abigail Harris

Job title

Executive Director, Strategy & Planning

Email address

abigail.harris@wales.nhs.uk

The questions in the call for evidence are about your organisation's arrangements to meet the target for net zero carbon emissions by 2030 and your organisation's contribution to delivering the 63% reduction target for carbon emissions by 2030 across Wales as a whole. These targets have been set in the context of an overall target of a 100% reduction in carbon emissions by 2050 across Wales.

Where a question invites you to 'Choose an item', please do this by clicking the text that reads 'Choose an item', then select from the drop down list.

1a. To what extent do you agree or disagree with the statement below:

"The Welsh Government has set a clear strategic direction for public bodies in Wales to support the achievement of their 2030 carbon reduction targets".

Strongly agree

1b. Please explain your answer in the box below. You may want to consider:

- How well the strategic direction has been explained/communicated.
- The usefulness of any guidance/support provided.
- How information in relation to progress will be monitored, analysed and used by the Welsh Government to hold public bodies to account.
- The extent to which the Welsh Government is applying the five ways of working from the Well-being of Future Generations (Wales) Act 2015 in its strategic approach to decarbonisation (long-term, prevention, integration, collaboration, and involvement).

Targets are clear and the direction of travel is also clear. There have been many announcements, events and activity of officials focussed on the decarbonisation agenda.

From an estate management point of view, guidance which has translated down into the NHS family through expertise and funding (such as Re:Fit) has been useful and benefits have been delivered. From a healthcare delivery perspective, less so. To expand slightly, NHS Wales have released a decarbonisation strategy which is comprehensive and challenging, therefore CVUHB is well aware of the direction of travel. It is however light on detail of how the operation as a provider of healthcare should decarbonise. This is probably a function of the immaturity of the field and how the industry will need to 'feel its way through', or in other words, its on a journey and the journey has only just started.

With respect to the WBFG five ways of working, a greater focus on prevention, and how this can contribute to reducing carbon emissions from healthcare, would be welcome. The most sustainable form of healthcare is where people live healthy and active lives, thus preventing avoidable illnesses. With rising levels of obesity for example leading to conditions such as type 2 diabetes and heart disease, pressure will remain on the health service as it will continue to have to consume resources to treat avoidable conditions. The solution doesn't lie in the NHS only. The factors that make up health according to the Institute of Clinical Systems Improvement in 2014 suggested that access and quality of care made up just 20% of a person's health. 40% was down to socioeconomic factors, 10% the physical environment and 30% the behaviours of individuals (tobacco, diet, exercise). These wider determinants require co-ordinated action across the public sector, both top-down from Welsh Government, and at a regional level through the Public Services Boards and Regional Partnership Boards. There needs to be a clear expectation on public bodies that they should not only reduce their own emissions, but have a duty to contribute to the reduction of emissions in partner organisations wherever possible, in line with the sustainable development principle.

2a. To what extent do you agree or disagree with the statement below:

"Our organisation has set a clear strategic direction to support the achievement of the 2030 carbon reduction targets".

Strongly agree

2b. Please use the box below to explain your answer and to tell us about your organisation's overall strategic approach to meeting the 2030 targets.

Please describe:

- How you are integrating your decarbonisation plans with your long-term organisational vision, well-being objectives, corporate strategy and other major project plans, aims and objectives.
- How you are collaborating with other key partners and involving the community and your staff in developing your strategic approach.
- How your strategic approach has been informed by a clear understanding of the scale of the decarbonisation challenge (both now and in the long-term).

CVUHB has had a sustainability action plan since 2020 and declared a climate emergency that same year. Our 10 year plan, Shaping our future well-being, was published in 2015, aligned with the emerging priorities in the Well-being of Future Generations Act, including prevention at its core.

The field of decarbonisation in healthcare is still quite immature and CVUHB are making attempts to get ahead and face the challenge as early as possible. Prior to a systematic approach being introduced we have had success in specific areas, such as implementing the Re:fit programme and supporting the development of the pan-PSB Healthy Travel Charters in our area, which require organisations to make healthy and sustainable travel easier for staff and visitors.

Our latest sustainability action plan was signed off by the CVUHB Board in November 2021. It takes the NHS Wales Decarbonisation Strategic Delivery Plan and goes much further to mature the organisation and set itself up to make significant gains in the middle of this decade.

The scale of the challenge set out for 2025 and 2030 is large and presently there is no line of sight to how this could be achieved easily. The action plan is continuing to build foundations with the aim of those foundations leading to meaningful impact in the near term.

Collaboration between NHS organisations has been low, though is changing through Welsh Government setting up a Climate Change Programme Board.

Collaboration at a working level happens ad-hoc which CVUHB will be trying to fix through the establishment of a programme board. Maturity levels are low and the field of green healthcare feels immature also. CVUHB has been willing to share with other Health Boards what we have been doing/planning. CVUHB has been at the forefront of an initiative called Green Health Wales

to build a community of healthcare professionals who can share experience with their colleagues across the country. Decarbonisation in the health service will be achieved through the leadership and involvement of our health professionals, learning from and through the actions of other health professionals.

Will focussing on decarbonisation in isolation create improvements though? Yes, but could more be done through addressing other matters such as staff wellbeing, recruitment, the more rapid rollout of digital solutions, a drive towards prevention and other advances to accelerate gains?

Our strategic approach has been shaped by the 2030 goals and is challenging, but it is also realistic. It represents the fact we're still at the start of a maturity journey. There is no prebuilt path to follow to net zero. In talking to organisations in England, they are in a similar position too and there is no model for what sustainable healthcare looks like. CVUHB believe its current action plan is leading the way in the UK.

There is a potential risk of policy conflict and confusion between the Wellbeing of Future Generations Act definitions and requirements relating to 'sustainability' (based on the sustainability principle and seven goals, of which environmental sustainability and a low carbon future are a subset) and the more recent specific drive to net zero and decarbonisation. It is important that acting sustainably does not become a shorthand for reducing carbon emissions, and that wider sustainability needs are not forgotten in the race to decarbonise.

3a. Which of the options below best describes the **status of your decarbonisation action plan** (or equivalent document) for meeting the 2030 carbon reduction targets?

We have a finalised plan that is up to date

3b. Please use the box below to tell us about the internal operational arrangements your organisation is putting in place to meet the 2030 carbon reduction targets.

Please cover:

- senior leadership responsibilities
- staff structures and staff resources
- operational plans
- training plans
- staff engagement/public engagement
- arrangements to support 'joined-up' delivery across the organisation
- working groups

CVUHB have been running a plan for a year, learned much from it and so putting that year of learning into a new plan to take us to 31/3/2023. Our action plan includes:

- Senior Leadership
    - Building sustainability consideration into corporate decision making.
    - Asking each Director to take a sustainability objective for 22/23 but in the meantime own at least one action to spread awareness and maturity early on in this journey.
    - Have Board oversight of our action plan and its execution
- Staff structures
    - CVUHB has an Executive Director with responsibility for sustainability.
    - Employed a sustainability project manager.
    - Have existing teams within our Estates function focussing upon energy management and waste (and reductions thereof).
    - Considering what clinical leadership could look like for potential implementation.
- Operational Plans
    - Building decarbonisation into strategic decisions that need to be made as a result of COVID recovery.
    - Building decarbonisation into the clinical model which will be operating in new hospital infrastructure going through business case stages. This is an example of planning for the long term.
    - Some early adopter clinical departments are creating their own sustainability action plans and the UHB look forward to hearing and assisting with their progress.
    - Pipeline of energy efficiency improvements funded through Welsh Government's Re:Fit programme.
- Training
    - This is the domain of HEIW and specific training plans are awaited. NHS England has a module which is available for

CVUHB to use and are currently considering releasing it to colleagues as an optional offer.

- Staff engagement/working groups
  - Doing more communications
  - About to set up a culture change programme to promote the simple things people can do to make a difference.
  - Recruiting a set of champions to make inroads into the 62% of NHS Wales carbon emissions which originate from the products we use to provide healthcare (single use plastics for example).
  - Creating a CVUHB green group
- Joined Up Delivery
  - Setting up a Programme Board to monitor and control progress against out action plan and reporting into our Board.

4a. Is your organisation using the Welsh Government's Public Sector Route Map to guide its approach to reducing carbon emissions?

Yes

4b. Please explain your answer in the box below. Please consider whether the Public Sector Route Map:

- sets out a clear timetable and expectations on what needs to be done.
- provides helpful guidance for making practical changes to reduce carbon emissions.
- is helpful in highlighting priority areas for action.
- is helpful in explaining to senior officers and members/Board members what needs to be done.

If you are not using the Public Sector Route Map, please describe the methodology that you are following to guide your approach and what support would be helpful to your organisation.

Clear timetable: Yes
Guidance: Yes
Priority areas: Yes
Is helpful: Yes

5a. To what extent do you agree or disagree with the statement below:

"**Our organisation has fully assessed the financial implications of meeting the 2030 carbon reduction targets."**

Strongly disagree

5b. Please use the box below to tell us about how your organisation is managing its finances to be able to meet the 2030 carbon reduction targets.

Please cover:

- whether you are able to identify your current expenditure in relation to reducing carbon emissions.
- whether you have estimated your medium-term future levels of expenditure in relation to reducing carbon emissions.
- what short, medium and longer-term financial implications of the carbon reduction targets you have identified and how you are planning to manage them.
- your plans for monitoring and reporting expenditure in relation to reducing carbon emissions.

Able to identify current expenditure in relation to reducing carbon emissions?

CVUHB are able to achieve this. Funding has been received from Welsh Government for energy efficiency schemes.

Further investment in for example, expanded cycling provision at our sites will require investment which is being assessed.

Estimated medium-term future levels of expenditure?

Working with NHS Wales estates colleagues there have been assessments of possible future schemes to improve the efficiency of the current estate. There are no cost estimates for this.

CVUHB have been considering its future infrastructure needs and a very rough order of magnitude was provided to CVUHB based on the percentage of the cost of new buildings (which were themselves rough estimates). The cost advisors at the time estimated that costs associated with net zero infrastructure would be in the region of £89m - £266m.

The cost of decarbonising our clinical operation has not been estimated.

Identification of short, medium and longer term financial implications of the carbon reduction targets?

CVUHB have not identified all of these financial implications. CVUHB pay carbon credits, the cost of which are expected to increase considerably in 2022 along with the price of energy.

Plans for monitoring and reporting expenditure in relation to reducing carbon emissions?

CVUHB currently have no specific plans.

6. Please tell us about the main **barriers** your organisation is facing in trying to meet the 2030 carbon emission targets. Please also provide any thoughts you have on how these barriers can be overcome.

In this context we are defining **barriers** as any factors that are preventing progress and/or are making progress more difficult.

The most sustainable form of healthcare is when people don't get ill and need to consume resources as a result of treatment. The reduction in the provision of healthcare because people lead healthy lives, thus reducing demand would be a great benefit. The factors that make up health according to the Institute of Clinical Systems Improvement in 2014 suggested that access and quality of care made up just 20% of a person's health. 40% was down to socioeconomic factors, 10% the physical environment and 30% the behaviours of individuals (tobacco, diet, exercise).

The field of sustainable healthcare is immature and the industry (providers and manufacturers) are on the first steps of the maturity ladder. Furthermore, whilst the subject area is important, our healthcare workers are under enormous pressure particularly due to COVID, with reports of burnout and the system under considerable strain. The way to deliver sustainable healthcare lies within the hands of healthcare professionals whose capacity currently is taken up with caring for patients in front of them. How receptive are they to messages about behaving more sustainably as a reality is that some are interested and some are not? Would more gains be made if everyday wellbeing and sustainability were tackled at the same time, in one go? As the maturity of the field grows, colleagues being presented with meaningful data on the benefits of change will help along with policy/decision making e.g. CVUHB policy will be using reusable product b in place of single use product a. This is not a panacea in itself, the UHB needs to make it easy for colleagues to order low carbon products and introduce friction to order an identical but high carbon alternative.

CVUHB has some very old infrastructure which is energy inefficient, inflexible, not adaptable and at capacity. There has been investment thanks to Welsh Government to incrementally improve energy efficiency (Re:Fit programme for example), but there is only so far you can go with such old infrastructure. Throwing money at such old buildings to contribute to net zero might not be effective in the long run. CVUHB is considering its future infrastructure needs and the net zero agenda is very much part of the case for change.

Infection, prevention and control measures. These are likely to remain in place longer than the pandemic and increase direct and indirect carbon emissions, e.g. extensive use of single use PPE.

Until recently, decarbonisation and the wider field of environmental sustainability was not seen as the NHS Wales' 'problem' - that was for other organisations. To change this culture requires a wide-ranging approach, from national and local top-down directive policies and performance management, through to leadership training and support, and amplifying the voices of those who understand the responsibility the health sector has to play its part.

7. Please tell us what your organisation sees as the main short and longer-term **risks and opportunities** associated with achieving the 2030 carbon reduction targets. Please tell us about the arrangements you are putting in place to manage risks and take advantage of any opportunities.

In this context we are defining **risk** as an uncertain event or set of events that, should it occur, would affect an organisation's ability to achieve its objectives. And we are defining an **opportunity** as a circumstance that provides a favourable situation for achieving a particular goal.

Short-term risks

The ongoing recovery from the COVID pandemic is stretching the health service greatly with reports widespread in the media of staff facing burnout. Beyond the media, the reality is also being seen on the front line. Whilst the subject of decarbonisation gets a sympathetic hearing and colleagues tend to agree its important, with the immaturity of the field meaning guidance on what green medicine/surgery/general practice/etc actually is and the pressure our nurses, therapists and doctors are under to just get through the day, there is a risk that they don't have the will and capacity to make the required change. To exemplify, colleagues in CVUHB who are proactive in this space and have thought about greening their service are reporting stalling on progress due to the current pressures.

With treatment backlogs as a result of COVID, in the short term the carbon footprint of the NHS may increase given the intense level of activity to reduce waiting lists being currently undertaken.

Decarbonising staff and visitor travel presents an opportunity and associated risk - swapping all existing private car use for electric/ultra low emission vehicle use would significantly reduce carbon emissions rapidly (on a lifecycle basis). However, EVs are not a panacea for wider long term public health impacts of our present transport system and do not mitigate against road traffic injuries and deaths, sedentary behaviour (and associated impact on physical and mental health), and still contribute to particulate matter air pollution (i.e. they are not 'zero emission'). Thus while EVs are a part of the solution, infrastructure and policies to support staff and visitors to travel by walking, cycling and public transport are essential to protect the population's health.

Long-term risks

With the premise that the most sustainable form of healthcare is care that doesn't need to be delivered at all as more people live heathy lives, there is a risk that without an ongoing national and local focus on prevention, even greater pressure on the health service to do more in ever bigger health infrastructure will result.

Wales has not been a leader in the adoption of digital health solutions. There is a risk that without a rapid rollout of technology to serve a preventative delivery of healthcare model. deployed in a way that health professionals will

value and want to use, that can have a positive impact upon patients and staff, opportunities to exploit the power of technology to generate health, efficiency and decarbonisation benefits come too late.

The costs and consequences of net-zero are not yet fully known. On a micro level, it is possible to replace a single use plastic clinical device with a reusable device. At scale, the need for upgraded sterilisation, increased porter numbers to transport the devices to and from clinical areas, etc are consequences (not all of which are known today) that add cost to the net-zero solution.

Short-term opportunities

With the COP summit and Wales Climate Week in November 2021, there have been topical opportunities to communicate to colleagues about what activities have been delivered/are underway which CVUHB have been exploiting.

NHS Wales is setting a reliable way to measure the carbon footprint of products used in the delivery of healthcare. This will allow detailed analysis at a departmental level to pick out hot spots.

Long-term opportunities

Joined up multi-agency approaches to tackle ill health in society.

Investing in clinical models and technology that will help prevent and predict illness in its earliest stages to reduce the instances and impacts of ill health and also the products and medicines that need to be consumed to treat those conditions.

Developing our Shaping our Future Hospitals programme, by looking to develop proposals for Welsh Government consideration to re-provide our acute hospital infrastructure. This offers the opportunity to re-think how hospitals are built, with the premise of zero carbon from the outset.

8. Please tell us about **examples of decarbonisation actions** that other organisations could learn from. These examples could be from within your organisation or from other organisations. They could be innovations and success stories, but we are also interested in initiatives that have not worked as well as intended.

The examples could cover:

- strategy
- operational delivery
- integration of policy or service delivery
- long-term planning
- practicing or developing a preventative approach
- finance
- governance
- communication
- collaboration
- citizen and/or staff engagement
- other

Colleagues in dermatology have moved from single use devices for the removal of skin cancers to reusable devices. These saved money and reduced carbon. What are interesting about these schemes are the issues that you don't expect arising as a result of implementation. In this case, there wasn't porter capacity to take the instruments to and from the sterilisation centre and required solving. What seems a simple example of substitution flushed out a consequence that we can now bear in mind for the future and plan upfront.

Clinical colleagues have been working with 2nd, 3rd, 4th and 5th year medical students at Cardiff University introducing the concept of sustainable healthcare, with some students opting to choose project around sustainability for more detailed analysis and submission as part of their learning.

Colleagues working in critical care took it upon themselves to plant trees as a means of remembering patients who passed through the department during COVID as well as attempting to offset the emissions associated with the operation of the department.

C&V UHB has signed up to the Cardiff and Vale Healthy Travel Charters (healthytravel.wales/charters). As part of implementation, the Health Board has, among other initiatives, introduced and expanded successful Park and Ride schemes to our main sites, offered free cycle maintenance sessions on site and introduced shared Nextbikes at the UHW and UHL campuses.

9a. Which of the following options best describes your organisation's arrangements for **reporting on progress** towards net zero carbon emissions?

We have arrangements in place that are fit for purpose

9b. Please use the box below to expand on your response above. Please cover:

- the extent to which you are following the Welsh Government's reporting guidance.
- the extent to which you are monitoring progress against the milestones outlined in the Public Sector Route Map.
- if applicable, how you are reporting progress against other milestones set internally or externally.
- if applicable, how you are reporting wider outcomes from your decarbonisation efforts (such as air quality benefits, health benefits etc).
- if applicable, how you are reporting against short, medium and longer-term objectives.

-Following reporting guidance:

CVUHB has been reporting on emissions and energy usage, but are looking to implement the latest WG standard as soon as possible.

The Public Sector Route Map is a useful guide with detailed actions falling beneath the themes. NHS Wales have set decarbonisation targets which CVUHB are following (16% reduction by 2025 for example).

-Monitoring Progress:

CVUHB are not monitoring progress against the milestones specifically but can do so. This would be a presentation task rather than a fundamental change to our current action plan.

-Reporting Progress:

CVUHB reports extensive performance metrics associated with its role as a health provider. No other decarbonisation metrics are reported.

-Reporting Outcomes:

CVUHB have been developing an 'outcomes framework' which measures a number of complex outcomes such as improvement in patient outcomes, improvement in patient satisfaction, reduction in inequalities. Reporting on sustainability outcomes is part of this. It is early days in the development of this outcomes framework.

-Reporting short, medium and long term objectives:

As our level of maturity increases, CVUHB can report more specifically on medium and long term objectives. A strategic programmes steering board is in place and reporting will be through that as a place where decarbonisation is built into future service and infrastructure needs.

10a. To what extent do you agree or disagree with the statement below.

"**Our organisation is effectively collaborating with other bodies to achieve the 2030 carbon reduction targets**."

Strongly agree

10b. To what extent do you agree or disagree with the statement below.

"**Our organisation is effectively engaging with and involving staff to achieve the 2030 carbon reduction targets**."

Agree

10c. To what extent to you agree or disagree with the statement below.

"Our organisation is effectively engaging with the full diversity of our population to achieve the 2030 carbon reduction targets."

Neither agree nor disagree

10d. Please use the box below to explain your answers.

Please cover (where applicable):

- who you are collaborating with and how you are working with them.
- external working groups and/or networks you are involved in.
- who you are engaging with and how you are involving them.
- how you are ensuring that you are engaging with the full diversity of the population.

CVUHB have not specifically engaged with our population on decarbonisation. During 2021 however, our emerging clinical model, Shaping Our Future Clinical Services was subject to engagement with our population. A modern way of delivering healthcare with efficiency for the patient at its heart. This engagement was achieved in collaboration with our local Community Health Council to ensure the right groups were asked for their opinion. Further engagement and consultation with the public will follow as specific plans emerge. We currently expect this to happen during 2022.

External working groups include: Welsh Anaesthesia Environmental Network (WEAN), Green health wales. There has also been ad hoc contact with other Welsh Health Boards and other NHS trusts in England. Welsh Government have an NHS Wales decarbonisation programme board which has CVUHB representation.

CVUHB sit on a Cardiff Council hosted climate emergency board featuring members of the local PSB, plus some additional large employers in the city. The first collaborative projects as a result of this group combining forces are beginning to be specified.

The Vale of Glamorgan have recently approved the governance arrangements for their Project Zero initiative. CVUHB look forward to also working with this council and partner on initiatives.

11. To what extent do you agree or disagree with the statement below?

"**Our organisation is confident that it will meet the 2030 target to have net zero carbon emissions.**"

Strongly disagree

Please use the box below to explain your answer.

The target for NHS Wales has been set at a 34% reduction by 2030 not net zero. This has been set because the supply chain that supports the health sector has no line of sight themselves to being net zero. This is not to say that targets can't change as the decade progresses. At the time of writing, there is no specific plan and costed glidepath to get to the 2030 target. We are however committed to getting to that position.

12. Please add anything else that you would like to tell us in relation to achieving the 2030 carbon emission targets.

13. We will be using this baseline review to inform our future priorities in auditing climate change action. Please use the box below to tell us your views on future priorities for auditing climate change action and how Audit Wales can help facilitate positive change.

We are interested in your views on both climate change mitigation (decarbonisation) and adaptation (adapting to the climate change that is already happening).

The extent to which cross-sector prevention interventions are contributing to reductions in healthcare demand, and consequent carbon emissions.

Thank you for completing the call for evidence.

How do I submit my completed call for evidence?

13 Please send your completed call for evidence (and associated documents – **Appendix 1**) to our dedicated climate change inbox: climate.change@audit.wales.

What will we do with the information you provide?

14 We will analyse the information submitted to help the Auditor General form his views on how the Welsh public sector is responding to the carbon emissions reduction targets for 2030. The information you provide is one of several methods we will use to assess the current position and inform our findings. We are planning some early feedback sessions in spring 2022, with formal reporting in early summer 2022. Please refer to **Appendix 2** for the full privacy notice and details on how your information will be used.

Legal basis for the work

15 The review will be carried out under powers contained within Section 145A (1) of the Government of Wales Act 1998 which enables the Auditor General to undertake or promote studies designed to enable him to make recommendations for improving economy, efficiency and effectiveness in the discharge of the functions of any relevant body or bodies, and section 41 (1)(a)(i)-(iii) of the Public Audit (Wales) Act 2004 studies designed to enable him to make recommendations, for improving economy, efficiency and effectiveness in the discharge of the functions of county councils and county borough councils in Wales, fire and rescue authorities in Wales and national park authorities.

16 The work may also help discharge our responsibilities under section 15 of the Well-being of Future Generations (Wales) Act 2015. The work may involve good practice exchange sharing under section 19 of the Public Audit (Wales) Act 2013.

17 Where we process personal data, this is in accordance with data protection legislation, including the Data Protection Act 2018 and the General Data Protection

Regulation. Further information is set out in our fair processing notice attached at **Appendix 2.**

Any questions?

18 If you have any queries about this call for evidence or how to prepare your submission, please e-mail climate.change@audit.wales with your contact details and we will respond as quickly as possible.

Appendix 1. Document request

19 Please use the box below to embed any documents that support your response to the call for evidence. Below is an indicative list of documents to embed:

- Corporate strategy
- Decarbonisation strategy
- Action plans and/or other operational plans about decarbonisation
- Well-being objectives
- Board/Committee/Cabinet reports related to decarbonisation
- Reports to senior leadership teams related to decarbonisation
- Governance organograms related to decarbonisation
- Staff structures related to decarbonisation
- Key working group papers and minutes related to decarbonisation
- Monitoring documents and reports related to decarbonisation
- Training plans related to decarbonisation
- Corporate and departmental risk assessments related to decarbonisation
- Papers to audit and risk committees related to decarbonisation
- Financial spreadsheets and explanatory memoranda related to decarbonisation
- Staff and public engagement plans related to decarbonisation
- Results from citizen engagement exercises related to decarbonisation

20 If there are other relevant documents that you feel would be of use in the context of the issues covered in our call for evidence and your responses, please also embed them in the box below. We are aware that our local audit teams may already have some of this material, but we want to ensure that we have the most up to date documentation.

Appendix 2. Auditor General for Wales – Privacy Notice

This privacy notice tells you about how the Auditor General for Wales and staff of the Wales Audit Office (WAO) process personal information collected through this call for evidence in connection with our Climate Change work.

Who we are and what we do

The Auditor General for Wales' work includes examining how public bodies manage and spend public money, and the WAO provides the staff and resources to enable him to carry out his work. "Audit Wales" is a trademark of the WAO,
and is the umbrella identity of the Auditor General for Wales and the WAO.

Data Protection Officer (DPO)

Our DPO can be contacted by telephone on 029 2032 0500 or by email at infoofficer@audit.wales.

The relevant laws

We process your personal data in accordance with data protection legislation, including the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Our lawful bases for processing are the powers and duties set out in the Public Audit (Wales) Acts 2004 and 2013, the Government of Wales Acts 1998 and the Well-being of Future Generations (Wales) Act 2015. Under Article 6(c) and (e) of the UK GDPR we process personal information where this is necessary for compliance with a legal obligation, or for the performance of a task carried out in the public interest or in the exercise of official authority.

Who will see the data?

The Auditor General and relevant WAO staff, such as the study team, and our local audit teams will have access to the information you provide.

Our call for evidence work involves corporate responses, and although we ask for your name and job title, these identifiers will not be included in our published report. Our published report may include some of the information you provide on behalf of your organisation, and this may be used to help inform future work. We may also wish to use some of the information you provide to develop good practice case studies, which may be published as part of our reporting and/or used during our Good Practice Exchange events. If we choose to name your organisation in such case studies, we will discuss with you in advance of any wider release and confirm factual accuracy.

We may share information with:

a) Senior management at the audited body(ies) as far as this is necessary for exercising our powers and duties;

b) Certain other public bodies/public service review bodies such as the Office of the Future Generations Commissioner, Care Inspectorate Wales (Welsh Ministers), Estyn and the Public Services Ombudsman for Wales, where the law permits or requires this, such as under section 15 of the Well-being of Future Generations (Wales) Act 2015.

How long we keep the data

We will generally keep your data for 6 years, though this may increase to 25 years if it supports a published report—we will contact you before any publication of information that identifies you—see also “your rights” below. After 25 years, the records are either transferred to the UK National Archive or securely destroyed. In practice, very little personal information is retained beyond 6 years.

Our rights

The Auditor General has rights to information, explanation and assistance under paragraph 17 of schedule 8 Government of Wales Act 2006, section 52 Public Audit (Wales) Act 2004, section 26 of the Local Government (Wales) Measure 2009 and section 98 of the Local Government & Elections (Wales) Act 2021. It may be a criminal offence, punishable by a fine, for a person to fail to provide information.

Your rights

You have rights to ask for a copy of the current personal information held about you and to object to data processing that causes unwarranted and substantial damage and distress.

To obtain a copy of the personal information we hold about you or discuss any objections or concerns, please write to The Information Officer, Wales Audit Office, 24 Cathedral Road, Cardiff, CF11 9LJ or email infoofficer@audit.wales. You can also contact our Data Protection Officer at this address.

Information Commissioner’s Office

To obtain further information about data protection law or to complain to complain about how we are handling your personal data, you may contact the Information Commissioner at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or by email at casework@ico.gsi.gov.uk or by telephone 01625 545745.

Core Financial Systems
(General Ledger & Accounts Receivable)
Final Internal Audit Report

January 2022

Cardiff & Vale University Health Board

NWSSP Audit and Assurance Services

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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

Contents

Executive Summary 3
1. Introduction 4
2. Detailed Audit Findings 4
Appendix A: Management Action Plan 9
Appendix B: Assurance opinion and action plan risk rating 11

Review reference:	CVU-2122-03
Report status:	Final Report
Fieldwork commencement:	8 November 2021
Fieldwork completion:	6 January 2021
Debrief meeting:	6 January 2021
Draft report issued:	11 January 2022
Management response received:	21 January 2022
Final report issued:	25 January 2022
Auditors:	Henry Wellesley, Audit Manager
	Wendy Wright, Deputy Head of Internal Audit
Executive sign-off:	Catherine Phillips, Executive Director of Finance
Distribution:	Chris Lewis, Deputy Director of Finance
	Helen Lawrence, Head of Financial Accounts and Services
	David Maddocks, Finance Business Partner
	Alun Williams, Financial Services Manager
Committee:	Audit & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for the management of Core Financial Systems (General Ledger & Accounts Receivable), to provide assurance to the Health Board's Audit Committee that risks material to the achievement of the systems objectives are managed appropriately.

Overview

We have issued substantial assurance on this area.

The matters requiring management attention are low priority, which include:

- Enhancements to financial procedures to ensure they alignment to key documents of the Health Board, such as Standing Financial Instructions and Standing Orders; and
- Management to review financial controls to ensure leavers of the Health Board are identified in a timely manner.

Report Classification

		Trend
Substantial 	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.	⇔ 2019/20

Assurance summary[1]

	Assurance objectives	Assurance
1	General Ledger - Adequate accounting routines operate to protect the integrity of the general ledger and those routines are implemented in practice.	Substantial
2	Accounts Receivable - All income is collected and accounted for in a timely manner.	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

There are no key matters arising to report on this occasion.

Saunders,Nathan 02/08/2022 11:48:02

1. Introduction

1.1 The review of the Core Financial Systems was completed in line with the 2021/22 Internal Audit Plan.

1.2 Given that previous audits of Core Financials have received high levels of assurance, individual areas are now covered on an annual cyclical basis. In the previous financial year, 2020/21, the audit covered the asset register and cash management. Therefore, this year's audit has focused on the general ledger and accounts receivable, which were last reviewed in 2019/20 (CVU-1920-13), which reported substantial assurance.

1.3 The general ledger records all financial transactions of the organisation and provides the basic information for the preparation of management accounts, final accounts and financial returns. In order to maintain proper financial control, it is essential that adequate accounting routines operate to protect the integrity of the ledger and that those routines are implemented in practice.

1.4 The collection of all income due in a timely manner is crucial to the financial stability of the Health Board and important in meeting its financial targets and providing patient care.

1.5 Our audit scope did not include a technical review of the controls around data security.

Audit Risks

1.6 The potential risks considered in this review are as follows:

- Incorrect data may be recorded within the general ledger;
- Corruption or loss of data due to unauthorised access to the general ledger; and
- Income due to the Health Board may not be received or properly accounted for.

2. Detailed Audit Findings

Objective 1: General Ledger - Adequate accounting routines operate to protect the integrity of the general ledger and those routines are implemented in practice

Objective 1a: Procedural guidance is in place and is appropriate and up to date

2.1 There is a 'General Ledger Controls' Procedure in place, which reflects the management and governance arrangements for the financial general ledger. At the time of our review, the procedure had recently been updated in November 2021, and the next scheduled review is noted as November 2022.

2.2 We note there is no reference within the procedure to the Health Board's Standing Financial Instructions or Standing Orders[1], which would enhance the strategic context and alignment to key Health Board documents *(Matter Arising 1 - Low Priority).*

Conclusion 1a: We found there were detailed and up to date procedures in place to support the management of the financial general ledger, but there is no alignment within the procedure to key documents of the Health Board. (Substantial Assurance)

Objective 1b: Data within the general ledger system is secure and access is appropriately administered

2.3 Access to the Oracle system is password protected and where users have not logged on for 60 days, these are reported to the Financial Services Manager who reviews if the access is still required. As part of our testing, we compared current Oracle users to leavers, and identified one user who had left the Health Board, who was still recorded as a user of the Oracle system. Although the user no longer had a Nadex ID to log in to corporate systems *(Matter Arising 2 – Low Priority)*.

2.4 Since our review in 2019/20 (CVU 1920-13), we note the improved position, where we previously reported a higher number of leavers whose Oracle user accounts remained open (53).

Conclusion 1b: In the most part, there are systems and controls in place that are operating effectively, but a review of the controls by management to ensure the timely removal of leavers off the Oracle system would be beneficial. (Reasonable Assurance)

Objective 1c: Changes to the coding structure of the general ledger are appropriately administered

2.5 There is a database in place for requesting and actioning amendments to the general ledger chart of accounts, access to this database is restricted to those permitted to request changes. Our review of 10 requests confirmed that the requests had been actioned, were authorised and the correct adjustments had been made to the chart of accounts.

Conclusion 1c: Changes to the coding structure are controlled. (Substantial Assurance)

Objective 1d: All input to the general ledger is complete, accurate, timely and valid

2.6 Our review of the controls around the general ledger confirmed that there is a schedule of reconciliations undertaken to ensure the accuracy of information within the Oracle system and that it accurately reflects the information from feeder systems such as accounts payable or inventory transactions.

2.7 The sample of reconciliations we reviewed covered Month 2 (May) and Month 5 (August), and included: Income and Expenditure Reconciliation, Feeder Control

[1] https://cavuhb.nhs.wales/about-us/governance-and-assurance/policies-procedures-and-guidelines/

Check, Debtors Control Account & Lead Schedule, NHS Debtors, Non-NHS Debtors, Prepayments, Cash and Bank, and Central Accruals.

2.8 The reconciliations reviewed were appropriately documented and subject to review and approval in a timely manner. The process has been modified since the previous review to adapt to the needs of remote working, we found that there remained a robust control system.

2.9 As part of our sample testing, we also considered the Reconciliation of Bad Debt Provision. We note that monthly reconciliations are not undertaken given the low values, rather an annual adjustment is posted to the ledger at year end. Although there is a process in place for monitoring the movement of bad debt. In alignment with our period of sample testing, we noted the assessments undertaken in Month 2 and Month 5 to confirm the values remained low.

Conclusion 1d: There are timely and appropriately approved reconciliations in place, which ensure that the general ledger is complete and accurate. (Substantial Assurance)

Objective 1e: Journals posted to the general ledger are appropriately authorised and supported with appropriate evidence

2.10 The Health Board has guidance in place for uploading actual and budget journals onto the general ledger. We were able to confirm at the time of the audit that there were 87 system users who were authorised with access to upload journals. We selected a sample of 20 journals and were able to substantiate the need for the journals, in addition to obtaining further explanations and supporting documentation.

Conclusion 1e: Journals are authorised and supported by appropriate evidence. (Substantial Assurance)

Objective 1f: Output from the general ledger is controlled, secure, timely and appropriate to the need of the Health Board

2.11 A review of the monthly output from the general ledger, which is used to report the Health Board's financial position, both internally and to the Welsh Government was found to have strong verification and quality controls in place. Testing showed that a monthly timetable for closing the accounts was followed, reports were issued and quality control measures including monthly meetings, ensured a robust quality assurance process for output from the general ledger. Thus, ensuring the integrity of the output reported to Budget Holders and the Welsh Government.

Conclusion 1f: Outputs from the general ledger have controls in place to ensure timely and accurate reporting, that meets the needs of the Health Board and the Welsh Government. (Substantial Assurance)

Objective 2: Accounts Receivable - All income is collected and accounted for in a timely manner

Objective 2a: Procedural guidance is in place and is appropriate and up to date

2.12 There is a Financial Control Procedure for Accounts Receivable in place, which reflects the current processes and was last updated in October 2021. Although we note there was a lack of clarity of who owns the Procedure and when a review is next scheduled. Similar to the General Ledger Control Procedure, there was no alignment to Standing Financial Instructions or Standing Orders.

Conclusion 2a: Detailed procedures are in place which outline the processes and procedures for raising and accounting for Health Board debt, including procedures for the recovery of aged debt. We note the procedures could be enhanced by aligning to key documents of the Health Board, in addition to clarifying the procedure owner and next review date. (Reasonable Assurance)

Objective 2b: There are appropriate regular reconciliations between the general ledger and the debtor system

2.13 We reviewed two months of reconciliations and confirmed that monthly reconciliations between the general ledger and the debtor system were undertaken and were signed off and authorised.

Conclusion 2b: There is an appropriate system in place which ensures regular reconciliations are undertaken, which can be evidenced. (Substantial Assurance)

Objective 2c: Income due is appropriately identified and debtor invoices are accurately and promptly raised

2.14 We reviewed a sample of 20 invoices to establish whether they had been raised promptly once a service had been provided. It was found that all invoices had been raised in a timely fashion following the provision of a service.

Conclusion 2c: The Health Board has in a place a robust system for identifying and raising invoices for debt owed. (Substantial Assurance)

Objective 2d: Receipts are accounted for properly, promptly and in full. Unidentified/unallocated receipts are appropriately managed

2.15 To ensure that resources are optimised in the collection of debt, it is important that all receipts are promptly accounted for and unidentified receipts are appropriately managed and allocated. Our review of receipts confirmed that there was a robust process in place for the prompt allocation of remittances, of the 20 invoices sampled all receipts had been allocated.

Conclusion 2d: Receipts are appropriately accounted for, promptly and in full. (Substantial Assurance)

Objective 2e: Outstanding and aged debt is appropriately monitored and followed up

2.16 We sampled 20 debtor invoices which were unpaid after 60 days. It was found that robust procedures and processes are in place for pursuing outstanding debts and these had been followed. The review did identify one aged debt amounting to £19,169, dating back to 2013, which was part of a wider, more complex claim against a manufacturer. We established that a bad debt provision had been made for these invoices.

Conclusion 2e: There is a robust system in place for monitoring and following up on aged debt. (Substantial Assurance)

Objective 2f: Debt write-off is managed appropriately

2.17 The Financial Control Procedure for Accounts Receivable details the process for bad debts which require write-off. Debts which are deemed impossible to collect are collated by the Accounts Receivable team for inclusion in the Losses and Compensation Panel report.

2.18 Our testing verified that the debts written off the Oracle system reconciled to the figures that went to the Losses and Special Payments Panel in October 2021, which confirmed that only approved write-offs had been actioned on Oracle. The value of debts proposed for write-off between April 2021 – September 2021 amounted to £20,595, as follows:

Category of Debt	Value (£)	Number
Payroll	15,458	43
Overseas Patients	3,829	2
Miscellaneous	1,308	25
Total	**20,595**	**70**

2.19 We also confirmed that the Panel met on a bi-annual basis, May and October 2021, and that the Panel made recommendations to the Audit & Assurance Committee.

Conclusion 2f: Procedures are in place and complied with, which ensures that the write-off of aged debt is managed appropriately, through the appropriate governance route. (Substantial Assurance)

Appendix A: Management Action Plan

Matter Arising 1: Financial Control Procedures (Design)	**Impact**
We received and reviewed the financial control procedures within the scope of this review and note the following observations: • General Ledger Controls Procedure (Dated November 2021) – Whilst the procedure is fit for purpose and dated there is no reference to the Health Board's Standing Financial Instructions or Standing Orders; and • Accounts Receivable Controls Procedure (Dated October 2021) - Similarly, the procedure is fit for purpose, but it is unclear who owns the procedure or when the next review is scheduled. There is also no alignment to Standing Financial Instructions or Standing Orders.	Potential risk of: • A lack of clarity, relevance or timeliness of financial control procedures.
Recommendations	**Priority**
As a point of good practice, consideration should be given to the following updates to the Financial Control Procedures: - Referencing the Health Board's Standing Financial Instructions and Standing Orders within the procedures, to demonstrate the line of sight to key Health Board documents; and - The Accounts Receivable Control Procedure should include an owner and next review date.	**Low**

Agreed Management Action	**Target Date**	**Responsible Officer**
Agree to update and reference Health Board's Standing Financial Instructions and Standing Orders within the procedures.	March 2022	Helen Lawrence, Head of Financial Accounts and Services
Accounts Receivable Control Procedure has been updated with Owner Title and next review date.	January 2022	Alun Williams, Financial Services Manager

Matter Arising 2: Oracle System Access (Operation)	**Impact**
We found controls over access to the Oracle General Ledger and Accounts Receivables systems are in the main sound. As part of our testing, we compared a list of employees who had left the Health Board to a list of live users on Oracle, this identified one user who had left the Health Board in February 2021 whose access had not been removed, but we were able to confirm that the user had not accessed the system during this period. In this instance an Oracle Termination Form to end date the user had not been completed by the manager (outside of central finance). System reports highlighted that the user had not logged in for 60 days or more, but no action was taken to remove Oracle access. Since highlighting the finding, it has been confirmed that the access has been removed.	Potential risk of: • Unauthorised access to Financial Systems • Data breach • Financial Loss
Recommendations	**Priority**
A review of controls should be undertaken to ensure all leavers of the Health Board have their user access to the Oracle system removed in a timely manner, particularly those outside of central finance.	**Low**

Agreed Management Action	**Target Date**	**Responsible Officer**
Agree to review controls and implement more robust process to ensure all leavers have access removed in timely manner	March 2022	David Maddocks, Finance Business Partner

Saunders.Nathan
02/08/2022 11:48:02

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**No assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Theatre Utilisation

(Surgery Clinical Board)

Final Internal Audit Report

January 2022

Cardiff & Vale University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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

Contents

Executive Summary 3
1. Introduction 4
2. Detailed Audit Findings 5
Appendix A: Management Action Plan 9
Appendix B: Assurance opinion and action plan risk rating 19

Review reference:	CVU 2122-25
Report status:	Final Report
Fieldwork commencement:	7 July 2021
Fieldwork completion:	21 October 2021
Draft report issued:	28 October 2021
Draft report meeting:	4 November 2021
Management response received:	20 January 2022
Final report issued:	21 January 2022
Auditors:	Geoffrey Woolley, Principal Internal Auditor Wendy Wright, Deputy Head of Internal Audit
Executive sign-off:	Caroline Bird, Interim Chief Operating Officer
Distribution:	Mike Bond, Director of Operations, Surgery Clinical Board Ceri Chinn, Interim General Manager, Peri-operative Care Paul Bracegirdle, Deputy General Manager, Peri-operative Care
Committee:	Audit & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note
This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cardiff and Vale University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to Theatre Utilisation. The review sought to provide assurance to the Health Board's Audit Committee that risks material to the system's objectives are managed appropriately.

Overview

Our overall assurance rating reflects the enhancements that are required to the Health Board's systems and processes to improve theatre utilisation arrangements.

The key areas to be addressed relate to:

- The absence of a Policy or Procedure to efficiently and effectively direct theatre utilisation presents a control weakness, which if addressed would clarify roles and responsibilities as the Health Board recovers and redesigns services following COVID-19, and further maximise opportunities.
- Surgical specialities should provide richer narrative in the Theatreman system to facilitate more meaningful analysis of utilisation.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Assurance objectives	Assurance
1	Effective governance arrangements are in place	Substantial
2	Formally approved policies and procedures which have been adequately communicated	Limited
3	Systems and processes are in place which facilitate the use of theatre resources	Reasonable
4	Adequate monitoring and reporting processes are in place	Reasonable

Key Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	No formalised Theatre Utilisation Policy and Procedure	2	Design	High
2	Incomplete records on Theatreman require action by surgical specialities	3	Operation	Medium
3	Opportunities to maximise existing theatre resources	4	Operation	Medium
4	Greater detail required in Theatreman to inform theatre utilisations reports and subsequent analysis	4	Operation	Medium

[1] *The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.*

1. Introduction

1.1 The review of Theatre Utilisation was completed in line with the Cardiff and Vale University Health Board's 2021/22 Internal Audit Plan and at the request of the Surgery Clinical Board.

1.2 Theatres are managed by the Peri-operative Care Directorate, which is part of the Surgery Clinical Board. Whilst the Directorate manage the theatres, booking requests and cancellations for theatre time slots, requests come from the various clinical service areas throughout the Health Board. Theatre management includes the main theatres in University Hospital Wales (UHW), University Hospital Llandough (UHL), the Children's Hospital for Wales, and the Short Stay Surgical Unit (SSSU).

1.3 *"The SSSU is a relatively recent development within the UHW. The largest SSSU unit within Europe, it offers both staff and patients a unique healthcare experience within one of the most advanced environments of its kind."*[2]

1.4 In 2016, Audit Wales ('AW', previously Wales Audit Office) released their report on 'Operating Theatres: A Summary of Local Findings'. This report brought together the results of AW's work across NHS Wales over the period 2011-2014. The report concluded that, *"… many theatres remain under-utilised and there are barriers to improvement along the entire patient pathway, not just within theatres. The focus on theatre efficiency and productivity has waned in Wales in recent years although positively there has been greater focus on surgical safety."*[3]

1.5 The effective utilisation of theatre time will be a key component in ensuring that identified surgical capacity requirements are met, as the Health Board moves towards recovery and redesign following the COVID-19 pandemic.

1.6 On a weekly basis Operating Theatre activity for Green and Amber Zones is circulated to senior managers from the Surgery Clinical Board, week commencing 2 August 2021 noted, *"elective activity was 313 patients"*.

1.7 The executive lead for the review is the Chief Operating Officer.

1.8 The **Audit Risks** considered in this review were as follows:

- Poor patient experience as a result of ineffective and inefficient use of theatre resources;
- Systems and processes in place do not adequately facilitate the efficient and effective use of theatre resources;
- Monitoring and reporting processes do not provide adequate and timely utilisation information; and
- Reputational damage to the Health Board if theatre resources are not being used effectively.

[2] https://cavuhb.nhs.wales/our-services/short-stay-surgical-unit/ (Accessed June 2021)
[3] https://www.audit.wales/sites/default/files/operating-theatres-2016-eng_6.pdf (Accessed June 2021)

2. Detailed Audit Findings

Objective 1: Effective governance arrangements are in place which ensure that theatre resources are being used efficiently.

2.1 Theatre performance is presented at a weekly Directorate Management Team Meeting, which is attended by senior staff covering the various components involved in running the theatres at each of the Health Board's sites.

2.2 Theatre performance, operational efficiency and utilisation of theatres is presented and discussed monthly at the Surgery Clinical Board.

2.3 At the time of audit fieldwork we were also advised that theatre activity and planning was scrutinised and discussed at a Planned Care Performance Meeting, which was held every two weeks. Although we understand this forum has evolved and falls within the remit of the Recovery and Redesign Portfolio, which has a broader remit.

Conclusion 1: Theatre Utilisation is regularly considered at a range of meetings including the Surgery Clinical Board. Whilst we identify no matters arising for this objective, we are cognisant of the Recovery and Redesign Portfolio and the potential need for governance arrangements to be agile whilst the Planned Care Programme matures, to ensure that governance arrangements for the programme and business as usual arrangements align and work together, avoiding duplication and to maximise opportunities ahead. (Substantial Assurance)

Objective 2: Formally approved policies and procedures support the efficient and effective use of theatre resources, which have been adequately communicated to all relevant personnel.

2.4 During our initial planning, we found policy and procedure documents on the Health Board's intranet which appeared potentially relevant but were not recognised by our audit contacts.

2.5 Our initial audit planning meeting was held in June 2021, it was noted that the Interim Deputy General Manager, Perioperative Care had recently commenced in post. It was outlined that part of the remit of the role is to develop and improve theatre scheduling and utilisation processes, which included the need to formalise standard operating procedures.

2.6 During our period of audit fieldwork a draft Operating Theatre Scheduling, Cancellation and Utilisation Procedure was being worked upon, which was shared with us. We understand that the intention is to develop this upon conclusion of the audit, to take account of any relevant audit recommendations for inclusion.

2.7 The fundamental importance of a policy and procedure to direct theatre scheduling, cancellation and utilisation cannot be underestimated, at a time when the Health Board is responding to the repercussions of the COVID-19 pandemic and working to increase surgical theatre capacity, whilst transformation and sustainability

remain key to the Planned Care Programme within the Operations Recovery Portfolio. *(Matters Arising 1 – High Priority)*

2.8 Our recommendation to support the need for a policy and procedure for theatre utilisation draws upon further points for inclusion within the procedure, for example:

- Governance and assurance mechanisms;
- Clarity of roles and responsibilities, particularly the distinction between Peri-operative Care and the Surgical Specialities; and
- Required action where utilisation falls short of plans and schedules (determined by % utilisation).

Conclusion 2: The Health Board would benefit from having a clearly defined Policy and Procedure to direct operating theatre scheduling, cancellation and utilisation, at a time when effective utilisation of resources could not be more important. We understand the current intention by Peri-operative Care is to finalise a procedure, but the addition of a policy could provide a clear statement of intent to progress the opportunities in this area. (Limited Assurance)

Objective 3: Systems and processes are in place which facilitate the efficient and effective use of theatre resources, and these are consistently applied in practice.

2.9 Theatres are allocated to the specialties on a scheduled basis so they know in advance what is available to them and so can allocate patients. Each theatre will be set up according to the specialty's requirements.

2.10 Changes are only made to the theatre allocation schedules following discussion and agreement by all interested parties.

2.11 Weekly theatre scheduling meetings are held which are attended by Peri-operative Care and the specialties which cover information provided by Peri-operative Care to the specialties, requests by the specialties for theatre extensions, gaps in lists or where no patients have been booked and cancellation notifications.

2.12 Reports are auto-distributed weekly to Peri-operative Care and all the specialties showing the Master Directorate Sessions Report for which the specialties need to take action to resolve. Reviewing this did not indicate a significant or cumulative issue.

2.13 Reports are auto-distributed weekly to Peri-operative Care and all the specialties showing 'Incomplete Theatre Sessions' for which the specialties need to take action to close down their theatre sessions. Where this has not been done, the information recorded for the sessions will not be complete and accurate. A review of 'Incomplete Theatre Session Reports', issued on 9th August 2021 highlighted the need for further efforts in this area. *(Matter Arising 2 - Medium Priority)*

2.14 Our review of a sample of theatre utilisation reports (as referenced in paragraph 2.24 below) highlighted that the current systems and processes are not always

ensuring the maximum utilisation of theatre capacity. Although we acknowledge the challenges of the current situation, for instance short notice patient cancellations cannot always be filled because of COVID-19 self-isolation requirements. *(Matter Arising 3 – Medium Priority)*

2.15 We met with a small sample of specialties, including Ophthalmology and General Surgery who were positively engaged with the importance and benefit of maximising theatre utilisation and felt that Peri-operative Care provided the service and information required to help them achieve this.

Conclusion 3: Systems and processes are in place to facilitate the use of theatre resource, but further work is needed to ensure the completeness of Theatreman and that theatre utilisation is being maximised. We do note that the systems and processes are not currently directed by procedure, which leads to a greater risk of deviation from agreed practice, particularly leading to a lack of clarity of roles and responsibilities. An approved procedure will enhance the control of systems and processes, whilst also supporting the stability of theatre resource and provide a position to build upon that informs transformation. (Reasonable Assurance)

Objective 4: Monitoring and reporting processes are in place which provide adequate and timely utilisation information, covering both scheduling and cancellation of theatre time.

2.16 High level summary reports for UHW, UHL and the overall Health Board are auto-distributed weekly to Peri-operative Care and each of the specialties. The reports illustrate the number of on the day cancellations analysed by specialty and whether this was caused by surgeon unavailability or another reason. Further, a monthly total cancellations chart, and a monthly cancellation by reason chart provide a high level overview, supplemented by a 'Top Ten Cancellation Reasons for the Last 30 Days Pie Chart'. To aid understanding and to facilitate analysis of these reports, the PasPlus application can then be used to drill down and analyse the underlying theatre sessions.

2.17 Theatre activity by site reports are distributed weekly to the Deputy Director of Operations, Surgery Clinical Board and senior staff in the Surgery Clinical Board, Peri-operative Care and Finance. These show the overall elective activity for each month analysed by Health Board's theatre sites, external providers, and include a commentary by the Surgery Clinical Board's Service Manager.

2.18 We also undertook a detailed review of auto-generated Theatreman reports, 'Theatre Session Overview Reports' which are issued each week to all specialties and copies are also provided to Peri-operative Care. These reports summarise detailed information for the previous week's theatres utilisation for each theatre and session including the staff and specialty using the theatre, a comprehensive timeline record, turnaround time between patients, the total time in theatre per patient and the overall utilisation percentage per session. Furthermore, it includes sections to record reasons for late starts, session under-runs, early finish and

cancelled sessions and indicates where a session has been unfinalised i.e. not closed down at the end of the session.

2.19 Our review of a sample of these reports highlighted that some comments were found to be too brief or did not have sufficient standalone information to support any further analysis, for example; no reason for a late start; or limited reasons for session cancellation. *(Matters Arising 4 – Medium Priority)*

2.20 Theatre Scheduling Planners are held in Microsoft Excel spreadsheets, which illustrate the allocation of theatres across the Health Board sites. We did note that not all theatres are fully utilised across the working week, further details are provided in Appendix A.

2.21 As noted through paragraphs 2.19 to 2.23, there are several reports in regular circulation to facilitate the monitoring and reporting of theatre utilisation. On a sample basis, our review of these in detail did highlight that there are opportunities available to maximise existing theatre resources, which was evident from reviewing the Theatre Scheduling Planner and the Theatre Session Overview Reports, which detailed cancellations, both patient and non-patient reasons. *(Matters Arising 3 – Medium Priority)*

2.22 We acknowledge that theatre utilisation is impeded by a lack of theatre staff and workforce capacity. However, a Workforce Plan is in place to address the risk and is recognised in the Surgery Clinical Board's Risk Register.

Conclusion 4: Monitoring and reporting processes are in place which provide timely utilisation information covering both scheduling and cancellation of theatre time to relevant staff. To further support effective monitoring and reporting, the completeness of Theatreman could be improved. We note that matter arising three highlights that opportunities remain to maximise existing theatre resources, given that theatre space is not yet 100% utilised. However, we are aware that workforce capacity is not isolated to the Cardiff and Vale Health Board and remains a significant challenge across NHS Wales. (Reasonable Assurance)

Looking ahead, the Recovery and Redesign Portfolio, through the Planned Care Programme aims to, *"Improving access for patients through increasing activity and capacity levels back to, and exceeding pre-COVID levels. This will be achieved through short and medium term measures using independent sector, maximising productivity and efficiency of green pathways (PESUs), increasing capacity in green pathways though deployment of mobile theatres for example and service reconfiguration. … Alongside capacity growth, the programme will implement whole system pathway redesign, to transform how planned care is delivered."*[4]

[4] Operational Recovery and Redesign Portfolio, Resource Pack, October 2021, v 2.0

Appendix A: Management Action Plan

Matter Arising 1: No formalised Theatre Utilisation Policy and Procedure (Design)	**Impact**
We were made aware at the planning stage of the audit that there is no formally approved Health Board Policy and Procedure for Theatre Utilisation. Management are aware of this and whilst an early draft of a procedure is in place, we understand that the intention is to develop this following the audit when the recommendations identified can be incorporated within. However, some written guidance covering specific limited areas was available, for example, the 'Incomplete Session Plan Process'. During our initial planning, we identified 'Theatre Scheduling Guidelines' on the Health Board's intranet, but the published guidance is not dated and has no identified owner, nor was it recognised as current guidance by the lead audit contact.[5]	Potential risk that confusion and inconsistency may occur regarding what procedures should apply and what actions should be taken regarding Operating Theatre Scheduling, Cancellation and Utilisation.
Recommendation 1	**Priority**
Peri-operative Care should continue as planned to complete and seek approval of a Health Board Theatre Utilisation Procedure, in addition to a Policy. In doing so, the following should be incorporated: - The governance and assurance mechanisms to support and challenge efficient and effective theatre utilisation, which incorporates the escalation of issues for resolution; - Clarity of roles and responsibilities, including but not limited to the distinction between Peri-operative Care and the Surgical Specialities; - Alignment with the Planned Care Programme of the Recovery and Redesign Portfolio (clinically led, risk-orientated and data driven); and	**High**

[5] Perioperative Informatics Support (wales.nhs.uk) (Accessed July 2021)

- The actions to be taken where utilisation falls short of plans and schedules (action determined by % utilisation). Additionally, historical information which is no longer valid should be fully removed from the Intranet to avoid confusion and incorrect action occurring.		
Agreed Management Action 1	**Target Date**	**Responsible Officer**
The Peri-Operative Care Directorate will continue to write a procedure titled 'Operating Theatre Scheduling, Cancellation and Utilisation. This will be a standard operating procedure which explains the process of how theatre lists should be utilised, who should attend the scheduling and utilisation meetings and how the meetings will be run. This policy will be approved by the Peri-Operative Care directorate Governance forum and will also be sent to all stakeholders that use the Peri-Operative Care service and attend the scheduling and utilisation meetings. We have contracted with a company to support developing this policy. "Foureyes Ltd" are working with us until end of March and the focus will be on utilisation and efficiency. The Directorate will also write a Health Board policy which states the rules around the booking process of theatre lists and how performance and utilisation will be monitored and adhered to. This policy will need to be approved by the Peri-Operative care Directorate and Surgery Clinical Board but will also need executive approval by the Board. These two policies will incorporate the recommendations: The governance and assurance mechanisms to support and challenge efficient and effective theatre utilisation, which incorporates the escalation of issues for resolution;	March 2022	General Manager Peri-Operative Care

- Clarity of roles and responsibilities, including but not limited to the distinction between Peri-operative Care and the Surgical Specialities; - Alignment with the Planned Care Programme of the Recovery and Redesign Portfolio (clinically led, risk-orientated and data driven); and - The actions to be taken where utilisation falls short of plans and schedules (action determined by % utilisation).		
These policies/procedures will be available on the Health Board's intranet pages. The Policy and procedure will be found under the policies section within the Peri-Operative Care Directorate web site. All old policies relating to theatre scheduling, utilisation and systems and processes in relation to these will be removed from Cardiff and Vale UHB intranet pages.	March 2022	Policy Lead for Peri-Operative Care

Matter Arising 2: Incomplete records on Theatreman require action by surgical specialities (Operation)	**Impact**
Theatreman reports are auto-distributed weekly to Peri-operative Care and all specialties showing 'Incomplete Theatre Sessions' for which the specialties need to take action to close down their theatre sessions. Where this has not been done, the information recorded for the sessions will not be complete and accurate. A review of 'Incomplete Theatre Session Reports', issued on 9th August 2021 highlighted that a total of 86 sessions had not been closed down, of which 77 (90%) were over 2 weeks old, further detailed below:	Potential risk of theatre utilisation records not being accurately maintained in a timely manner.

Location	Dates of the incomplete theatre sessions	Total incomplete theatre sessions	Proportion incomplete theatre sessions
UHW	2018 - 2020	16	19%
	Jan-21 – Mar-21	7	8%
	Apr-21 – Jun-21	25	29%
	Jul-21 - Aug-21	16	19%
UHL	Apr-21 – Jun-21	5	6%
	Jul-21 - Aug-21	12	14%
SSSU	Apr-21 – Jun-21	1	1%
	Jul-21 - Aug-21	4	4%
Total		**86**	**100%**

We were advised by the Interim Deputy General Manager that the position has improved, which had previously been higher, and work is ongoing to close down sessions.

Recommendation 2		Priority
In conjunction with recommendation 1, which will provide clarity of roles and responsibilities mandated by procedure, all specialties should be reminded of their responsibility to close down their theatre sessions (at the end of each session), so that the information recorded is complete and accurate to enhance utilisation intelligence.		**Medium**
Agreed Management Action 2	**Target Date**	**Responsible Officer**
The policy on Operating Theatre Scheduling, Cancellation and Utilisation will clearly state the responsibilities and ownership with regards to ensuring that all theatre sessions are completed. Time frames will be set against individual directorates to ensure that the sessions are completed after receiving the information from the Peri-Operative Care directorate. If the timeframe is exceeded the policy will state the escalation protocols that will be followed.	March 2022	General Manager Peri-Operative Care

Matter Arising 3: Opportunities to maximise existing theatre resources (Operation)	**Impact**
Information provided through the course of the review highlighted that there are opportunities available to maximise existing theatre resources, for instance: • We were provided with a Microsoft Excel Spreadsheet, 'Theatre Scheduling Planner', which illustrated the allocation of theatres. We noted from the document provided, 'w/c 26th July 2021 week 4', that there were theatres unallocated, for example: UHW - Friday AM – Theatres 0, 1, 2, 3, 4, 5; SSSU – all week – Theatres 6 and 7; and UHL – all week – Theatres Red and CAVOC 4. • The Theatre Session Overview Reports, referred to in matters arising four also identify reasons for late starts, session under-runs, early finish and cancelled sessions, examples include: Late starts due to the Surgeon not being on site at the scheduled start time; Delays due to getting equipment for the case; and instances where theatre utilisation was below 50% for some sessions. • We also note that patient cancellations have an impact on utilisation, example explanations in the above range of reports included appointment inconvenience, or operation not necessary. • Non-patient explanations for cancellations included operation not necessary, unsuitable for day surgery, other Hospital non-clinical reason and staff unavailability due to leave and other reasons. We do note the challenges experienced by the Health Board, as referred in the Surgery Clinical Board risk register; Namely, the risk of patient or staff harm due to insufficient deployable workforce (medical and nursing) and that nursing staff are still supporting additional capacity areas on both UHW and UHL sites. We also note that the Planned Care Programme incorporates increasing activity and capacity.	Reputational damage to the Health Board if theatre resources are not being used effectively

Recommendation 3		Priority
The current systems and processes for managing theatre utilisation should be enhanced, to ensure that utilisation is maximised, cognisant of the risks faced by the Health Board. The policy and procedure developed as part of Recommendation 1 should reflect the enhanced systems and processes to help ensure they are consistently applied.		**Medium**
Agreed Management Action 3	**Target Date**	**Responsible Officer**
Opportunities to maximise theatre resources will be achieved through the following actions: • Increase the workforce within the Peri-Operative Care directorate to ensure that there is sufficient amount of staff to work in the theatres. • Work with Specialist Services Clinical Board to ensure that the PACU service provision is increased. • Work with Theatre IT to ensure that theatre overview reports are sent to appropriate teams. • Theatre overview will be discussed with Theatre Managers and General Manger and Lead Nurse for Peri-Operative Care at their regular 2:1 meetings. • Theatre overviews will be discussed at Theatre scheduling meetings with each individual directorates. • If utilisation falls below the agreed performance rate this will be escalated to the appropriate Clinical Board. • Engagement with partner (FourEyes Ltd) to adopt best practise following GIRFT recommendations	The management action plan includes target dates up to April 2022, with a couple of actions ongoing.	The management action plan includes a number of staff assigned to specific actions, including: Lead Nurse Peri-operative care Deputy General Manager Peri-Operative Care General Manager Peri-Operative Care Head of Operations Surgery Clinical Board

• Directorates will not be given extra sessions if their utilisation is below the agreed performance rate continuously and is due to reasons within their control. • Theatre performance reports will also be sent to Pre-assessment General Manager so that any issues of poor performance due to pre-assessment issues can be addressed. • The associate Clinical Director for Peri-Operative Care will continue to work with the deputy General Manager for Peri-Operative care to ensure theatre lists are fully booked and utilised. The Deputy General Manager will discuss this at the theatre scheduling meetings with the Directorates. • Theatre performance and utilisation and the action points above will all be written into the policy on Operating Theatre Scheduling, Cancellation and Utilisation.		

Matter Arising 4: Greater detail required in Theatreman to inform theatre utilisations reports and subsequent analysis (Operation)	**Impact**
Auto-generated detailed Theatreman reports, 'Theatre Session Overview Reports' are issued each week to each of the specialties and copies are also provided to Peri-operative Care. These reports summarise detailed information for the previous week's theatres utilisation for each theatre and session, including the staff and specialty using the theatre, a comprehensive timeline record, turnaround time between patients, the total time in theatre per patient and the overall utilisation percentage per session. Furthermore, it includes sections to record reasons for late starts, session under-runs, early finish and cancelled sessions and indicates where a session has been unfinalised i.e. not closed down at the end of the session. Reviewing a sample of these reports, we found some comments by the surgical specialities were too brief or did not have sufficient standalone information to support any further analysis, for example, no reason for a late start, or limited reasons for session cancellation.	Potential risk of theatre activity being adversely affected and utilisation consequently reduced.

Recommendation 4	**Priority**
To facilitate the monitoring of theatre utilisation, surgical specialities should ensure Theatreman records are complete, and narrative comments recorded should include sufficient information so that they stand alone and can be fully understood to aid analysis.	**Medium**

Agreed Management Action 4	**Target Date**	**Responsible Officer**
The policy on Operating Theatre Scheduling, Cancellation and Utilisation will clearly state the responsibilities and ownership with regards to ensuring that all theatre sessions are completed. Time frames will be set against individual directorates to ensure that the sessions are completed after receiving the information from the	March 2022	General Manager Peri-Operative Care

Peri-Operative Care directorate. If the timeframe is exceeded the policy will state the escalation protocols that will be followed. A communication email will be sent to all users of the Theatreman system to ensure that all users understand the importance of entering sufficient information and also the correct information and how this information affects activity and performance.	March 2022	General Manager Peri-Operative Care and Clinical Director Peri-operative Care

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**No assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Retention of Staff
Final Internal Audit Report

January 2022

Cardiff & Vale University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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

Contents

Executive Summary 3
1. Introduction 4
2. Detailed Audit Findings 5
Appendix A: Management Action Plan 9
Appendix B: Assurance opinion and action plan risk rating 16

Review reference:	CVU-2122-09
Report status:	Final Report
Fieldwork commencement:	6 October 2021
Fieldwork completion:	December 2021
Debrief meeting:	6 January 2022
Draft report issued:	14 January 2022
Management response received:	24 January 2022
Final report issued:	24 January 2022
Auditors:	Lucy Jugessur, Internal Audit Manager Wendy Wright, Deputy Head of Internal Audit
Executive sign-off:	Rachel Gidman, Executive Director of People and Culture
Distribution:	Lianne Morse, Assistant Director of Workforce Jonathan Pritchard, Assistant Director of Workforce Resourcing Katrina Griffiths, Interim Deputy Head of HR Operations
Committee:	Audit & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to staff retention, in order to provide assurance to the Health Board's Audit Committee that risks material to the achievement of the systems objectives are managed appropriately.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Management to consider the value of a separate Recruitment and Retention Strategy.
- The BAF Workforce risk requires review.
- All future retention initiatives should be measurable to facilitate evaluation of impact, in alignment with the People and Culture Plan.
- Consideration of mandating the Leavers' Checklists through Health Board approved procedure to guide managers and staff.

Other recommendations / advisory points are within the detail of the report.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Assurance objectives	Assurance
1	Relevant and effective strategies, policies and plans in place to outline the approach to staff retention	Reasonable
2	Robust initiatives in place that align to agreed strategies, policies and plans	Reasonable
3	An effective leavers process in place	Reasonable
4	Data is collected and analysed in relation to staff turnover, and other relative data	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

	Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority
1	Recruitment and Retention Strategy	1	Design	Medium
2	Board Assurance Framework	1	Operation	Medium
3	Nurse Retention Action Plan	2	Operation	Medium
4	Reviewing of retention initiatives	2	Operation	Medium
5	Leavers' Checklists	3	Operation	Medium

1. Introduction

1.1 The review of Retention of Staff was completed in line with the 2021/22 Internal Audit Plan.

1.2 The retention of staff is a key issue for the NHS. Whilst focus may be given to the workforce supply to create a recruitment pipeline, it is important that both new and existing staff are supported and encouraged to remain with the Health Board. Good staff retention levels will be the result of a combination of actions including for example supporting new starters, having development and career plans in place.

1.3 The Executive Director of People and Culture regularly presents the Workforce Key Performance Indicators to the Strategy and Delivery Committee (the Committee). Minutes of the Committee held on 11 May 2021 noted *"… of the 1,600 voluntary resignations monitored from the period 2019-2020 there had been only an 8% return of exit questionnaire feedback".* It was recognised that more work is required in this area.

1.4 A further update to the Committee on 13 July 2021, through the People Dashboard (agenda item 3.4b) noted, *"Voluntary resignation trend is rising although this has dropped in April and May and is now below 7% UHB wide."*

1.5 A deep dive of voluntary resignation has been undertaken by management, detailing the reasons for staff leaving the Health Board and next steps to retain staff.

1.6 The Executive Director of People and Culture is the lead for this review.

Audit Risks

1.7 The potential risks considered in this review were as follows:

- Wards and departments are unable to consistently operate in a safe manner due to insufficient staff;
- Additional costs incurred by the Health Board as a result of needing to employee agency staff or through additional recruitment campaigns;
- Continued reduction in the Health Board's workforce including a loss of key talent, as a consequence of retention issues not being monitored and relevant actions not being taken; and
- The failure to capitalise or reap the benefits of development investment in individuals.

Limitations to scope

1.8 Our audit incorporated a review of the leaver process and the tools available to support managers through the process, with a specific focus on exit questionnaires. We did not however look at the leaver process through the lens of a payroll audit, and have not therefore reviewed the processes for terminating staff from the payroll.

2. Detailed Audit Findings

Objective 1: There are relevant and effective strategies, policies and plans in place to outline the approach to staff retention

2.1 The Executive Director of People and Culture has led the development of the People and Culture Plan 2021 to 2024, as *'an opportunity to improve the experience of our staff, ensure that the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent in the recovery period. We know that by improving our staff experience we can move towards a compassionate culture and improve the experience and outcomes of the people we care for'*.[1]

2.2 There are seven themes within the Plan that align to those set out in 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' published by Welsh Government on 22nd October 2020. Although, within the Health Board's Plan there is added emphasis on retention in one of the themes to recognise the importance of retaining UHB staff.

2.3 Within the Plan, under the theme of 'Attract, Recruit and Retain', it confirms that there is a complete work programme involving a number of initiatives to reduce turnover and help retain staff, such as internal development and succession planning, and the Nurse Retention Steering Group.

2.4 The themes are broken down by objectives, one of which within the 'Recruit, Attract and Retain' theme relates to retention, which is *'to develop and implement an action plan to improve staff retention'* with an implementation date by the 31 March 2022.

2.5 Whilst the People and Culture Plan has been presented to the Strategy and Delivery Committee, we have been advised that the Board are to receive the Plan at the end of January.

2.6 We reviewed the Board Assurance Framework (BAF), held on the Health Board website, which was updated in November 2021. The BAF contains a risk relating to the Workforce and not being able to attract, recruit and retain a clinical workforce to deliver high quality care. The current controls refer to a 'Recruitment and Retention Strategy', which is to be developed in alignment with the People and Culture Plan. However, the Strategy is in the early stages of development and we were unclear of how the additional document would add value, given that the Plan sets the strategic context, followed by SMART objectives. *(Matter Arising 1 – Medium Priority)*

2.7 We reviewed the BAF published on the Health Board's website, dated November 2021 and made some observations, which if addressed would enhance the clarity of the current controls and gaps in assurances. *(Matter Arising 2 – Medium Priority)*

[1] Strategy and Delivery Committee, 16 November 2021, Agenda 3.3 - People and Culture Plan

Conclusion 1: The People and Culture Plan has a specific theme for Attract, Recruit and Retain and there are specific actions in place for retention. Whilst there are good intentions to develop a further Recruitment and Retention Strategy, the value is questionable given the depth of the Plan, and management should give this due consideration. (Reasonable Assurance)

Objective 2: There are robust initiatives in place that align to agreed strategies, policies and plans, which are evaluated for their impact

2.8 The Executive Director of People and Culture has instigated a series of deep dives to supplement the Workforce Key Performance Indicators (KPIs), with the findings reported to the Strategy and Delivery Committee. One of the deep dives centred on voluntary resignation turnover to identify the underlying reasons behind staff turnover, to inform the design of workforce initiatives that will aim to reduce turnover and increase employee retention.

2.9 The deep dive exercise outlined next steps to improve the understanding of voluntary resignations. We reviewed the next steps, and all had been incorporated within the workstreams of the Nurse Retention Action Plan, and acknowledged more broadly in the 'Attract, Recruit and Retain' theme within the People and Culture Plan.

2.10 The Nurse Retention Action Plan was established prior to the COVID-19 pandemic but was subsequently paused and has since been reinstated. Some of the workstreams have been revised and some new workstream leads have been identified. Each of the workstreams are required to report back into the overall Nurse Retention Steering Group.

2.11 There are no clear timescales in place for each of the workstreams to implement their priorities. The staff involved are carrying out this role in addition to their normal duties, and cognisant of the significant pressures of the COVID-19 pandemic. *(Matter Arising 3 – Medium Priority)*

2.12 There is an Internal Career Development Scheme for Band 5 Nurses, which is an initiative in place to transfer to an alternative ward where there is an interest. We were unable to substantiate the numbers that have used the scheme and no means of evaluation has been undertaken to determine whether it has been successful. *(Matter Arising 4 – Medium Priority)*

Conclusion 2: The Health Board undertook a deep dive on retention and next steps were agreed, which align to the People and Culture Plan. In addition, initiatives have been introduced to retain staff, however, the ability to deliver is challenging in the current climate. Staff are supporting retention initiatives in addition to their normal duties, a review of capacity to deliver retention aspirations would be beneficial. (Reasonable Assurance)

Objective 3: There is an effective leavers process in place that is clearly defined and there are tools available to support managers to process a leaver

2.13 A report was produced in May 2021 on the exit questionnaire process from respondents using Survey Monkey. A summary of the findings was reported from the exit questionnaires including where the employee was based, where they were going and reasons for leaving. Recommendations were made that included a review of the exit questionnaire process, within the Nurse Retention Steering Group workstreams.

2.14 'Understanding Our Data' is one of the Nurse Retention Steering Group workstreams and two of the priorities included consider ways of improving the number of exit questionnaires completed and analysing the exit questionnaires.

2.15 There are currently two processes for completing exit questionnaires which are via ESR and Survey Monkey questionnaires. It was identified that there are issues with both questionnaires, specifically of the responses for an employee resigning identified as unknown or other. These are being reviewed as part of the workstream to ensure consistency and the depth of information returned through the questionnaires.

2.16 There is a leavers checklist in place for staff, detailing the processes that they need to complete when leaving their position. It highlights the processes for when the employee knows they are leaving, during their last week / on their last day, and if they are retiring. In addition, there is a more detailed leavers' checklist for managers to follow, from the point of the manager receiving the resignation / giving notice, and to be carried out one week before the employee leaves / on the last day, and it details the actions required and when they need to be completed. However, both checklists by their nature are guidance and not approved Health Board procedures to direct staff, neither are they easily sited and therefore there is a risk that the actions are not being carried out when an employee resigns. *(Matter Arising 5 – Medium Priority)*

Conclusion 3: There is work underway to review the exit questionnaire process, with a designated lead through the Nurse Retention Steering Group workstreams. The Health Board could enhance the leavers process by formalising the leaver checklists to provide a clear mandate to staff and management. (Reasonable Assurance)

Objective 4: Data is collected and analysed in relation to staff turnover, and other relative data such as exit interviews, PADR compliance, staff engagement and staff surveys. The outcomes of which are analysed and reported on, to facilitate effective monitoring of staff retention trends

2.17 The reporting of Workforce KPIs to the Strategy and Delivery Committee is an embedded process, which includes data on the voluntary resignation turnover rate, PADR and medical appraisal compliance rates. It was highlighted in the reports reviewed that voluntary resignation trend was rising within the UHB. In addition,

the November 2021 report stated that the compliance rates for PADR was 34% in September 2021.

2.18 Each of the Workforce KPIs are now being further scrutinised by deep dives to gain an in depth understanding of the data that is being reported. The results of the deep dives are being reported to the Strategy and Delivery Committee.

2.19 The Clinical Boards Assistant Heads of Workforce are responsible for producing workforce reports from ESR and these could be slightly different depending on the requirements of each Clinical Board. As an example, we were provided with a Workforce Summary Report for the Surgery Clinical Board, which included reports on voluntary turnover rate (WTE) and PADR rate. Due to current pressures on the Health Board our testing did not extend further to the reporting activity within Clinical Boards.

2.20 We were advised that each Head of Workforce and Assistant Heads of Workforce for the Clinical Boards receive the staff survey results and are responsible for addressing any issues that have been identified.

Conclusion 4: Workforce data is produced and reported to the Strategy and Delivery Committee. Recent developments instigated by the Executive Director of People and Culture have seen the data utilised to analyse trends through thematic deep dives. At a local level Clinical Boards have the discretion to analyse their own workforce data from ESR. (Substantial Assurance)

Appendix A: Management Action Plan

Matter Arising 1: Recruitment and Retention Strategy (Design)	**Impact**
The People and Culture Plan is built around seven themes, which align to Welsh Government Strategy, and there is a theme titled 'Attract, Recruit and Retain'. One objective within the theme relates to retention, which is *'to develop and implement an action plan to improve staff retention'* and all actions are to be implemented by 31 March 2022. Management are in the early stages of developing a Recruitment and Retention Strategy that would align to the People and Culture Plan. Furthermore, we reviewed the Board Assurance Framework (BAF) which was held on the Health Board's website, dated November 2021, which also confirmed that a Recruitment and Retention Strategy will be developed to align with the People and Culture Plan and the IMTP. However, we are unclear of how the additional document would add value given that the Plan sets the strategic context, which is followed by SMART objectives. Our work in another Health Board highlighted that a standalone Recruitment and Retention Strategy no longer existed, and consideration is given to the wider strategy, plans and assurance in place.	Potential risk of: • Wards and departments are unable to consistently operate in a safe manner due to insufficient staff
Recommendation 1	**Priority**
Following the finalisation of the People and Culture Plan, management should consider the value of subsequently producing a Recruitment and Retention Strategy, given that the People and Culture Plan has a dedicated section on 'Attract, Recruit and Retain'.	**Medium**

Agreed Management Action 1	**Target Date**	**Responsible Officer**
The People and Culture Plan has superseded the need for a separate Recruitment and Retention Strategy. A detailed set of objectives sit behind the high-level plan	31/03/2022	Jonathan Pritchard, Assistant Director of Workforce Resourcing

and will be the mechanism to monitor performance against the agreed key deliverables. We accept the recommendation not to develop a separate strategy, instead monthly meetings have been arranged with the Workforce & OD managers who are leading on each theme. The purpose of these meetings is to discuss progress against key deliverables and to provide assurance to the Executive Director of People and Culture.		

Matter Arising 2: Board Assurance Framework (Operation)	**Impact**
We reviewed the Board Assurance Framework (BAF) held on the Health Board's website[2], which was updated in November 2021. Management advised that the BAF was under review at the time of our audit in advance of the January 2022 meeting of the Board. Our review of the BAF related to the Workforce risk which was added on 6 May 2021, 'There is a risk that the organisation will not be able to attract, recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale.' Our observations of the BAF Workforce risk are as follows: • Current Controls - We reviewed a series of these through the course of the wider objectives of the audit and it was evident that due to the pandemic the controls have not progressed as planned. One of the current controls was the Nurse Retention Steering Group, which had been established with six workstreams with the aim to improve retention. However, as detailed within matter arising 3, the control is not fully operational due to the pandemic and staffing issues. • Gaps in Assurance – Each gap in assurance outlines actions, a named lead, dates for action and when last updated. A number of the deadline dates had passed and had not been revised, for	Potential risk of: Wards and departments are unable to consistently operate in a safe manner due to insufficient staff

[2] https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/6-7a-board-assurance-framework-nov-2021-docx/ (accessed 29 December 2021)

example, Clinical Board Workforce Plans 30.09.2021, Recruitment and Retention Strategy 30.09.2021.

- There were a number of Current Controls which were also included within the Gap in Assurances, for instance, the central resourcing team, workforce plans integrated within the Recovery and Redesign Plan, and the Recruitment and Retention Strategy.

Recommendation 2	Priority
In conjunction with managements review of the BAF, which was in progress at the time of the audit debrief, the following should be considered: • A review of 'Current Controls' to ensure that they can be relied upon as a control; • Consideration of the completion dates of the actions recorded in the 'Gap in Assurances' and update in instances where the date has passed; and • A clear distinction between 'Current Controls' and 'Gap in Assurances' and the removal of any duplicate entries.	**Medium**

Agreed Management Action 2	Target Date	Responsible Officer
The BAF was reviewed for submission for the January Board which provided more clarity but agree that further work to clarify 'Current Controls' and 'Gap in Assurances' would be beneficial.	28/02/2022	Lianne Morse, Assistant Director of Workforce

Matter Arising 3: Nurse Retention Action Plan (Operation)	**Impact**
There was, previously, a Nurse Retention Action Plan (2019 – 2020) that had been developed to address retention within the Health Board. The Nurse Retention Steering Group had been tasked to take forward this Action Plan but due to the COVID-19 pandemic it was paused but has since been reinstated. Some of the workstreams have been revised and will continue to report up to the Nurse Retention Steering Group. The six workstreams within the Nurse Retention Action Plan are understanding data, building line management capability, staff engagement, health and wellbeing, supporting new starters, flexible and predictable working, and development and career planning. There are significant pressures on staff due to the COVID-19 pandemic and the staff within the workstreams are undertaking this role in addition to their normal duties. We were advised that only a few meetings of the Nurse Retention Steering Group had taken place, and we received no documentary evidence to illustrate and track the progress of workstreams.	Potential risk of: Additional costs incurred by the Health Board as a result of needing to employee agency staff or through additional recruitment campaigns

Recommendation 3	**Priority**
The available resources to deliver the Nurse Retention Action Plan and associated workstreams requires review, to determine if current capacity will facilitate effective delivery of the plan and improve nurse retention, if it is a Health Board priority.	**Medium**

Agreed Management Action 3	**Target Date**	**Responsible Officer**
The Nurse Retention Steering Group has struggled due to the operational pressures from COVID and Winter. We are optimistic that the pressures will stabilise by the end of March, which will allow the Workstream Leads to take forward the actions that have been agreed. Actions:	31/03/2022	Carys Fox, Director of Nursing Strategic Nursing Workforce, & Jonathan Pritchard, Assistant Director of Workforce Resourcing

• Steering Group to continue to meet monthly, these meetings need to have minutes and actions captured. • Workstream Leads will update the Retention Action Plan with key objectives, timescales, progress, etc. • Progress with the plan will be reported into the monthly meetings with the Executive Director of People & Culture in accordance with the theme 'Attract, Recruitment & Retain'.		

Matter Arising 4: Evaluation of retention initiatives (Operation)	**Impact**
An Internal Career Development Scheme for Band 5 Nurses is in place enabling staff to transfer between wards. The initiative allows staff to transfer if they have worked in their current area for a minimum of six months and have approval from their current Ward Manager. We were advised of the intention to roll out further, but the initiative has not been evaluated for its effectiveness, and we were also unable to substantiate the numbers that have used the scheme. We note this is a test concept and the COVID-19 pandemic has impacted rollout. In a broader sense, the People and Culture Plan refers to the development of education programmes which will support career development pathways for all staff groups. The Plan does capture factors to determine 'how will we know the objective has been achieved'.	Potential risk of: Additional costs incurred by the Health Board as a result of needing to employee agency staff or through additional recruitment campaigns
Recommendation 4	**Priority**
In alignment with the People and Culture Plan, the design of future retention initiatives should clearly state how the effectiveness of the initiatives will be measured and the means of evaluation.	**Medium**

Agreed Management Action 4	Target Date	Responsible Officer
All new and existing retention initiatives will be part of the theme 'Attract, Recruit and Retain' with agreed means for evaluation.	31/03/2022	Jonathan Pritchard, Assistant Director of Workforce Resourcing
Internal Career Development Scheme will be relaunched on 01/04/2022 and evaluated after 6 months. If the scheme evaluated well, consideration will be given to widening the scope to all staff groups.	01/04/2022	Carys Fox, Director of Nursing Strategic Nursing Workforce, & Jonathan Pritchard, Assistant Director of Workforce Resourcing

Matter Arising 5: Leavers' Checklists (Operation)	**Impact**
The Health Board have produced a Leavers' Checklist for Managers, and a Leavers' Checklist for Staff, which are held on the 'Your Employment' page on the Health Board website[3]. Both are considered comprehensive but are not mandated or formalised as Health Board Procedures. The website has a separate section for Employment Policies and Procedures but there is no reference made to the leavers within this section.[4] The content of the checklists are valuable as they provide guidance to managers on the relevant actions to be carried out from when the employee resigns, to their last day, including requesting the completion of an exit questionnaire, and requesting removal of Health Board system access.	Potential risk of: Continued reduction in the Health Board's workforce including a loss of key talent, as a consequence of retention issues not being monitored and relevant actions not being taken

[3] https://cavuhb.nhs.wales/staff-information/your-employment/leavers/leavers-checklist/ (accessed 29 December 2021)
[4] Workforce and Organisational Development Policies - Cardiff and Vale University Health Board (nhs.wales) (accessed 29 December 2021)

Recommendation 5		Priority
Consideration should be given to mandating the Leavers' checklists through Health Board approved procedures, to minimise the risks to the Health Board.		**Medium**
Agreed Management Action 5	**Target Date**	**Responsible Officer**
Incorporate the leavers checklist into a 'Leavers Toolkit' accessible for managers and staff. The Toolkit will also include the exist questionnaire process, details on completing a termination form, etc.	31/03/2022	Jonathan Pritchard, Assistant Director of Workforce Resourcing

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**No assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Welsh Language Standards

Final Internal Audit Report

January 2022

Cardiff & Vale University Health Board

NWSSP Audit and Assurance Services

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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

Contents

Executive Summary 3
1. Introduction 4
2. Detailed Audit Findings 5
Appendix A: Management Action Plan 9
Appendix B: Assurance opinion and action plan risk rating 16

Review reference:	CVU-2122-08
Report status:	Final Report
Fieldwork commencement:	26 October 2021
Fieldwork completion:	21 December 2021
Debrief meeting:	30 December 2021
Draft report issued:	6 January 2022
Management response received:	20 January 2022
Final report issued:	21 January 2022
Auditors:	Wendy Wright, Deputy Head of Internal Audit Sharon Edwards, Principal Internal Auditor
Executive sign-off:	Rachel Gidman, Executive Director of People & Culture
Distribution:	Claire Whiles, Assistant Director of Organisational Development Keithley Wilkinson, Equality Manager Alun Williams, Welsh Language Officer
Committee:	Audit & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the actions the Health Board has taken to assess the impact and achieve compliance with the Welsh Language Standards, and to provide assurance to the Health Board's Audit Committee that risks material to the system's objectives are managed appropriately.

Overview

Our overall assurance rating reflects the matters that require management attention, which include:

- A review of roles and responsibilities in the implementation and delivery of the Standards, including the Equality Strategy and Welsh Language Standards Group, Clinical Boards and Corporate Departments, and Welsh Language champions / advocates; and
- Following a period of implementing the Standards, acknowledging there is further work ahead, it would be timely to revisit Policy, Resources and Risk Management arrangements.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Assurance objectives	Assurance
1	Processes to implement the Welsh Language Standards	Reasonable
2	Arrangements for determining adequate resource requirements	Reasonable
3	Monitoring and reporting on delivery of the Standards	Reasonable
4	Staff awareness of the Standards	Reasonable
5	Assessment, recording and monitoring of risk	Reasonable

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

	Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority
1	Roles and Responsibilities	1	Operation	Medium
2	Welsh Language Champions	1	Design	Medium
3	Resource Needs Assessment	2	Operation	Medium
4	Governance arrangements	3	Operation	Medium
5	Policy and Procedures	4	Operation	Medium
6	Risk Mitigation	5	Design	Medium

1. Introduction

1.1 The review of 'Welsh Language Standards' has been completed in line with the 2021/22 Internal Audit Plan for Cardiff and Vale University Health Board (the 'Health Board').

1.2 In March 2018, Assembly Members voted in favour of the Welsh Language Standards [No 7.] Regulations 2018. The two key principles that underpin the regulations are:

- In Wales, the Welsh Language should be treated no less favourably than the English Language; and
- Persons in Wales should be able to live their lives through the medium of Welsh language if they choose to do so.

1.3 The financial penalty for non-compliance with the Standards could be a civil penalty of up to £5,000 per breach.

1.4 In July 2018, the Welsh Language Commissioner issued a draft compliance notice to all Welsh health organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh health organisations.

1.5 The Health Board's Compliance Notice was formally issued on 30 November 2018 and varied on 24 October 2019. In most instances the Standards were imposed by 2019, with a minority by 2020, which related to the Health Board's website.

1.6 The Health Board's Welsh Language Annual Report 2020- 2021 was presented to the Board on 25 November 2021, which noted, *"We have closed 74 of the 120 standards in generic terms as agreed. We are continuing to progress on a further 3 patient related standards which are currently implemented on a pilot basis and 2 recruitment related standards which are under review and awaiting rollout. In regard to the remaining standards, the Equality and Welsh Language Team are progressing the work to become compliant with the organisationally identified Standard owners through regular checks. The Welsh Language Officer has been set priorities which focus on a number of standards."*[1]

1.7 The same paper presented to the Board highlighted the impact the COVID-19 pandemic has had on implementation and delivery of the Standards. However, the paper details the activities delivered through the year to support the implementation of the Standards.

1.8 The executive lead for this review is the Executive Director of People and Culture.

[1] https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf1/ (accessed 30/12/2021)

Audit Risks

1.9 The potential risks considered in the review are as follows:

- Financial penalties and reputational damage if the Health Board is unable to comply with the Standards, within the timescales agreed with the Welsh Language Commissioner.
- Patients that request communication in the Welsh language are treated unfairly.

2. Detailed Audit Findings

Objective 1: The process for creating implementation action plans in response to the compliance notice issued by the Welsh Language Commissioner

2.1 The Welsh Language Commissioner's Compliance Notice is held on the Health Board's website, within the 'Welsh Language in Healthcare' pages.

2.2 The Health Board instigated the use of a pilot project management tool, VERTO to track and monitor implementation of the Welsh Language Standards (the Standards), which generates a Microsoft Excel output from the system, which details:

- The Standards and required action, project owner, standard owner / leader;
- A RAG rating for each Standard, Green (closed – monitor), Amber (open – ongoing), and Red (open – in need of attention / work); and
- The Welsh Language Team member assigned to the Standards for action.

2.3 The Welsh Language Team determine the required actions to achieve compliance with the Standards, with oversight from the Equality Strategy and Welsh Language Standards Group. Action plans to support the implementation of the Standards have not been devolved to Clinical Boards and Corporate Departments. In other Health Board's we have noted further cascade and accountability of actions to ensure compliance with the Standards *(Matter Arising 1 – Medium Priority).*

2.4 Benchmarking the Health Board to other organisations, we have observed greater devolution of actions via a network of Welsh Language Champions, for example with representation from each Clinical Board or Corporate Department, which provides a link to facilitate, support and ensure compliance with the Standards *(Matter Arising 2 – Medium Priority).*

Conclusion 1: Overall, the Welsh Language team have developed an approach to track the implementation of actions to achieve compliance with the Welsh Language Standards. However, given the size of the Health Board consideration should be given to greater cascade of actions to Clinical Boards and Corporate Departments. (Reasonable Assurance)

Objective 2: The process for determining adequate resource requirements to ensure compliance with the Standards

2.5 The Welsh Language Team, led by the Equality Manager, is supported by a Permanent Welsh Language Officer, and a temporary Welsh Language Officer. In addition to translation resource, as noted in the 'Annual Report on the compliance to the Welsh Language Standards 2020-2021', which refers to the creation of a new team of two Welsh language translators to support the Health Board publish information bilingually[2], which is the first dedicated in-house resource and will complement the translation service accessed through Cardiff Council.

2.6 Since the release of the Welsh Language Commissioner's Compliance Notice, a lack of resources has remained a reoccurring risk through various iterations of the Welsh Language Standards Project Highlight Report, which notes that the delivery of the Standards could be compromised due to the lack of resources. The Highlight Reports are presented at the Equality Strategy and Welsh Language Standards Group and the Strategy and Delivery Committee.

2.7 On 25 November 2021 the Board received the Welsh Language Annual Report 2020-2021. The covering report highlighted that there will be a need to revisit resource requirements to ensure on-going future compliance of the Standards. The paper emphasised the likely growth in demand for translation services, but implementation of the Standards will require a wider resource mix, and the resource roles will evolve from implementation through to ongoing assurance.

2.8 In December 2020, it was proposed to the Equality Strategy and Welsh Language Standards Group that a resource needs analysis should be undertaken to plan accordingly. We would support the need for this exercise, since we were unable to formally evidence a resource needs assessment *(Matters Arising 3 – Medium Priority)*.

Conclusion 2: Whilst the Health Board has seen a positive introduction in 2020-2021 of the first in-house Welsh Translators, further consideration is needed of the wider resources and skills mix to ensure delivery, ongoing implementation and assurance of the Welsh Language Standards. (Reasonable Assurance)

Objective 3: The arrangements for monitoring and reporting on delivery of the action plans and compliance with the Standards

2.9 The 'Annual Report on the compliance to the Welsh Language Standards 2020-2021', is published on the Health Board's website, in Welsh and English. Appended to the report, is the Health Board's first Welsh Language Yearbook, which provides a focus on activities which have taken place through the year to promote the Welsh language, notably the 'Meddwl Cymraeg – Think Welsh' campaign.

[2] https://cavuhb.nhs.wales/files/welsh-language-in-healthcare/welsh-language-standards-annual-report-2020-2021/ (accessed 29/12/2021)

2.10 The Equality Strategy and Welsh Language Standards Group (the Group) is the key forum that the Welsh Language Team reports to regarding implementation of the Standards. As detailed in the terms of reference, the group's purpose is to, *"Advise, embed and assure the Strategy and Delivery Committee on the development and implementation of the UHB's 'Strategic Equality Plan – Caring about Inclusion' (SEP) and the Welsh Language Standards".* The Group is Chaired by the Executive Director People and Culture, supported by Independent Members of the Board, and attendance by senior staff in Clinical Boards and Corporate Departments is evolving.

2.11 The Group reports to the Strategy and Delivery Committee, an update report was presented to the Committee in July 2021, with reference to a further update planned in six months.

2.12 The Welsh Language Standards Highlight Report is presented to the Group, and the Strategy and Delivery Committee to facilitate updates on implementing the Standards. The report follows a standard format and includes main achievements since the last report, planned progress before the next report, risks, issues, decisions and investigations.

2.13 The Group has a wide remit and focuses on other matters of equality, which creates a risk that the Welsh Language agenda may not receive effective oversight and may not be discussed in sufficient detail. We are not aware of any other forum where there is opportunity to consider and discuss the details of the Standards, beyond the Welsh Language Team *(Matter Arising 4 – Medium Priority).*

Conclusion 3: We acknowledge the monitoring and reporting arrangements that have matured through 2020 – 2021, particularly the Equality Strategy and Welsh Language Standards Group, but there is a risk that the Group will not have sufficient capacity to effectively oversee the implementation of the Standards given their broad remit. We have been advised that there are planned changes to the reporting of the Standards, at the request of the Group Chair, to provide a focused dashboard of the Standards, which will enable the Group to have enhanced oversight. (Reasonable Assurance)

Objective 4: How staff are made aware of the requirements of the Standards

2.14 The Health Board's website holds dedicated Welsh Language information, found on the 'Welsh Language in Healthcare'[3] section, which details:

- The Welsh Language Aim;
- The Welsh Language Duties, which includes a link to the Health Board's Welsh Language Compliance Notice;
- Welsh for our staff;
- A procedure for dealing with complaints relating to Welsh Language; and
- Welsh Language Progress, which catalogues the Welsh Language Standards Annual Reports over several years (previously the Welsh Language Scheme).

[3] https://cavuhb.nhs.wales/about-us/governance-and-assurance/equality-diversity-human-rights-including-welsh-language/welsh-language-in-healthcare/ (accessed 29/12/2021)

2.15 The Welsh Language Yearbook appended to the Annual Report 2020-2021, shines a light on key activities and achievements though the year. Reference is given to the 'Meddwl Cymraeg – Think Welsh' campaign, which encourages the use of the Welsh language and promotes Welsh culture and heritage.

2.16 The covering report of the Welsh Language Annual Report 2020-2021, presented to the Board on 25 November 2021 highlights the impact of COVID-19, particularly the restrictions it has placed on staff training, including the Welsh Language awareness section of the mandatory training and corporate induction.

2.17 We also reviewed the Welsh Language intranet pages[4], which provides further procedures and guidance for staff to follow.

2.18 Welsh Language Standard 79 requires the Health Board to develop a Policy on using Welsh internally. Whilst the Health Board has an approved Policy, this was not held on the intranet or internet at the time of the audit, we were advised the Policy is under review. We also found the Policy had minimal reference to supporting procedures and guidance documents which are in place, for example documents available on the intranet. *(Matter Arising 5 – Medium Priority)*

Conclusion 4: The website and intranet both hold key information to inform staff of the requirements of the Welsh Language Standards. We note the current review of the Welsh Language Policy, and that further work is required to finalise and publish the Policy, in addition to the underpinning documents, to provide an enhanced suite of documents to guide staff. (Reasonable Assurance)

Objective 5: Risks relating to the standards are appropriately assessed, recorded and monitored on risk registers

2.19 The Workforce and Organisational Development Risk Register aligns with the corporate format. The risk register includes a risk of Regulatory and Legislative requirements, which refers to the Welsh Language Standards. The Standards are further detailed in the subsequent controls and actions, with an assurance committee identified.

2.20 The Welsh Language Standards Highlight Report includes project risks, whilst the information presented is informative of the current risks, the information could be strengthened. The risk information does not detail planned or existing risk mitigation, or the nature of the risk score, whether initial (inherent) or current (residual) to determine the adequacy of controls. *(Matters Arising 6 – Medium Priority)*

Conclusion 5: The Welsh Language Team have made good efforts to identify the risks associated with implementing the Welsh Language Standards, however further refinements to the risk information presented in the highlight report would enhance the maturity of the risks presented. (Reasonable Assurance)

[4] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,32936068,253_32936072&_dad=portal&_schema=PORTAL (accessed 29/12/2021)

Appendix A: Management Action Plan

Matter Arising 1: Roles and Responsibilities (Control Operation)		**Impact**
Action plans to support the implementation of the Standards have not been devolved to Clinical Boards and Corporate Departments. In other Health Board's we have noted further cascade and accountability of actions to ensure compliance with the Welsh Language Standards, rather than the onus sitting primarily with the Welsh Language Team. The Welsh Language Team determine the required actions to achieve compliance with the Welsh Language Standards, with oversight from the Equality Strategy and Welsh Language Standards Group, chaired by the Executive Director of People and Culture. Membership of the Group is maturing, with individuals being of the appropriate level to take forward improvements and encourage a change in culture and behaviours within their Clinical Boards or Corporate Departments. The Group is the main forum to devolve actions and encourage a change in behaviour across the Health Board.		Potential risk of: Financial penalties and reputational damage if the Health Board is unable to comply with the regulations, within the timescales agreed with the Welsh Language Commissioner.
Recommendation 1		**Priority**
The Equality Strategy and Welsh Language Standards Group should reconsider the approach to the cascade of actions to Clinical Boards and Corporate Departments, to ensure implementation and compliance with the Welsh Language Standards.		**Medium**
Agreed Management Action 1	**Target Date**	**Responsible Officer**
Clinical Boards and Corporate Departments will be supported to develop individual action plans. These areas will then maintain responsibility to develop, own and report upon progress at the ESWLSG meetings.	Action communicated February 2022 Draft Plans March '22 ESWLSG April '22	Welsh Language Officer to provide support and guidance Overseen by Assistant Director of Organisational Development

Matter Arising 2: Welsh Language Champions (Control Design)		**Impact**
In conjunction with Matter Arising 1, we note that Welsh Language Champions are evident in some Clinical Boards, but this is not unified across all Clinical Boards and Corporate Departments. In other organisations, both within and outside of Health, we have observed a network of Welsh Language Champions / Advocates, which provide an operational link to facilitate, support and ensure compliance with the Standards. Whilst the network can meet collectively, it has the ability to provide peer support across the various areas of the Health Board.		Potential risk of: Financial penalties and reputational damage if the Health Board is unable to comply with the regulations, within the timescales agreed with the Welsh Language Commissioner
Recommendation 2		**Priority**
To continue as planned to ensure there are Welsh Language Champions across all Clinical Boards and Corporate Departments, to facilitate, support and ensure compliance with the Welsh Language Standards.		**Medium**
Agreed Management Action 2	**Target Date**	**Responsible Officer**
Create an agreed role description for the Welsh Language Champions. Support CB and Corporate Departments to introduce and embed, learning lessons from areas where this is already in place.	Present Feb 2022 Draft March '22 Agree April '22	Welsh Language Officer Overseen by Senior Equality Manager & Assistant Director of Organisational Development

Matter Arising 3: Resource Needs Assessment (Control Operation)	**Impact**
We have reviewed a sample of the Welsh Language Standards Project Highlight Reports, which capture risks associated with resource pressures, to ensure compliance with the Welsh Language Standards. In December 2020, it was proposed to the Equality Strategy and Welsh Language Standards Group that a resource needs analysis should be undertaken to plan accordingly. We support the need for the Health Board to undertake this exercise, since we were unable to formally evidence that such an analysis had taken place. Although we do note the investment in 2021 for the first in-house team of Translators.	Potential risk of: Financial penalties and reputational damage if the Health Board is unable to comply with the regulations, within the timescales agreed with the Welsh Language Commissioner

Recommendation 3	**Priority**
As proposed by management, a Resource Needs Analysis to facilitate implementation, compliance and assurance with the Welsh Language Standards should be undertaken.	**Medium**

Agreed Management Action 3	**Target Date**	**Responsible Officer**
Undertake a demand, capacity and resource review. Report initial findings to ESWLSG to shape recommendations / actions.	April 2022	Welsh Language Officer Overseen by Equality Manager

Matter Arising 4: Governance arrangements (Control Operation)	**Impact**
The Equality Strategy and Welsh Language Standards Group is the key forum that the Welsh Language Team reports to regarding the Welsh Language Standards. As detailed in the terms of reference, the group's purpose is to, *"Advise, embed and assure the Strategy and Delivery Committee on the development and implementation of the UHB's 'Strategic Equality Plan – Caring about Inclusion' (SEP) and the Welsh Language Standards".* The Group has a wide remit and focuses on other matters of equality, which creates a risk that the Welsh Language agenda may not receive effective oversight. We are not aware of any other forum where there is opportunity to consider and discuss the details of the Standards, beyond the Welsh Language Team. In conjunction with Recommendation 2, a network of Welsh Language Champions may help support the remit of the Group.	Potential risk of: Financial penalties and reputational damage if the Health Board is unable to comply with the regulations, within the timescales agreed with the Welsh Language Commissioner

Recommendation 4	**Priority**
The Equality Strategy and Welsh Language Standards Group should consider if they have appropriate capacity to provide effective oversight of the implementation of the Welsh Language Standards, and how they may wish to be further supported to ensure implementation of the Welsh Language Standards.	**Medium**

Agreed Management Action 4	**Target Date**	**Responsible Officer**
Feedback report, recommendations and management action plan to ESWLSG. Discuss and agree equal focus of WL and ED&I on agendas, with flexibility to reframe meeting depending on need. Ensure meeting updates include WL and ED&I from Clinical Boards and Corporate Areas.	February 2022	Welsh Language Officer to feed back Equality Manager TOR review agreement – ESWSLG Chair

Matter Arising 5: Policy and Procedures (Control Operation)	**Impact**
Welsh Language Standard 79 notes, *"You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet."*[5] The Welsh Language Policy (UHB 462, dated 25 July 2019) was not on the internet or intranet at the time of the audit, and was subject to review. It is usual practice within the Health Board to hold a Policy on the website, until superseded by a reviewed version. The importance of the Policy should not be underestimated since it has a key role to play in directing and providing clarity to staff. We also reviewed the Health Board's website 'Welsh Language in Healthcare'[6] and the Welsh Language intranet pages[7], we identified that the Policy would benefit from further signposting to supporting procedures and written control documents, such as: <u>Intranet</u> • Standard Operating Procedure: Welsh Language*; • Welsh Language Standards Phone steps to take; • Does it need to be bilingual – decision toolkit; and <u>Website</u> • Procedure for dealing with complaints relating to the Welsh language on corporate services*. Whilst the above documents are helpful, there was no reference to future review dates to ensure they remain fit for purpose, and two of the documents were not dated*.	Potential risk of: Financial penalties and reputational damage if the Health Board is unable to comply with the regulations, within the timescales agreed with the Welsh Language Commissioner.

[5] https://cavuhb.nhs.wales/files/welsh-language-in-healthcare/updated-compliance-notice-cardiff-and-vale-uhb-21-11-19/ (accessed 22/12/2021)
[6] https://cavuhb.nhs.wales/about-us/governance-and-assurance/equality-diversity-human-rights-including-welsh-language/welsh-language-in-healthcare/ (accessed 29/12/2021)
[7] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,32936068,253_32936072&_dad=portal&_schema=PORTAL (accessed 29/12/2021)

Recommendation 5		Priority
To ensure complete implementation of Welsh Language Standard 79, the Welsh Language Policy (UHB 462) should be published and available to staff. A review of the Policy would benefit from: - Further signposting to supporting procedures and written control documents; and - The supporting documents should also be clearly dated, also noting the date of next review and the link to the Welsh Language Policy.		**Medium**
Agreed Management Action 5	**Target Date**	**Responsible Officer**
Continue review of policy, including supporting documentation. Present initially to Strategy and Delivery Committee for consideration and recommendation to the Board. Present to Board for approval. Upload to website.	Strategy & Delivery Committee 15th March 2022 Board tbc	Welsh Language Officer Equality Manager Overseen by Assistant Director of Organisational Development

Matter Arising 6: Risk Mitigation (Control Design)	**Impact**
The Welsh Language Standards Project Highlight Report incorporates project risks, which details risk title, ID, score, description and update. Key to risk reporting is the nature of the risk score, whether initial (inherent) or current (residual) to determine the adequacy of controls, which currently is not clear within the highlight report. We also note that the risk section of the report does not include any existing or planned mitigating controls / actions. We note that the use of the VERTO tool has been a pilot, and there will be scope to review and amend the system. The highlight report is routinely reported to the Equality Strategy and Welsh Language Standards Group, and the Public Strategy and Delivery Committee. The additional information would provide assurance to the oversight forums.	Potential risk of: Financial penalties and reputational damage if the Health Board is unable to comply with the regulations, within the timescales agreed with the Welsh Language Commissioner.
Recommendation 6	**Priority**
To enhance the maturity of the risk management arrangements, the recording of the risks associated with the Welsh Language Standards should be strengthened to include risk mitigation and the nature of the risk score, to better inform the oversight and assurance forums.	**Medium**

Agreed Management Action 6	**Target Date**	**Responsible Officer**
Develop an enhanced dashboard to reflect recommendations. Present to ESWLSG for comment / agreement. Finalise for effective updating and reporting of risk.	Draft February '22 Finalise April '22	Welsh Language Officer Equality Manager

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**No assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership