

Follow-up: Alcohol Standards Final Internal Audit Report

June 2025

Cardiff & Vale University Health Board



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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

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 and Assurance Committee.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Cardiff & Vale University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system

Executive Summary

Purpose

The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Alcohol Standards (CVU-2324-21) review that was reported as part of our 2023/24 work programme.

Overview of findings



Management have made some progress in addressing the recommendations, and the management actions detailed in the initial Final Internal Audit Report.

Of the seven recommendations made, three of them have been closed, all of which are high priority recommendations. A review of the Substance Misuse Liaison Team (SMLT) resources has been undertaken, and the referral process has now been formalised and there is a form available which has been communicated on the Health Board’s SharePoint. In addition, resources on alcohol are now available via social media.








The remaining four recommendations, with three highs and a medium priority, have not been fully addressed. We can see some actions have been progressed, such as the SOP being produced for the screening pilot which has been undertaken within the Emergency Unit with the introduction of alcohol screening within the EU. In addition, training has been implemented for CAVDAS staff, but training has not been fully implemented within the Health Board and records maintained of who has received the training are not fully available.

Whilst progress has been made in some areas, given the number of actions that are still to be completed, we are only able to provide Limited Assurance for the follow-up audit.

Follow-up Report Classification

 <p>Limited</p>	<p>Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>	<p>Trend</p> 
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Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Guidance	High		High
2 Screening tool	High		Medium
3 Resources in the team	High		Closed
4 Referral Process	High		Closed
5 Training	High		Medium
6 Documentation for patients	High		Closed
7 Intervention Pathway	Medium		Linked to Rec 5

1. Introduction

- 1.1 The follow-up review of 'Alcohol Standards' was completed in line with the 2024/25 Internal Audit Plan for Cardiff and Vale University Health Board (the 'Health Board'). The opinion provided through this review is a key component, which will inform the Head of Internal Audit's Annual Opinion.
- 1.2 This was a follow-up review of the original report that was issued in January 2024. This identified seven issues and resulted in an overall assurance rating of 'Limited Assurance'.
- 1.3 The Lead Executive Director for this review is the Executive Director of Public Health.

Audit Risks

- 1.4 The potential risks considered in the review were as follows:
- Non-compliance with the NICE guidance; and
 - Inadequate screening of patients may result in missed opportunities to identify and support patients who are drinking alcohol at levels that may be harmful to their health.

2. Findings

- 2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	6	3	2	1
Medium	1	-	-	1
Low	-	-	-	-
Total	7	3	2	2

- 2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Previous Matter Arising 1: Guidance		
Original Recommendation		Original Priority
<p>The Health Board should compile guidance which aligns to the NICE recommendations on detailing the screening process, the brief interventions that will be followed, and who should be targeted and action that should be taken.</p> <p>Given the fact that alcohol related harm is a major health problem, internal reporting within the Health Board should be undertaken to ensure that Senior Managers are aware of the number of patients who are presenting with alcohol issues.</p>		High
Management Response	Target Date	Responsible Officer
<p>Funding for fixed term post (to March 2025) for Alcohol Programme Manager secured to support the implementation of management actions.</p> <p>Guidance for the screening process, the brief interventions to be followed and who should be targeted will be produced and disseminated to relevant staff.</p> <p>Collation of data from the screening process will be standardised and reported quarterly to the appropriate Senior Managers.</p>	June 2024	Alcohol Programme Manager
	June 2024	Alcohol Programme Manager
Current findings		Residual Risk
<p>There were difficulties recruiting to a fixed-term post which led to mobilisation of capacity from an existing Programme Manager in the Mental Health Clinical Board. They supported the development of an Emergency Unit (EU) Alcohol Screening Pilot Project on a part-time basis until the end of March 2025.</p> <p>A Standard Operating Procedure (SOP) for alcohol screening was produced for the EU screening pilot project. Following this SOP, alcohol screening and brief interventions were completed by Cardiff and Vale Drug and Alcohol Service</p>		<p>Inadequate screening of patients may result in missed opportunities to identify and support patients who are drinking alcohol at levels that may be harmful to their health.</p>

(CAVDAS) staff in the EU. The aim of the pilot was to increase alcohol screening in the EU from 2-3 per month to 100 per month by April 2025, which was achieved.

The EU alcohol screening pilot project has been fully evaluated, and the results were recorded, including data on the number of patients screened, number of referrals following the screening etc. These findings have been reported to the Area Planning Board (APB) and, on the basis of this, the APB confirmed funding to extend the pilot for a further six months, at the APB meeting on 12th March 2025.

The SOP developed for the EU pilot details the process for screening staff to follow as part of the pilot project within the EU but does not cover any other departments within the Health Board.

Conclusion: This recommendation is partially completed.

New Recommendations		Priority	
1.1	The Senior Leadership Board should be asked to consider if all wards are able to ask alcohol screening questions, and if this is agreed, further screening SOPs would need to be produced for other areas within the Health Board, to meet the needs of each ward (bearing in mind the different populations likely to be present e.g. mental health, maternity, orthopaedic etc).	High	
1.2	Once the EU screening pilot becomes 'business as usual' for the Health Board, appropriate reporting mechanisms should be established; this may include reporting of key performance indicators to the APB Board. If screening is expanded to other areas of the Health Board, there should be agreement on appropriate reporting mechanisms for these areas.		
Management Response		Target Date	Responsible Officer
1.1	Meetings are ongoing between relevant stakeholders (including the EU Team, APB Support Team, Public Health Team and CAVDAS) to support continued alcohol screening in the EU over the longer-term. This includes development of strengthened operating processes, governance, and data collection and analysis to underpin it. Once permanent processes and governance for alcohol screening in the EU are established, the work will form part of the 'business as usual' contract management meetings for CAVDAS.	Ongoing	Caryl Watkins (Area Planning Board Support Team)
		Aug 2025	Caryl Watkins (Area Planning Board Support Team)

	<p>If screening for alcohol is extended to cover other areas of the Health Board, the EU screening pilot SOP could provide a template for the development of other SOPs that are tailored to specific departments and teams (screening process, referral points, information given and data collection should remain the same).</p>		
<p>1.2</p>	<p>Following the development of governance structures to underpin longer-term screening in the EU, a system will be developed for regular monitoring of screening in the EU and for reporting to senior managers on a quarterly basis.</p> <p>The need for greater collaborative working on alcohol will be discussed at an upcoming Senior Leadership Board meeting (May 2025). At that meeting, the development of a quarterly meeting on alcohol prevention ('Alcohol Prevention Group'), with representation from all relevant Clinical Boards, will be proposed by the Executive Director of Public Health. If this is agreed, there can be ongoing discussion on how work on alcohol prevention can develop across the Health Board over the coming years. This would include work to consider wider screening for alcohol beyond the EU and how and where data on this would be recorded, analysed and reported, informed by the EU screening pilot.</p>	<p>Jul 2025</p> <p>Sept 2025</p>	<p>Caryl Watkins (Area Planning Board Support Team)</p> <p>Anna Schwappach (Public Health Team)</p>

Previous Matter Arising 2: Screening tool			
Original Recommendation		Original Priority	
The Health Board should introduce an appropriate alcohol screening tool, in order to provide a more consistent approach to noting patient information and assisting in identifying people who potentially have an alcohol-use disorder.		High	
Management Response	Target Date	Responsible Officer	
Consistent recording mechanism for the chosen screening tool implemented and rolled out to all relevant teams. E.g. Electronic workstation.	Sept 2024	Alcohol Programme Manager	
Current findings		Residual Risk	
A validated alcohol screening tool (Audit-C) has been incorporated into the EU Workstation programme within the EU, for the pilot project that is in place and being undertaken by CAVDAS staff. If screening is extended to other parts of the Health Board, AUDIT-C or another validated alcohol screening tool should be used, as relevant to the patient group / setting where patients are screened.		Inadequate screening of patients may result in missed opportunities to identify and support patients who are drinking alcohol at levels that may be harmful to their health.	
Conclusion: This recommendation is partially implemented.			
2.1	The Health Board should adopt a validated screening tool across the Health Board to maintain consistency.	Medium	
Management Response		Target Date	Responsible Officer
2.1	The alcohol screening pilot has been extended in the EU over a temporary period, with funding to support this provided by the APB. There are currently ongoing meetings (see above) to develop its longer-term operating model, governance and reporting structures.	Ongoing	Caryl Watkins (Area Planning Board Support Team)

As outlined above, the development of a quarterly Health Board-wide meeting on alcohol prevention will support collaborative work on implementation of alcohol screening in other areas of the Health Board.	January 2026	Anna Schwappach (Public Health Team)
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Previous Matter Arising 5: Training		
Original Recommendation		Original Priority
Management should review the current process and consider implementing a central database that includes the records of all appropriate staff across the organisation and detailing the alcohol awareness training undertaken, the date provided and the date for renewal.		High
Management Response	Target Date	Responsible Officer
Embed alcohol training within current training schedule for relevant staff and trainees. Ensure training records centralised and kept up to date, including dates for refresher training when required and what areas the staff work in.	Sept 2024	Alcohol Programme Manager
Current findings		Residual Risk
<p>Alcohol Brief Intervention (ABI) training has been developed for those staff in CAVDAS that are undertaking the EU alcohol screening pilot.</p> <p>Nationally, Public Health Wales are responsible for producing ABI training, this was due to be completed and available in 2024. This training has been developed by the MECC (Making Every Contact Count) National Working Group and covers AUDIT-C screening and how to carry out a brief intervention. However, production of this resource has been delayed and is not currently available for users. Once this becomes available, who has undertaken the training will be recorded via ESR. All staff training is recorded via ESR, the responsibility to keep up to date with training lies with the staff member and their manager, to work within their competency. In the interim, a face-to-face ABI training package can be delivered by the Public Health Team on request.</p> <p>Conclusion: This recommendation is partially complete.</p>		Inadequate screening of patients may result in missed opportunities to identify and support patients who are drinking alcohol at levels that may be harmful to their health.
New Recommendation(s)		Priority
5.1	Following completion of the ABI training by PHW, the Health Board should ensure that all relevant staff are made aware of the training and complete it as required. Records should also be maintained to confirm completion of the training by required staff.	Medium





Management Response	Target Date	Responsible Officer
5.1 Once ABI training is made available by PHW, this will be promoted throughout the Health Board to all staff, for example using screen savers, and in the newsletter. Staff and their line managers will need to ensure competency of staff as per all other duties fulfilled.	November 2025	Mark Smith, Communications Team

Previous Matter Arising 7: Intervention Pathway		
Original Recommendation		Original Priority
<p>Management should consider extending the alcohol brief intervention (ABI) training across the wider Health Board. This would identify patients drinking above low risk levels and give brief advice or offer a referral for further assessment and specialist support (if the patient is possibly alcohol dependent).</p>		Medium
Management Response	Target Date	Responsible Officer
<p>ABI training (electronic) extended across wider Health Board staff. Information on alcohol, it's impact on health and screening and treatment services to be made available and promoted to all staff and departments, waiting rooms etc.</p>	March 2025	Alcohol Programme Manager
Current findings		Residual Risk
<p>ABI training has not been extended across wider Health Board staff. It is recognised that alcohol screening training needs to be available for staff within the Health Board. As detailed in Matter Arising 5, staff within CAVDAS have been provided with ABI training, and training to implement the SOP for the EU pilot. Public Health staff in the Health Board have been involved in developing the online module for ABI training, alongside Public Health Wales.</p> <p>As stated in matter arising 6, information on alcohol is only available within the EU as part of the CAVDAS pilot.</p> <p>Conclusion: The recommendation has been partially implemented.</p> <p>The ongoing provision of training for both alcohol screening and brief intervention is now covered by the new recommendation 5.1 above.</p>		<p>Inadequate screening of patients may result in missed opportunities to identify and support patients who are drinking alcohol at levels that may be harmful to their health.</p>

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:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>Unsatisfactory assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

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.



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