

Public Audit & Assurance Committee Meeting

Tue 20 May 2025, 09:00 - 11:15

Microsoft Teams

Agenda

09:00 - 09:10 **1. Preliminaries (09:00 – 09:10)** 10 min

1.1. Welcome & Introductions

Rhian Thomas

1.2. Apologies for Absence

Rhian Thomas

1.3. Declarations of Interest

Rhian Thomas

1.4. Minutes of the Committee meeting held: 04.02.2025

Rhian Thomas

📄 1.4 Public Audit Committee Minutes 04.02.25.pdf (8 pages)

1.5. Actions following meeting held: 04.02.2025

Rhian Thomas

📄 1.5 Action Log - Public Audit & Assurance (8).pdf (1 pages)

1.6. Any Other Urgent Business

Rhian Thomas

09:10 - 09:10 **2. Items for Review & Assurance (09:10 – 11:00)** 0 min

2.1. Internal Audit Progress Report including: (30 MINUTES)

Ian Virgil

- *Core Financials (Substantial Assurance)*
- *Follow-up: Temporary Staffing Costs (Substantial Assurance)*
- *Risk Management & Board Assurance Framework (Reasonable Assurance)*
- *Business Continuity Planning (Reasonable Assurance)*
- *Record Management (Reasonable Assurance)*
- *Surgery Clinical Board Consultant Job Planning Follow-up (Limited Assurance)*
- *Local Data Repository (Limited Assurance)*
- *Endoscopy Unit Investment (Advisory)*
- *Data Quality (Advisory)*

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- UHW Lifts Modernisation (Reasonable Assurance)

The Audit Reports can be found in the supporting documents folder

- 📄 2.1 A&A Progress Report May 25 cover.pdf (3 pages)
- 📄 2.1a A&A Progress Report May 25.pdf (30 pages)

2.2. 2025/26 Internal Audit Plan (10 MINUTES)

Ian Virgil

- 📄 2.2 Internal Audit Plan 2025-26 Cover n.pdf (3 pages)
- 📄 2.2a Internal Audit Plan 2025-26.pdf (28 pages)

2.3. Audit Wales Update (20 MINUTES)

Wales Audit

- 📄 2.3 CVUHB Audit Committee Update (May 2025).pdf (14 pages)

2.4. Audit Wales Report: Managing Urgent & Emergency Care (10 MINUTES)

Wales Audit

- 📄 2.4 CVUHB Managing Urgent and Emergency Care Demand.pdf (44 pages)

2.5. Annual Audit Plan 2025 (10 MINUTES)

Wales Audit

- 📄 2.5 2025 Detailed Audit Plan (CVUHB).pdf (24 pages)

2.6. Internal Policy Management Report (5 MINUTES)

Matt Phillips

- 📄 2.6 Policy Management Report May 2025 (1).pdf (4 pages)

2.7. Triannual Audit Tracker Update (10 MINUTES)

Matt Phillips

The Appendices can be located in the supporting documents folder.

- 📄 2.7a - Audit Tracker Update Report - May 2025 (1).pdf (5 pages)

2.8. Annual Declarations of Interest Report (5 MINUTES)

Matt Phillips

- 📄 2.8 Declarations of Interest Report May 2025.pdf (5 pages)
- 📄 2.8a Table of Declarations May 2025.pdf (30 pages)

2.9. Procurement Compliance Report (10 MINUTES)

Robert Mahoney

- 📄 2.9 Procurement Audit Committee Board Report - May 2025 (1) (1).pdf (13 pages)
- 📄 2.9a Supplementary information for the Director of Finance - May 2025 (1).pdf (5 pages)
- 📄 2.9b STA's reported May 25 (1).pdf (2 pages)

09:10 - 09:40 3. Items for Approval/Ratification (11:00 – 11:10)

3.1. Report of the Losses and Special Payments Panel (5 MINUTES)

Robert Mahoney

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09:10 - 09:40
0 min

- 📄 3.1 Report of the May 2025 Losses and Special Payments Panel.pdf (2 pages)
- 📄 3.1a Appendix 1 - Minutes of the May 2025 Losses & Special Payments Panel.pdf (8 pages)

3.2. Counter Fraud 2024/25 Annual Report (5 MINUTES)

Henry Bales

- 📄 3.2 CAVUHB CF ANNUAL REPORT 24-25 COVER SHEET.pdf (3 pages)
- 📄 3.2a CAVUHB COUNTER FRAUD ANNUAL REPORT 24-25.pdf (13 pages)
- 📄 3.2b CAVUHB ANNUAL REPORT 2024-25 APPENDIX 1.pdf (12 pages)

09:10 - 09:10 4. Items for Noting & Information

0 min

4.1. Counter Fraud Progress Update

Henry Bales

- 📄 4.1 COUNTER FRAUD PROGRESS _ PUBLIC _ COVER SHEET P1.pdf (2 pages)
- 📄 4.1a COUNTER FRAUD PROGRESS REPORT - CAVUHB PUBLIC P1.pdf (8 pages)

4.2. Counter Fraud Plan 2025/26

Henry Bales

- 📄 4.2 CAVUHB ANNUAL PLAN 25-26 COVER SHEET.pdf (2 pages)
- 📄 4.2a CAVUHB COUNTER FRAUD ANNUAL PLAN 2025-26.pdf (29 pages)

09:10 - 09:10 5. Agenda for Private Audit and Assurance Committee

0 min

- Counter Fraud Progress Update (Confidential – ongoing investigations)*
- Health Board Salaries Overpayment Update*
- Draft UHB Annual Report 24/25*
- Draft Annual Accounts 24/25*
- Draft Head of Internal Audit Opinion*
- Annual Accounts Update Audit Wales*

09:10 - 09:10 6. Any Other Business

0 min

09:10 - 09:10 7. Review & Final Closure

0 min

7.1. Items to defer to the Board / Committees & Review of Future Actions

7.2. Date and Time of the next Committee meeting:

Thursday 25 June (Special Meeting to approve Annual Report & Accounts)

7.3. 5-minute break prior to Private Session

09:10 - 09:10 8. Declaration

0 min

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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].

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**Minutes of the Public Audit & Assurance Committee Meeting
Held On 4 February 2025 at 9:00am
Via MS Teams**

View the full meeting here: <https://www.youtube.com/watch?v=Qy8joWr4lqk>

Please note that each item has been linked below so that it will start playing from that point. If you are unable to view sections, please copy and paste the link into your preferred internet browser.

Chair:		
Rhian Thomas	RT	Independent Member for Capital and Estates and Committee Chair (CC)
Present:		
David Edwards	DE	Independent Member for ICT
Ceri Phillips	CP	Vice Chair of the Health Board
John Union	JU	Independent Member for Finance
In Attendance:		
Michael Allum	MA	Consultant in Public Health
Henry Bales	HB	Lead Local Counter Fraud Specialist (LLCFS)
Rachel Chilcott	RC	Corporate Governance Officer
Rachel Freitag	RF	Audit Manager – Audit Wales
Darren Griffiths	DG	Performance Audit Manager Audit Wales
Fflur Jones	FJ	Performance Audit Lead Audit Wales
Lucy Jugessur	LJ	Deputy Head of Internal Audit (DHIA)
Robert Mahoney	RM	Deputy Director of Finance
Lianne Morse	LM	Deputy Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance (EDF)
Jason Roberts	JR	Executive Nurse Director
Frankie Thomas	FT	Head of Corporate Governance
Laura Tovey	LT	Audit Manager
Ian Virgil	IV	Head of Internal Audit (HIA)
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Executive Director of People and Culture
Mike Jones	MJ	Independent Member for Trade Union
Urvisha Perez	UP	Audit Lead - Audit Wales
Matt Phillips	MP	Director of Corporate Governance (DCG)

Item No	Agenda Item	Action
A&A 25/02/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
A&A 25/02/002	Apologies for Absence (click to view) Apologies for absence were received. The Committee resolved that: a) Apologies were noted.	
A&A 25/02/003	Declarations of Interest	

	<p>The Committee resolved that:</p> <p>a) No Declarations of Interest were noted.</p>	
<p>A&A 25/02/004</p>	<p>Minutes of the Committee meeting held 05.11.2024 (click to view)</p> <p>The Minutes of the Meeting Held on the 05.11.2024 were received.</p> <p>The Executive Director of Finance (EDF) advised the Committee that in relation to the minute 24/11/005, in the absence of a procurement process, it was noted that there was a lot of activity being discovered, indicating that some expenditures were happening outside the defined systems and processes.</p> <p>She added that as the reach of procurement expanded, so did the breaches which highlighted the need to harness all reasonable expenditures into the procurement system in a standardised way.</p> <p>It was suggested that the Head of Procurement, should come back in September and update the Committee on how those activities were being managed and explain what level of non-compliance was tolerable for the Health Board.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meetings held on 05.11.2024 were deemed to be a true and accurate record of the meeting.</p>	
<p>A&A 25/02/005</p>	<p>Actions following meeting held: 05.11.2024 (click to view)</p> <p>The Actions were received.</p> <p>The Committee resolved that:</p> <p>a) The Actions were discussed and noted.</p>	
<p>A&A 25/02/006</p>	<p>Internal Audit Progress Report: (click to view)</p> <p>The Internal Audit Progress Report was received.</p> <p>The Head of Internal Audit (HIA) provided an update on the audit progress report, highlighting that nine reports were finalised in time for the committee meeting, with two receiving limited assurance. He also mentioned the overall progress with the delivery of the plan, including completed, draft, and ongoing audits.</p> <ul style="list-style-type: none"> Overall Progress: The HIA highlighted the overall progress with the delivery of the audit plan, mentioning that 11 audits had been completed, three were at the draft report stage, nine were in progress, and seven were at the planning stage. Limited Assurance: It was noted that two of the finalised reports received limited assurance, which meant that there were significant weaknesses that needed to be addressed. The executive summaries for those reports were included in Section 8 of the progress report. <p>Representatives for the limited assurance areas attended the meeting and answered any questions the Committee raised as noted further down in these minutes.</p> <ul style="list-style-type: none"> Resource Assurance: The HIA assured the Committee that they were resourced and set up to deliver the rest of the plan in time to feed into the annual opinion after the May 2025 Committee meeting. 	

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The HIA requested the committee's approval to remove three audits from the plan: substance misuse, decarbonisation follow-up, and Occupational Health service. He explained the reasons behind the requests which included:

- Changes in executive leadership and staff shortages.
- the time needed to take forward actions around decarbonisation
- A move of office and staff shortages, creating pressure to conduct the audit at this time

The HIA advised the Committee that there was a new Audit report template for internal audit reports, which aimed to make them more streamlined and focused.

The Internal Audit Reports were then presented to the Committee:

[Follow-up: Implementation of Health Roster System \(Limited Assurance\) – click to view](#)

The Deputy Head of Internal Audit (DHIA) presented the follow-up audit report on the implementation of the health roster system, highlighting progress made and the remaining high and medium recommendations.

It was noted that out of the nine previous recommendations, five had been closed, one high recommendation had been partially completed and downgraded to low, and the remaining three were still high and medium.

The Executive Nurse Director (END) and the Deputy Director of People & Culture (DDPC) provided an executive response to the limited assurance, discussing challenges which included behaviour and culture changes, and highlighted the ongoing efforts to improve the system with meaningful data dashboards and increased scrutiny.

The END highlighted the challenges of ward managers being pulled into clinical shifts, affecting their ability to develop rosters, and the need for enhanced financial scrutiny to improve roster management.

The HIA suggested a follow-up audit in 2025-26 to provide additional assurance on the progress made in implementing the recommendations and improving the health roster system.

[Capital Systems – Substantial Assurance – click to view](#)

The Audit Manager (AM) reported on the capital systems audit, focusing on the development of the Health Board's new construction framework. She highlighted the strong controls in place and the need for a separate policy for the framework.

The Executive Director of Finance (EDF) commended the report and noted that it was a piece of work that started out by finding out the governance was not where it needed to be.

[Maternity Care – Ockenden Review \(Reasonable Assurance\) – click to view](#)

The HIA advised the Committee that there had been some delays in getting management responses previously but noted that those had now been received and that the actions were included within the report.

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[Smoking Cessation \(Reasonable Assurance\) – click to view](#)

The HIA presented the smoking cessation audit report, which received reasonable assurance overall but limited assurance for two objectives. He highlighted the need for a review of the hospital smoking cessation service and increased awareness of the service across the health board.

- Awareness Issues: The HIA noted the lack of awareness of the hospital smoking cessation service across the health board, which may be preventing effective identification of the service to patients who needed it.
- Training Requirements: The need to address training requirements related to smoking cessation was identified as highlighted in the audit report.

The UHB Vice Chair noted that for those people who walked around the hospital, it was clear to see that smoking cessation was not reaching the parts it needed to reach. He added that the report should be received by the Quality Committee.

[Consent Process \(Reasonable Assurance\) – click to view](#)

The HIA discussed the consent process audit, which received reasonable assurance overall but limited assurance for staff compliance with the policy. He highlighted the need for improved monitoring, communication, and training related to consent.

- Monitoring Compliance: The need for improved monitoring of compliance with the consent policy was highlighted, including the development of KPIs and clear methodologies.

[Mortuary Refurbishment at UHW \(Reasonable Assurance\) – click to view](#)

The Audit Manager (AM) reported on the mortuary refurbishment audit, noting the unforeseen issues that impacted time and cost. She highlighted the need for documenting and sharing lessons learned to benefit future projects.

[Interventions Not Normally Undertaken \(Limited Assurance\) – click to view](#)

The AM presented the audit report on interventions not normally undertaken, which received limited assurance. She highlighted the need for a complete set of hospital health pathways, clear evidence to support decisions, and effective monitoring mechanisms.

The Consultant in Public Health (CPH) advised the Committee that the Executive Director of Public Health (EDPHC) had wanted to raise that there was now an action plan in place and a number of the identified actions were in train and on schedule.

The UHB Vice Chair noted his concern at the outcomes of the report and noted that the actions required strong input from the EDPH and their Team and requested that a follow up audit take place in the near future.

The HIA confirmed that a follow up audit would take place later in the year.

The CC confirmed that typically, if an audit receives limited assurance, a follow up takes place in 12 months.

[Legal Services \(Advisory\) – click to view](#)

	<p>The AM provided an overview of the advisory review on legal services, identifying internal control deficiencies and the need for improved awareness, standard operating procedures, and oversight of legal spending.</p> <p>Decision Making (Advisory) – click to view</p> <p>The AM discussed the advisory review on decision-making, highlighting the need for updated schemes of delegation, clearer terms of reference for the Senior Leadership Board and clinical boards, and improved understanding of decision-making processes.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports were considered. b) The proposed adjustments to the 2024/25 plan were approved. 	
<p>A&A 25/02/007</p>	<p>Audit Wales Update (click to view)</p> <p>The Audit Wales Update was received.</p> <p>The Performance Audit Manager Audit Wales (PAMAW) and Audit Manager – Audit Wales (AMAW) presented several Audit Wales reports, including the annual audit report, outline audit plan, structured assessment, urgent and emergency care, discharge planning progress, and cost savings arrangements. They highlighted key findings, recommendations, and management responses.</p> <p>Audit Wales, Annual Audit Report 2024 – click to view</p> <p>Audit Wales, Outline Audit Plan 2025 – click to view</p> <p>The AMAW advised the Committee that the plan was a high-level plan for year and would be received in more detail at the next meeting.</p> <p>Audit Wales, Structured Assessment 2024 – click to view</p> <p>The PAMAW advised the Committee he would take the report as read and noted that it focussed on the Health Boards Corporate arrangements in 4 areas:</p> <ul style="list-style-type: none"> • The corporate approach to planning. • The board transparency, cohesion, and effectiveness. • corporate systems of assurance; and • corporate approach to financial management <p>He noted that in terms of an overall conclusion, arrangements continued to operate effectively and that whilst The Health Board showed ambitions to provide financial sustainability, finance remained challenging.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Audit Wales Update was noted. 	

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Audit Wales Audits

[Urgent & Emergency Care: Flow out of Hospital](#) – click to view

The Performance Audit Lead Audit Wales (PALW) summarised the key points within the audit and noted that the report went into areas of progress which included:

- Improvements to hand over ambulance delays
- Improvements in the Emergency Department (ED) waiting times
- Significant success in preventing delayed discharges from impacting on patient flow within the urgent and emergency care system.
- Clear evidence of partnership working both strategically and operationally within the region, which was leading to positive change

It was noted that the Health Boards performance across metrics for waiting times in emergency departments and ambulance handovers across Wales were consistently either the best in Wales or well above the all-Wales average performance.

The PALW advised the Committee that recommendations arising from the audit were detailed in the report and the management response by the statutory bodies included in the review to those recommendations would be summarised in once considered by the relevant committees.

The UHB Vice Chair noted that the report stated that for the period April 2023 to February 2024, the total number of bed days that had been lost to delayed discharges was 50,668 with a full-year cost equivalent of £27.637 million for the Health Board.

He asked if that figure was correct or a typo as it seemed very high.

The PALW acknowledged the error and confirmed that the correct figure should be £2.73 million and mentioned that it would be fixed.

The Independent Member – Finance (IMF) noted that the report should be seen by the Finance & Performance Committee to get the view of the Chief Operating Officer (COO). **ACTION**

[Discharge Planning Progress](#) – click to view

It was noted that the report on discharge planning found robust improvement plans and strong performance management arrangements, but identified areas for improvement in staff training and awareness of policies and community services.

The follow-up review monitored six specific actions from the original report and found no progress against one action, ongoing work against two actions, and three actions had been implemented and were considered complete.

The PALW concluded that the Health Board made reasonable progress in addressing previous recommendations, but there remained work to do, including updating the discharge policy and improving training and awareness activities.

[Review of cost savings arrangements](#) – click to view

	<p>The PALW advised the Committee that the review aimed to examine whether the Health Board had an effective approach to identifying, delivering, and monitoring cost savings opportunities in 2023-2024.</p> <ul style="list-style-type: none"> • Findings: The Health Board met its agreed deficit targets for 2023-2024 but needed to strengthen its approach to identifying and delivering recurrent savings. It also needed to ensure its service transformation plans aligned with wider plans to achieve financial sustainability. • Recommendations: Twelve recommendations were made to improve the Health Board's approach to cost savings. • Management Response: The management response to the recommendations was appended to the report, indicating acceptance and plans to address the recommendations. <p>The CC noted that the data collection period was December 2023 to March 2024 and asked if anybody from the Finance Team wanted to reflect on the time.</p> <p>The EDF responded that she welcomed the report because it helped balance the challenge being faced as a Health Board and recognised that an ambitious target had been set.</p> <p>She added the report should be received by the Finance & Performance Committee for noting.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Audit Wales Audit Updates were noted. 	
<p>A&A 25/02/009</p>	<p>Procurement Compliance Report / Single Tender Actions / No PO No Pay – click to view</p> <p>The EDF provided an update on the procurement compliance report, noting the ongoing work to address non-compliant procurement activities and the need for further engagement with the Head of Procurement.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the Report were noted b) The contents of the Report were agreed 	
<p>A&A 25/02/010</p>	<p>Internal Audit Tracker Update – click to view</p> <p>The Internal Audit Tracker Update was received.</p> <p>The Head of Corporate Governance (HCG) presented an update to the Committee and highlighted the progress in closing outstanding actions and ongoing efforts to improve the Audit Management & Tracking (AMAT) system.</p> <p>The HIA advised the Committee that moving all of the trackers onto AMAT was a positive move forward for the Health Board and mentioned plans to verify completed actions as part of the year-end process which would be received by the Committee in May 2025.</p> <p>The Committee resolved that:</p>	

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	<p>a) Noted and received assurance from the progress which had been made in completing management actions that continued to be monitored and updated made by Internal Audit</p> <p>b) Noted and were assured by the progress which had been made on transferring to the AMAT system.</p>	
A&A 25/02/011	<p>Report of the Losses and Special Payments Panel – click to view</p> <p>The DDF presented the report of the losses and special payments panel, requesting approval for the write-offs for the period outlined. He explained the process and the difference between gross and net costs.</p> <p>The CC noted that it was pleasing to see the reduction in overpayment levels, hoping that the trend reflected the attention and work that had been happening to address overpayment issues and weaknesses in processes related to management reporting and changes in employment.</p> <p>The DDF responded that there was a delay between the work having an impact and the actual write-offs, as debts were often carried for several years. He suggested waiting until the end of the year to see the final figures, as the current modest amount could change.</p> <p>He emphasised that the lag in the waterfall effect meant that the impact of enhanced arrangements and dashboards may not be fully visible at this point.</p> <p>The Committee resolved that:</p> <p>a) the write offs for the period outlined in the Opinion and Key Issues Section of the report as recommended by the Losses and Special Payments Panel held on 26th November 2024 were approved.</p>	
A&A 25/02/012	<p>Counter Fraud Progress Update</p> <p>The Counter Fraud Progress Update was received.</p> <p>The Committee resolved that:</p> <p>a) The Counter Fraud Progress Update was noted.</p>	
A&A 25/02/013	<p>Agenda for Private Audit and Assurance Committee</p> <p>i. <i>Private Committee Minutes</i></p> <p>ii. <i>Counter Fraud Progress Update</i></p> <p>iii. <i>Health Board Salaries Overpayment Update</i></p> <p>iv. <i>Health Board Salaries Underpayment Update</i></p>	
A&A 25/02/014	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
A&A 25/02/015	<p>Items to be deferred to Board / Committee</p> <p>Send the Audit Wales reports on urgent and emergency care, discharge planning, and cost savings arrangements to the Finance and Performance Committee for review.</p>	
	<p>Date and time of next committee meeting</p> <p>20 May 2025 via MS Teams.</p>	

Public Action Log
Following Audit & Assurance Committee Meeting
04 February 2025
(Updated for the meeting being held 20 May 2025)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Actions					
A&A 25/02/007	Audit Wales, Outline Audit Plan 2025	Further detail on Audit Wales Audit Plan for 2025 to be received by Committee in May 2025	Audit Wales	20.05.2025	COMPLETE On agenda for 20.05.2025 meeting.
A&A 25/02/009	Procurement Compliance	Invite the Head of Procurement to a future session to provide reflections on procurement compliance progress	Exec Director of Finance	02.09.2025	COMPLETE On Forward Plan for Committee meeting on 02.09.2025 - Head of Procurement invited.
A&A 25/02/008	Audit Wales Audits Urgent & Emergency Care: Flow out of Hospital	The Independent Member – Finance (IMF) noted that the report should be seen by the Finance & Performance Committee to get the view of the Chief Operating Officer (COO).	Chief Operating Officer	21.05.2025	COMPLETE On Forward Plan for Finance & Performance Committee meeting taking place 21.05.25
A&A 25/02/008	Discharge Planning Reports	Ensure the Quality Committee has sight of the discharge planning reports	Exec Nurse Director	24.06.2025	COMPLETE On Forward Plan for Quality Committee meeting taking place 24.06.2025

Saunders Nathan
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Report Title:	Internal Audit Progress Report		Agenda Item no.	2.1		
Meeting:	Audit & Assurance	Public	X	Meeting Date:	20/05/25	
		Private				
Status:	Assurance	X	Approval	X	Information	X
Lead Executive:	Director of Corporate Governance					
Report Author:	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 the Audit & Assurance Service 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 & Assurance 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 Health Board.

The 2024/25 plan was formally approved by the Audit Committee at its May 24 meeting.

The progress report provides the Audit & Assurance 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.

Appendix A of the progress report sets out the Internal Audit plan as agreed by the committee, including commentary as to progress with the delivery of assignments.

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

The progress report highlights the conclusions and assurance ratings for audits finalised in the current period.

The following reports informing the 24/25 Opinion have been finalised since the February 25 meeting:

- Core Financials (Substantial Assurance)
- Follow-up: Temporary Staffing Costs (Substantial Assurance)
- Risk Management & Board Assurance Framework (Reasonable Assurance)
- Business Continuity Planning (Reasonable Assurance)
- Record Management (Reasonable Assurance)
- UHW Lifts Modernisation (Reasonable Assurance)
- Surgery Clinical Board Consultant Job Planning Follow-up (Limited Assurance)
- Local Data Repository (Limited Assurance)
- Endoscopy Unit Investment (Advisory)
- Data Quality (Advisory)

The Executive summaries from the final / draft reports are included within the progress report, with the full versions of the reports within the committee supporting papers.

The progress report also includes details of proposed adjustments to the 2024/25 plan.





Recommendation:

The Audit & Assurance Committee are requested to:

- **Consider** the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports.
- **Approve** the proposed adjustments to the 2024/25 plan.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	No	Not Required
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Impact Assessment:

Risk: Yes/No (delete as appropriate)

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.

Safety: Yes/No

The progress report includes the outcome from audits that provide assurance around controls and processes relating to patient safety.

Financial: Yes/No

The progress report includes the outcome from audits that provide assurance around controls and processes relating to Finance.

Workforce: Yes/No

The progress report includes the outcome from audits that provide assurance around controls and processes relating to Workforce.

Legal: Yes/No

The progress report includes the outcome from audits that provide assurance around controls relating to legal requirements.

Reputational: Yes/No

The progress report includes the outcome from audits that provide assurance around reputational issues.

Socio-Economic: Yes/No - **Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)**

Equality and Health: Yes/No

Decarbonisation: Yes/No	
Welsh Language: Yes/No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

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Cardiff and Vale University Health Board

Internal Audit Progress Report

Audit & Assurance Committee May 2025

NWSSP Audit and Assurance Services



GIG
CYMRU
NHS
WALES

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Audit and Assurance Services



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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 2024/25 Internal Audit plan.

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

The plan for 2024/25 was agreed by the Audit & Assurance Committee in May 2024 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
Follow up: Alcohol Standards (Draft – 03/04)	Draft	Limited	Further discussion required to agree findings and management responses.
Surgery CB Governance	Fieldwork		Delays in receiving information from management.
Therapies and Health Sciences Agency and Locum Staff	Fieldwork		Delay in agreeing scope and delay in completion of fieldwork.
Waiting List Management	Fieldwork		Availability of Internal Audit resources to complete fieldwork.
Contract Management	Fieldwork		Co-ordination of completing findings and reporting across All Wales.
Medicine CB - Acute Position Model / Same Day Emergency Care	Fieldwork		Delays in agreeing scope of audit and then meeting with lead managers.
Office 365 Benefits Realisation	Fieldwork		Availability of Internal Audit resources to complete fieldwork.

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3. Outcomes from Completed Audit Reviews

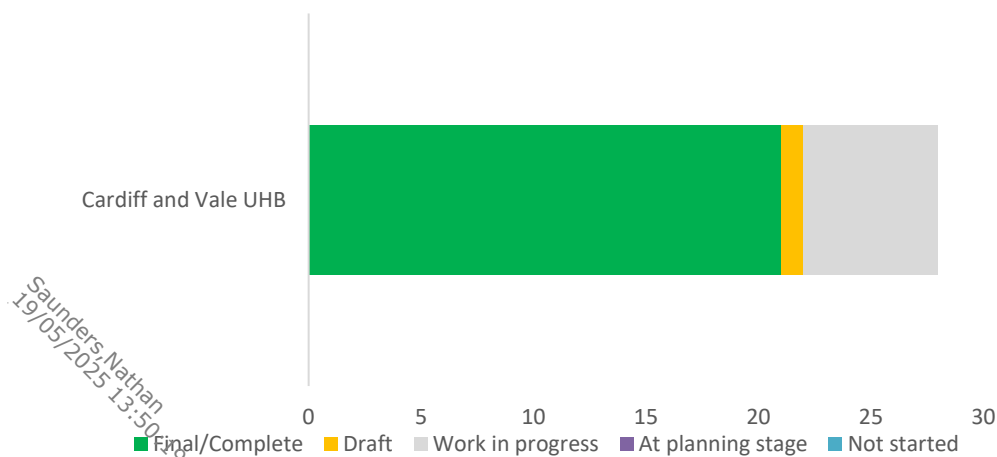
Ten audit reports have been finalised since the last meeting of the Committee in February 25.

The Executive Summaries from the final reports are provided in Section six. The full reports are included separately within the Audit Committee supporting papers for information.

FINALISED AUDIT REPORTS	ASSURANCE RATING	
Core Financials	Substantial	
Follow-up: Temporary Staffing Costs		
Risk Management & Board Assurance Framework	Reasonable	
Business Continuity Planning		
Record Management		
UHW Lift Modernisation		
Surgery Clinical Board Consultant Job Plans Follow-up	Limited	
Local Data Repository		
Endoscopy Unit Investment	Advisory	
Data Quality		

4. Delivery of the 2024/25 Internal Audit Plan

There are a total of 28 reviews within the 2024/25 Internal Audit Plan, (including the changes highlighted below), and overall progress is summarised below.



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The illustration above shows that twenty one audits from the 2024/25 plan have been finalised so far this year and one other has reached the draft report stage.

In addition, there are six audits that are currently work in progress.

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 A also includes details of the two audits from the 2023/24 plan that were not sufficiently progressed to be included within the Head of Internal Audit Opinion for 2023/24. Both audits have now been finalised and the outcomes will feed into the 2024/25 Opinion.

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 (KPI).

5. Changes to the 24/25 Internal Audit Plan

The audit of Estates Assurance – Energy Management is proposed for removal from the plan due to ongoing metering issues with the current energy supplier. The removal is supported by the Executive Director of Finance.

The follow-up audit of Estates Condition has been proposed for removal from the 2025/26 plan due to the funding constraints in addressing the underlying issues. The removal is supported by the Executive Director of Finance.

The audit of the UHW Tertiary Tower Capital Scheme is proposed for deferral to the 2025/26 plan due to delays in the progression of the scheme onsite. The deferral is supported by the Executive Director of Finance.

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6. Final Report Summaries

6.1 Core Financials

Purpose

The review of Core Financial Systems was completed in line with the 2024/25 Internal Audit Plan for the Cardiff and Vale University Health Board (the 'Health Board').

Overview

Given that previous Core Financial Systems audits have received high levels of assurance, individual areas are now covered on a cyclical basis. Therefore, this year's audit covered General Ledger and Accounts Receivable, which was last audited in 2021/22 with an overall opinion provided of Substantial Assurance.

The general ledger records all financial transactions of the organisation and provides the basic information for the preparation of management accounts, financial accounts and financial returns. In order to maintain proper financial control, it is essential that adequate financial routines operate to protect the integrity of the ledger and that those routines are implemented in practice.

The collection of 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.

We have concluded **substantial** assurance on this area. The significant matters requiring management attention include:

- A number of monthly payroll deduction reconciliations include a large number of transactions that have remained outstanding for a significant period of time.
- The current list of Health Board outstanding debts includes a large number of debts that have been owing for a significant period of time, in some cases over 10 years.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Clarification is needed for the process of removing access to the Oracle Financial system for staff that no longer require access or who have not accessed the system for a considerable amount of time.
- Ensure that all relevant and up to date Financial Control Procedures are accessible to Finance staff on the relevant section of the Finance Departments intranet (SharePoint) page.

Scope & Assurance Summary

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

Related Findings

Assurance

Objectives	Related Findings	Assurance
1 General Ledger – Access and changes to the general ledger are appropriately managed	-	Reasonable
2 General Ledger – All input to the general ledger is complete, accurate, timely and valid	-	Substantial
3 General Ledger – Month end reconciliations to the balance sheet are undertaken	1	Reasonable
4 Accounts Receivable – Debtor invoices are raised on a timely basis for all income due, and receipts are correctly recorded	-	Substantial
5 Accounts Receivable – Intra NHS debtors are managed appropriately	-	Substantial
6 Accounts Receivable – Outstanding and aged debt is appropriately monitored and followed up	2	Reasonable
7 Accounts Receivable – Debt write-off is managed appropriately	-	Substantial
8 General Ledger & Accounts Receivable - Procedural Guidance is in place, appropriate and up to date	-	Substantial

Management Actions

Themes

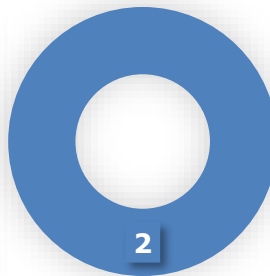
Risk Types



High Priority



Medium Priority



■ Finance Management & Control

Financial Loss

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6.2 Follow-up: Temporary Staffing Costs

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 Temporary Staffing costs (CVU 2324-33) review that was reported as part of our 2023/24 work programme.

Overview of findings

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

Of the seven recommendations made, six have been closed, including the two high priority recommendations.

One recommendation has been superseded by a recommendation that has been made within the Follow Up: Implementation of the Health Roster review.

The E-rostering team has successfully migrated Capital, Estates and Facilities teams to Health Roster with the exception of the housekeeping team which is due to move over by end of April. We have made no recommendation as the move onto Health Roster by housekeeping is imminent.

The Rostering Principles and Good Practice guidelines have been re-issued to all ward sister/Charge Nurses to promote roster effectiveness.



The Workforce Sustainability Programme Scheme of Delegation has been revised to reflect the delegated approvals for Capital, Estates and Facilities.

A Nursing Workforce Hub has been set up that is chaired by the Director of Nursing Strategic Nursing & Midwifery Workforce and retains central control of all agency/bank shift requests by the Clinical Boards. This added layer of scrutiny ensures that temporary staffing requests are vetted further before shifts are advertised.








The Hub maintains a central log capturing detailed information for each temporary staffing request.

Due to the progress on the audit, we have classified the area as Substantial Assurance.

Follow-up Report Classification

 <p>Substantial</p>	<p>Follow up: All high priority recommendations implemented with excellent progress on the medium 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 Inconsistent rostering practices	Medium		Partially Complete
2 Rostering effectiveness	Medium		Superseded
3 Self-allocation of bank shifts	High		Closed
4 Lead times for advertising bank/agency shifts	Medium		Closed
5 Workforce Sustainability scheme of Delegations	Medium		Closed
6 Missing and incomplete Temporary Staffing Requests	Medium		Closed
7 Bank shift allocation effectiveness	High		Closed

6.3 Risk Management & Board Assurance Framework

Purpose

The purpose of this review was to assess the effectiveness of the procedures for identification, management and reporting of strategic and key operational risk through the Board Assurance Framework and the Corporate Risk Register.

Overview

The Board Assurance Framework (BAF) provides the Board with the key strategic risks that could impact upon the delivery of the Health Board's Strategy. A new proposal for the format and content of the BAF was taken to a Board Development session in June 2024 and an updated BAF was taken to the Board meeting in September 2024¹. The update is intended to better align the strategic objectives and strategic portfolios with the strategic risks. The BAF comprises six risk themes which are applicable to the four strategic objectives. The two delivery focussed risk themes are Quality and Health Equity. The four key enabling risk themes are People, Digital, Infrastructure and Sustainability.

The Corporate Risk Register (CRR) ensures the Board has an overview of the key operational risks from the Clinical Boards and Corporate Directorates. Currently, the Health Board is rolling out the Audit Management and Tracking software (AMaT) for risk management across a number of Clinical Boards.

We have concluded **reasonable** assurance on this area. The matters requiring management attention are:

- Risk Management documentation and the Risk Appetite Statement are overdue for review although we acknowledge that these will be updated once the new risk management software is fully operational;
- Strategic risks on the Board Assurance Framework are allocated to specific Board sub-committees but only the People and Culture Committee had evidence of these risks being regularly reviewed;
- Although the Corporate Risk Register is taken to each Board meeting, its current format and length makes it extremely difficult to gain assurance on how those risks are being managed;
- The Corporate Risk Register makes no reference to risk appetite although the use of target scores does provide an indication of the level of risk that the Health Board is prepared to accept; and
- The Risk module within the AMaT system needs to be implemented as soon as possible.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

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¹ cavuhb.nhs.wales/files/board-and-committees/board-2024-25/2024-09-26-board-papers-bundled-pdf pg 37-68

Scope & Assurance Summary

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

		Related Findings	Assurance
1	Risk Management and Assurance arrangements are defined within an up-to-date Strategy and Framework and associated procedures, aligned to the Health Board’s objectives and strategic direction.	1	Reasonable
2	Processes are in place to support the monitoring and review of key risks and assurance mechanisms, including the BAF and CRR, across the Health Board, including at Committee and Board level.	2,3	Reasonable
3	The BAF aligns to the Health Board’s strategic objectives, and both the BAF and CRR have considered risk appetite.	4	Reasonable
4	Strategic and corporate risks are regularly reviewed, and processes are in place to support, and evidence changes in risk scores.	2,3	Reasonable
5	Where gaps in control and assurance are identified, action plans that are regularly monitored are in place setting out the work required to close those gaps.	3	Reasonable
6	The audit will identify the progress of implementing the internal audit recommendations raised in the 2023/24 audit of Risk Management. (CVU2324.05).	5	Limited

Management Actions

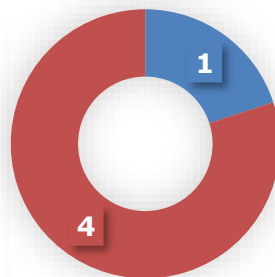


High Priority



Medium Priority

Themes



- Policies & Procedures
- Risk Management

Risk Types

- Public Perception & Reputational Risk
- Legal & Regulatory Non-Compliance

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6.4 Business Continuity Planning

Purpose

The purpose of this audit is to establish if the Health Board has appropriate arrangements in place to ensure effective business continuity across all areas and services. In addition, to provide assurance around the development of plans and that effective communication, training and testing of plans is undertaken.

Overview

The Civil Contingencies Act 2004 defines an emergency as 'an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK'. Emergencies are split into two distinct but overlapping concepts:

- Major Incidents: emergencies outside of the Trust's day-to-day capabilities, including (but not limited to) severe weather, major transport incident, infectious disease outbreak or terrorist attack.
- Business Continuity incidents: situations in which the Trust's ability to provide core ('business critical') services is seriously compromised, resulting in potential significant disruption to services and risks to patient safety.

NHS organisations and providers of NHS funded care must take reasonable steps to ensure that in the event of a service interruption, essential services will be maintained and normal services restored as soon as possible.

As a Category 1 responder with key emergency response duties under the Civil Contingencies Act (2004), the Health Board is required to ensure that it has robust plans in place for emergency preparedness, resilience and response (EPRR).

We have concluded reasonable assurance on this area. The matters requiring management attention include:

- There were a number of outstanding Business Continuity Plans within the Clinical Boards.
- Further guidance is required for reviewing Business Continuity Plans.
- The production of a EPRR Risk Register.
- Incorporating lessons learnt from previous incidents into Business Continuity Plans.

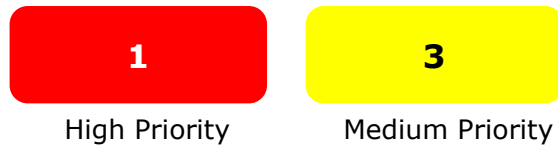
Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Reporting of key performance indicators in relation to Business Continuity Plans.
- The Major Incident Plan is due for review. However, we are aware that live activations have been undertaken in the last 6 months in line with statutory requirements.

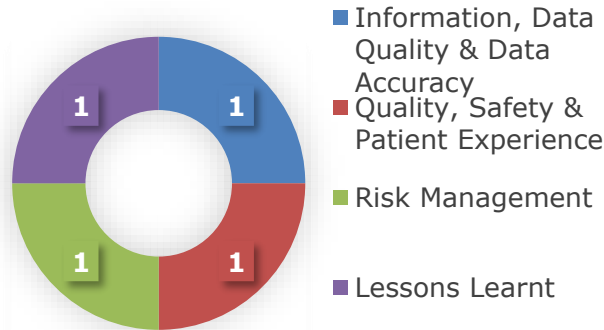
Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 There are appropriate business continuity plans and supporting processes in place, which cover the Health Board’s critical operations.	1,2,3	Limited
2 Relevant staff are aware of business continuity plans and the actions required during an incident.	1	Reasonable
3 Appropriate command structure and communications are in place in the event of a continuity event occurring.		Substantial
4 The Health Board has processes in place for testing plans and incorporated lessons learned from recent events such as the Covid-19 pandemic response.	4	Reasonable

Management Actions



Themes



Risk Types

Quality or Safety Issues

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6.5 Record Management

Purpose

A review of the arrangements and processes in place within the Health Board for the management and storage of health records, both acute and non-acute. Including a review of plans for the scanning and digitisation of patient records.

Background

We have concluded reasonable assurance on this area. We have identified five (5) matters for reporting in our review which require management attention including:

- 1 There is a lack of full guidance with departments that manage their own records;
- 2 Some records storage areas lacked protection from water damage or fire;
- 3 Records are transported in unsealed containers;
- 4 Records are not being disposed of, leading to retention past agreed timescales; and
- 5 There is no formal plan to move away from physical records to an electronic health record.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- The Medical Records department has outdated internal documents, with many not updated since 2017. Additionally, there is no guidance on transportation and disposal, leaving gaps in the records management lifecycle.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Appropriate policies, procedures and guidelines are in place for records management, that cover the full lifecycle and ensure standardisation of processes and content.	1	Reasonable
2 Storage facilities ensure that records are protected from unauthorised access, destruction or theft, and from accidental damage from environmental hazards.	2	Reasonable
3 Physical records are transported and tracked appropriately and are readily available for staff to access.	3	Reasonable
4 An appropriate process is in place to archive and dispose of records appropriately, both physical and digital.	4	Limited
5 An appropriate process is in place to move away from physical records, both from digitisation of records and replacement with digital solutions.	5	Limited

Management Actions

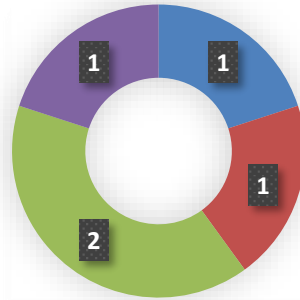


High Priority



Medium Priority

Themes



- Policies & Procedures
- Information, Data Quality & Data Accuracy
- Physical Security
- Governance

Risk Types

Quality or Safety Issues
Public Perception & Reputational Risk

6.6 UHW Lift Modernisation

Purpose

This audit was commissioned in accordance with the agreed Integrated Audit Plan included within the approved Business Justification Case (BJC) for the University Hospital Wales (UHW) Modernisation of Passenger Lifts programme. This was the first audit undertaken in accordance with the agreed audit plan and reviewed the delivery and management arrangements to progress the programme. The BJC was approved by Welsh Government in November 2023 in the sum of £10.2m capital funding, with enabling works commencing on site in May 2024 and forecast for completion in May 2027.

Overview

We have concluded **Reasonable Assurance** at this review following the assessment of the key delivery objectives and the governance, risk management, and internal control arrangements applied to date.

The relative simplicity of the project is acknowledged, along with the appointment of a specialist contractor who at the time of review was providing adequate information to inform the Health Board. However, this does not negate the need for strong internal controls, particularly in the areas of governance and financial management.

At the time of the current review (at an early stage of works), the project was forecast to be delivered within the agreed time, cost and quality parameters. However, the audit has identified a number of issues which require addressing at this early stage, which if not resolved, may limit the ability to provide positive assurance at future audit reviews of the project.

As identified at the recent Mortuary project audit, the UHB's Capital Projects Manual was out of date and considered not fit for purpose. An updated Manual had been prepared and was undergoing review and approval. We have therefore sought to assess this project against established best practice and typical

practice applied to other Health Board projects. Whilst an additional recommendation has not been raised at this report in respect of the Manual, this has informed the overall assurance opinion.

The matters requiring management attention include:

- A review of governance arrangements including divergence from arrangements detailed in the approved BJC;
- Welsh Government approval of the change in the spend profile;
- Improvements in cost monitoring and reporting;
- Confirmation of the risk management mechanisms for the Health Board risk register;
- Retention of the tender assessment at future procurements;
- Appropriate completion of contract documents and retention of an appropriate audit trail of contractual communication.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- It should be ensured that appropriate monitoring systems are in place for insurances for the duration of the works contract.

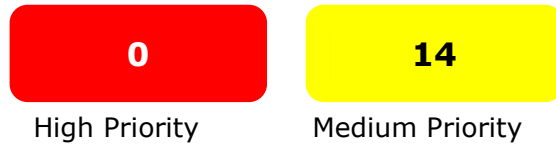
Further audits will be undertaken of the Modernisation of Passenger Lifts programme at UHW in accordance with the approved business justification case (integrated audit plan).

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Project Performance: Consideration of performance against project objectives (e.g. time, cost, benefits, critical success factors etc.).	-	Substantial
2 Governance: Assurance that adequate governance arrangements were in place, including appropriately defined roles and responsibilities, project governance structure, stakeholder engagement, information retention systems, and clearly defined accountability & delegation arrangements. Appropriate approvals have been obtained at key stages.	1-4	Reasonable
3 Financial Assurance: Adequate cost control and reporting systems were operated. Adequate processes and procedures were in place to validate the costs incurred. Assessment of the ongoing arrangements for the review of risk and associated management of contingency funds.	5,6	Reasonable
4 Technical Assurance: Assurance that appropriate procurement processes were applied for the main contractor appointment, equipment specifications etc. That appropriate contractual documents, warranties, guarantees etc., were in place. Effective management of the programme to date, in accordance with the requirements of the contract. Appropriate application of a Project Bank Account.	7-10	Limited

5	Advisers: Appropriate appointment and contractual arrangements were in place. Assurance that delivery was adequately monitored, including fee management, performance management and monitoring and reporting arrangements.	11-13	Reasonable
6	Change Control: Appropriate internal and contractual change control mechanisms were applied at the project.	9,14	Reasonable

Management Actions



Themes



Risk Types

- Financial Loss
- Legal & Regulatory Non-Compliance

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6.7 Surgery Clinical Board Consultant Job Plans Follow-up

Purpose

The overall objective of the audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Surgery Clinical Board Consultant Job Planning (CVU 2223-32) audit that was reported as part of our 2022/23 programme.

Overview of findings

Three recommendations have been fully implemented and closed down, one medium and two low priority. We were able to evidence for the medium priority recommendation that all job plans were now on the Allocate system.

Although limited progress has been made towards implementing two of the four High priority recommendations, none have been fully implemented and two have seen no progress made at all.



Most consultants still don't have a fully signed off job plan dated within the last 12 months, and job plans still don't include personal outcomes linked to service outcomes.

Consequently, all four high priority recommendations have been rolled forward, with one being re-assessed as Medium priority due to the progress made.

In addition, no progress has been made towards the implementation of one Medium priority finding, and one has only been partially implemented so both have been rolled forward.

We are therefore 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	Job plans on the Allocate system	Medium	↑	Closed
2a	Out of Date Job Plans	High	↔	High
2b	Clinical Board (Service) Outcomes	High	↑	Medium
3	Approval of Additional Sessions	Medium	↔	Medium
4	Personal Outcomes	High	↔	High
5	Monitoring Delivery of Agreed Sessions	Medium	↔	Medium
6	Annual Reviews	High	↔	High
7	Data Quality	Low	↑	Closed
8	Team Job Plans	Low	↑	Closed

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6.8 Local Data Repository

Purpose

To provide assurance over the arrangements in place for the development of the Local Data Repository (LDR).

Background

The National Data Resource (NDR) is hosted by Digital Health and Care Wales (DHCW) and funded by Welsh Government. It is a national data platform that will link health and social care data sourced from local data repositories (LDR) across NHS Wales organisations and data from nationally hosted systems by DHCW.

In order to build a complete and accurate LDR, which in turn will become part of the NDR, currently held data within the health board needs to be made available and translated into a standardised format, thus making data interoperable.

In June 2023, Welsh Government formally mandated the Fast Healthcare Interoperability Resources (FHIR) as a foundational interoperability standard for all IT and all digital systems / services. The framework was created by the Health Level Seven International (HL7) healthcare standards organisation and encompasses standards for the exchange, integration, sharing and retrieval of electronic healthcare data.

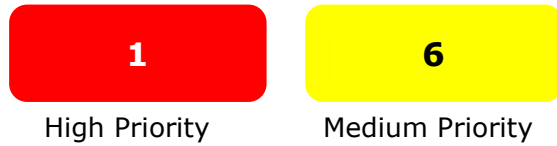
We have concluded **limited** assurance on this area. The significant matters requiring management attention include:

- There has been no LDR plan until recently. The current plan does not set out the full scope of the LDR programme including analysis and fully enabling the use of data, together with the resources required to deliver it.
- The LDR programme does not have a defined budget monitoring process, with costs associated with the LDR being held in multiple cost centres.
- There has been limited, visible reporting on the LDR programme and no ability for governance groups to monitor progress against an agreed plan. In addition due to the lack of formal governance, there is a lack of evidential clarity over the approval of the designs and approach taken within the Health Board and the comparison of the different approaches which would justify the decision.
- Due to the link to the NDR there was no scope document, PID or business case developed for the Health Board LDR, with the programme treated as business as usual. With an absence of a formal scope document and exercise there is a lack of clarity over the full needs of the Health Board, and a disconnect between the data architecture aspects and the analysis aspects.
- We note that currently the OpenStack environment is hosted on servers within the services accommodation centre (SAC). Although this is spread across the two rooms this provides no geographical resilience and reduces the benefits associated with hosting a private cloud.
- There is no documented evidence of approval of the LDRs open source approach, or of formal sign off of design, specifications, decisions or security review.
- There is no IG framework for the LDR and no DPIA that assesses the impact of the LDR. We also note a lack of a data governance process that sets out the requirements for data quality and maintenance, with no reference to data governance within the LDR plan.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	An appropriately resourced plan for the development of the LDR is in place, supported by robust governance arrangements.	1, 2, 3	Limited
2	A full needs assessment has been undertaken with appropriate stakeholders, both internal and external, to inform planning requirements and to set out a roadmap for delivery.	4	Reasonable
3	The LDR is of a resilient design and appropriate continuity and recovery measures are in place.	5, 6	Reasonable
4	Processes are in place to safeguard digital information throughout its lifecycle.	7	Limited
5	Appropriate arrangements are in place to ensure the LDR meets the foundational interoperability standard.	-	Substantial

Management Actions



Themes



Risk Types

- Legal & Regulatory Non-Compliance
- Quality or Safety Issues
- Public Perception & Reputational Risk

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6.9 Endoscopy Unit Investment

Purpose

The main purpose of the advisory review was to map the Endoscopy Unit revenue investment through to budgets and activity to establish the impact on baseline activity and funding, and the current position in terms of demand and capacity.

Overview

As this is an advisory review no assurance rating is provided. We identified several internal control deficiencies relating to the following:

1. The Endoscopy Expansion Revenue Expenditure proposal was not subject to Board approval. Subsequently, the final planned revenue expenditure was not agreed by Welsh Government (WG).
2. It was identified that the original revenue investment plan had not been followed, and alternative project plans were not communicated to the Board or WG. The contracted insourcing costs and project recurrent costs are adequately monitored against agreed budgets. However, a significant project budget reduction was not effectively communicated to all budget holders.
3. The project delivery to date has exceeded the planned treatment volumes but only by using extensive insourcing. Our forecast based upon current inhouse output estimates that the required treatment volumes will not be achievable.
4. Monitoring of progress against the original project proposals has not been requested and therefore not undertaken. Current theatre activity and expenditure is reported at an appropriate level. However, the new theatres are not included in the KPI reports. They were commissioned in February 2024 and their activity levels are still low. We could not establish any requirement to report project progress/activity to the Board or WG.

In contrast to an assurance audit, we have not made formal recommendations but have identified opportunities that the Health Board may wish to take forward to address the highlighted deficiencies and further strengthen processes.

Report Classification

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.

Advisory Audit Objectives

Our review sought to ascertain and evaluate if:

- | | |
|---|--|
| 1 | Determine if the revenue business case was subject to appropriate review and approval and if it clearly defined the anticipated outcomes and benefits to be gained from the investment. |
| 2 | Establish how the original revenue investment has been utilised to date and map how the funds have been moved into service budgets, including an assessment of the decision-making processes and associated governance arrangements. |
| 3 | Establish the impact that the revenue investment has had on the baseline endoscopy activity and the capacity available to meet current demand. Assess how these compare to the planned outcomes stated within the revenue business case. |
| 4 | Establish if there has been effective monitoring of how the revenue investment has been utilised and the impact on activity, and if this has been regularly reported to appropriate Health Board management, Committees and / or Board, and to Welsh Government as required. |

Opportunities:	Audit Objective
1 Development of a live project register.	1
2 To improve records of meetings.	1
3 Introduce a project standard operating procedure.	1
4 Reassessing the original plan and lessons learned.	2
5 Improving project oversight.	1,2,3,4

6.10 Data Quality Strategy

Purpose
To review the arrangements and processes in place for ensuring data quality issues are detected, resolved and prevented within the Health Board.

Overview
As this is an advisory review no assurance rating is provided. We identified a number of internal control deficiencies relating to the following:

- Outdated Data Quality Policy and corresponding procedures;
- The Health Board’s server inventory lacks detailed links to hosted applications, services, and data flows;
- No structured approach or central oversight regarding Health Board representatives;
- Lack of data quality framework and governance structure;
- Absence of data quality training and guidance;
- Limited digital training;
- Absence of a data quality team or clearly defined individual responsibilities for overseeing and managing data quality;
- Lack of collaboration with departments to fix data quality issues; and
- Limited investigation of data quality issues unless they are significant in scale or impact.

In contrast to an assurance audit, we have not made formal recommendations but have identified opportunities that the Health Board

Report Classification

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.

Advisory Audit Objectives

Our review sought to ascertain and evaluate if:

- 1 The Health Board has a mechanism to enable a clear view of all its data assets; how they are aggregated and how the data flows.
- 2 The Health Board is aware of and manages its data relationships and boundaries with other organisations to ensure that data can flow throughout the organisation.
- 3 A good data quality culture is in place throughout the Health Board.
- 4 Adequate processes are in place to identify, review, correct and prevent data quality issues.

may wish to take forward in order to address the deficiencies and further strengthen processes.

Opportunities:

Audit Objective

1	Policies and Procedures	1
2	Data Flow Mapping	1
3	Health Board Representatives	2
4	Data Quality Governance Structure	3
5	Data Quality Training	3
6	Digital Skills Assessment	3
7	Data Quality Accountability	4
8	Data Quality Feedback Mechanism	4
9	Investigation of Data Quality Issues	4

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ASSIGNMENT STATUS SCHEDULE

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
2023/24 Plan							
Performance Reporting	11	Digital & Health Intelligence			Final Report	Reasonable	September
Maternity Care – Ockenden Review	31	Nursing			Final Report	Reasonable	November & February
2024/25 Plan							
Health & Safety	4	People & Culture	Q1		Final Report	Reasonable	September
Safeguarding	15	Nursing	Q1		Final Report	Reasonable	November
Specialist Services CB Governance and Financial Arrangements	26	COO	Q1		Final Report	Reasonable	November
Interventions Not Normally Undertaken	17	Public Health	Q1		Final Report	Limited	February
Consent Process	29	Medical	Q1		Final Report	Reasonable	February
Legal Services	3	Corporate Governance	Q2		Final Report	Advisory	February
<i>Capital Systems</i>	<i>12</i>	<i>Finance</i>	<i>Q2</i>		<i>Final Report</i>	<i>Substantial</i>	<i>February</i>
Smoking Cessation	18	Public Health	Q2		Final Report	Reasonable	February
Decision Making	2	Corporate Governance	Q3		Final Report	Advisory	February
Follow-up: Implementation of Health Roster System	6	People & Culture / Nursing	Q3		Final Report	Limited	February
Core Financials	10	Finance	Q2		Final Report	Substantial	May

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Local Data Repository	21	Digital & Health Intelligence	Q2		Final Report	Limited	May
Surgery Clinical Board Consultant Job Plans Follow-up	28	COO	Q2		Final Report	Limited	May
Data Quality Strategy	20	Digital & Health Intelligence	Q2/3		Final Report	Advisory	May
Endoscopy Unit Investment	38	Finance / COO	Q2/3		Final Report	Advisory	May
Business Continuity Planning (Deferred from 23/24 plan)	7	Strategic Planning	Q1	Q3	Final Report	Reasonable	May
Record Management	30	Digital & Health Intelligence	Q3		Final Report	Reasonable	May
Risk Management & Board Assurance Framework	1	Corporate Governance	Q4		Final Report	Reasonable	May
Follow-up: Temporary Staffing Costs	33	People & Culture / Finance	Q4		Final Report	Substantial	May
Follow-up: Alcohol Standards	19	Public Health	Q4		Draft Report	Limited	September
Surgery CB - Governance Arrangements	27	COO	Q2		Work in Progress		September
Therapies and Health Sciences Agency and Locum Staff	31	Therapies and Health Sciences	Q2		Work in Progress		September
Contract Management	9	Finance	Q3		Work in Progress		September
Waiting List Management	24	COO	Q3		Work in Progress		September
Medicine CB - Acute Position Model / Same Day Emergency Care	25	COO	Q3		Work in Progress		September
Office 365 benefits realisation	22	Digital & Health Intelligence	Q4		Work in Progress		September
Approved Integrated Audit Plan Assignments:							
• Mortuary Refurbishment at UHW	36	Finance	Q2		Final Report	Reasonable	February
• UHW Lift Modernisation	35	Finance	Q3/4		Final Report	Reasonable	May

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Reviews removed from the plan							
Concerns/ Complaints/ Putting Things Right (Duty of Candour)	16	Nursing			Proposed for removal from the plan as an audit has recently been completed by the Welsh Risk Pool and the Health Board is awaiting the reported results. Agreed by September 24 AC.		
Charitable Funds	11	Finance			Proposed for deferral to the 2025/26 plan, as the service is currently going through an external review and Organisational Change Process (OCP). Agreed by November 24 AC.		
Planned Care Programme	23	COO			Proposed for removal from the plan due to current changes in processes and personnel in this area. It is also noted that Audit Wales are doing a review of Planned Care this year. Agreed by November 24 AC.		
Hosting of the Substance Misuse Area Planning Team and Board	8	Strategic Planning			Proposed for removal from the plan due to imminent changes to the Planning Executive portfolio and departure of the lead manager. Agreed by February 25 AC.		
Follow-up: Decarbonisation	37	Finance			Proposed for deferral to the 2025/26 plan due to recent change in Executive lead and time required for actions to be developed and implemented. Agreed by February 25 AC.		
Occupational Health Service	5	People & Culture			Proposed for deferral to the 2025/26 plan due to current pressures on the team around a move from UHW to Woodland House and staff shortages. Agreed by the February 25 AC.		
Estates Assurance - Energy Management	13	Finance			Proposed for removal from the plan due to due to ongoing metering issues with the current energy supplier. To be agreed by May 25 AC.		
Follow-up: Estates Condition	14	Finance			Proposed for removal from the plan due to due to the funding constraints in addressing the underlying issues. To be agreed by May 25 AC.		
UHW Tertiary Tower	34	Finance			Proposed for deferral to the 2025/26 plan due to delays in the progression of the scheme onsite. To be agreed by May 25 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
Performance Reporting	Reasonable	Final	06/08/24	28/08/24	21/08/24	21/08/24	G
Health & Safety	Reasonable	Final	13/08/24	04/09/24	20/08/24	20/08/24	G
Safeguarding	Reasonable	Final	04/09/24	25/09/24	07/10/24	07/10/24	R
Specialist Services CB Governance and Financial Arrangements	Reasonable	Final	07/10/24	28/10/24	24/10/24	24/10/24	G
Interventions Not Normally Undertaken	Limited	Final	14/11/24	05/12/24	02/12/24	03/12/24	G
Legal Services	Advisory	Final	25/11/24	18/12/24	18/12/24	18/12/24	G
Smoking Cessation	Reasonable	Final	14/11/24	06/12/24	06/12/24	19/12/24	G
Follow-up: Implementation of Health Roster System	Limited	Final	24/10/24	14/11/24	06/01/25	07/01/25	R
Maternity Care – Ockenden Review	Reasonable	Final	19/08/24	10/09/24	20/01/25	20/01/25	R
Decision Making	Advisory	Final	06/01/25	27/01/25	16/01/25	20/01/25	G
Consent Process	Reasonable	Final	21/11/24	12/12/24	22/01/25	22/01/25	R
Mortuary Refurbishment at UHW	Reasonable	Final	03/10/24	24/10/24	23/01/25	23/01/25	R
Capital Systems	Substantial	Final	09/01/25	30/01/25	23/01/25	23/01/25	G
Core Financials	Substantial	Final	26/02/25	19/03/25	05/03/25	06/03/25	G
Local Data Repository	Limited	Final	26/02/25	19/03/25	17/04/25	22/04/25	R

Audit	Rating	Status	Draft issued date	Responses & exec sign off required	Responses & Exec sign off received	Final issued	R/A/G
Surgery Clinical Board Consultant Job Plans Follow-up	Limited	Final	01/11/24	22/11/25	04/03/25	05/03/25	R
Data Quality Strategy	Advisory	Final	07/03/25	28/03/25	06/05/25	06/05/25	R
Endoscopy Unit Investment	Advisory	Final	29/01/25	19/02/25	10/04/25	10/04/25	R
Business Continuity Planning	Reasonable	Final	07/02/25	28/02/25	11/04/25	14/04/25	R
Record Management	Reasonable	Final	19/02/25	12/03/25	06/05/25	06/05/25	R
Risk Management & Board Assurance Framework	Advisory	Final	19/03/25	09/04/25	01/04/25	02/04/25	G
Follow-up: Temporary Staffing Costs	Substantial	Final	17/04/25	13/05/25	30/04/25	01/05/25	G
UHW Lift Modernisation	Reasonable	Final	13/01/25	03/02/25	13/05/25	14/05/25	R

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KEY PERFORMANCE INDICATORS

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2024/25	G	May 2024	By 30 June	Not agreed	Draft plan	Final plan
Audit reports to agreed Audit Committee	R	48% 12 from 25	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100% 24 from 24	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	R	49% 11 from 23	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100% 23 from 23	80%	v>20%	10%<v<20%	v<10%

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Assurance Ratings

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.</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.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</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.</p>
	<p>Assurance not applicable</p>	<p>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.</p>

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Report Title:	Internal Audit Plan 2025/26			Agenda Item no.	2.2	
Meeting:	Audit & Assurance Committee	Public	X	Meeting Date:	20/05/25	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval	X	Information	X
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Internal Audit					

Main Report
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.

It is a requirement of the Global Internal Audit Standards that an Internal Audit Plan and Charter is prepared on an annual basis and presented to the Audit Committee for approval.

The work undertaken by Internal Audit will be completed in accordance with the Plan, which has been prepared following a detailed planning process and is subject to Audit and Assurance Committee approval. The plan sets out the programme of work for the year ahead, covering a broad range of organisational risks. The full document also describes how we deliver that work in accordance with professional standards.

The Internal Audit Mandate and Charter has been updated as at March 2025 and sets out the purpose, authority and responsibility of the Internal Audit service along with the relationships with the Health Board, its officers and other assurance providers.

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

The Internal Audit plan for 2025/26 has been developed following review of the Health Board's key objectives, Corporate Risk Register, Board Assurance Framework, relevant Committee papers, previous audits undertaken and other key papers and documents.

Individual planning discussions were held with each of the Executive Directors, the Chief Executive, Chairman, and Audit & Assurance Committee Chair to inform development of the plan.

An initial version of the draft plan was shared with the Senior Leadership Board for review and comment, and to inform prioritisation of the potential audits to ensure that the plan can be delivered within the available resources.

The plan covers the whole of the 2025/26 audit year but will be subject to regular on-going review and adjustment as required to ensure that the audits reflect the Health Board's evolving risks and changing priorities and therefore provide effective assurance.





Recommendation:

Prepared by: Nathan
 Date: 20/05/2025 13:50:19

The Audit & Assurance Committee are requested to:

- **Approve** the Internal Audit Plan for 2025/26;
- **Approve** the Internal Audit Mandate and Charter; and
- **Note** the associated Internal Audit resource requirements and Key Performance Indicators.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

 Putting People First		 Providing Outstanding Quality	X
 Delivering in the Right Places	X	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
Development and delivery of the Internal Audit plan provides the Health Board with a level of assurance around the management of a series of risks covered within the specific audit assignments.
Safety: Yes/No
The Internal Audit plan for 2025/26 includes a number of audits which will provide assurance around controls and processes relating to patient safety.
Financial: Yes/No
The Internal Audit plan for 2025/26 includes a number of audits which will provide assurance around financial controls and processes.
Workforce: Yes/No
The Internal Audit plan for 2025/26 includes a number of audits which will provide assurance around workforce issues.
Legal: Yes/No
The Internal Audit plan for 2025/26 includes a audit which will provide assurance around compliance with legal requirements.
Reputational: Yes/No
The Internal Audit plan for 2025/26 includes a number of audits which will provide assurance around potential reputational issues.
Socio Economic: Yes/No
The Internal Audit plan for 2025/26 includes a number of audits which will provide assurance around socio economic issues.
Equality and Health: Yes/No
The Internal Audit plan for 2025/26 includes a number of audits which will provide assurance around equality and health issues.
Decarbonisation: Yes/No
The Internal Audit plan for 2025/26 includes an audit which will provide assurance around decarbonisation.

Approval/Scrutiny Route:
Committee/Group/Exec Date:

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Internal Audit Plan 2025/26

Cardiff and Vale University Health Board

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Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd

Shared Services
Partnership
Audit and Assurance Services



1. Introduction

This document sets out the Internal Audit Plan for 2025/26 (the 'Plan') detailing the audits to be undertaken and information of the corresponding resources. It also contains the Internal Audit Mandate and Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (the Chief Executive) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit and Assurance Committee, with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the key findings and agreed actions from internal audit reviews may be used by the Health Board's management to improve governance, risk management, and control within their operational areas.

In January 2025 new Global Internal Audit Standards (the 'Standards') became effective and apply to UK public sector audits from 1 April 2025 to align with the financial year. These new standards replace the previous guidance: the Public Sector Internal Audit Standards. The new Standards are accompanied by a UK public sector application note (the 'Application Note'), which provides public sector interpretations and additional requirements for the Standards. The new Standards require that a risk based internal audit plan is created that supports the achievement of the organisation's objectives.

Accordingly, this document sets out the risk-based approach and the Plan for 2025/26. The Plan will be delivered in accordance with the Internal Audit Mandate and Charter and the agreed KPIs, which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by other organisations on behalf of NHS Wales. These are: Digital Health and Care Wales (DHCW); NHS Wales Shared Services Partnership (NWSSP); and the NHS Wales Joint Commissioning Committee (JCC), which replaced EASC and WHSSC from April 2024. These audits will be included in Appendix A when agreed formally. These audits are part of the risk-based programme of work for DHCW, NWSSP and Cwm Taf Morgannwg UHB (for the JCC), but the results, as in previous years, are reported to the relevant health organisations and are used to inform the overall annual Internal Audit opinion for those organisations.

2. Developing the Internal Audit Plan

2.1 Link to the Global Internal Audit Standards

The Plan has been developed in accordance with Principle 9: Plan Strategically, which includes Standard 9.4 – Internal Audit Plan, of the Standards, and the accompanying Application Note, which provides public sector interpretations and additional requirements for the Standards, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks.
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work.
- confirmation of the audit resources required to deliver the Internal Audit Plan.
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning considers the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place. In addition, the Plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging

issues throughout the year. Any necessary updates will be reported to the Audit and Assurance Committee in line with the Internal Audit Mandate and Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the 'audit universe'). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

In addition, we will, if requested, also agree a programme of work through both the Director of Corporate Governance (Board Secretary) and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular sub-set, for example at Health Boards only.

Therefore, our Plan is made up of several key components:

- 1) Consideration of key governance and risk areas: We have identified several areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance, the Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management, and an overall assessment of Digital and Information Technology. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required.
- 2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the corporate risk register, together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.
- 3) Follow up - this is follow-up work on previous 'limited' and 'unsatisfactory' assurance reports as well as other medium and high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.
- 4) Work agreed with the Directors of Corporate Governance, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by several organisations. This may be advisory work to identify areas of best practice or shared learning.
- 5) The impact of audits undertaken at other NHS Wales bodies that may impact on the Health Board, namely NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW), and the Joint Commissioning Committee (JCC).
- 6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the final business case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

2.3 Link to the Health Board's systems of assurance

The risk based internal audit planning approach integrates with the Health Board's systems of assurance; therefore, we have considered the following:

- A review of the Health Board's vision, values and forward priorities as outlined in the Integrated Medium Term Plan (IMTP).
- An assessment of the Health Board's governance and assurance arrangements and the contents of the corporate risk register.
- Risks identified in papers to the Board and its Committees (in particular the Audit and Assurance Committee, the Quality Committee and the Finance and Performance Committee).
- Key strategic risks identified within the corporate risk register and assurance processes.
- Discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility, including compliance and ethics programmes.
- Cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions).
- New developments and service changes.
- Legislative requirements to which the organisation is required to comply.
- Planned audit coverage of systems and processes provided through NWSSP, DHCW, and the JCC.
- Work undertaken by other supporting functions of the Audit and Assurance Committee including Local Counter-Fraud Services (LCFS) and the Post-Payment Verification Team (PPV), where appropriate.
- Work undertaken by other review bodies, including Audit Wales.
- Coverage necessary to provide assurance to the Accountable Officer in support of the Annual Governance Statement.

2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with the executive team and independent members to discuss current areas of risk and related assurance needs.

3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and corporate risk register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also considers corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

4. Planned internal audit coverage

4.1 Internal Audit Plan 2025/26

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan refers to key strategic risks identified within the corporate risk register and related systems of assurance, together with the proposed audit response within the outline scope.

When developing the audit scope, in discussion with the responsible executive director(s) and operational management, the scope, objectives and audit resource requirements, and timing will be refined in each area.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit and Assurance Committee will be kept apprised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit and Assurance Committee meeting.

Most of the audit work will be undertaken by our regionally based teams with support from our national capital and estates team, in terms of capital audit and estates assurance work, and from our IM&T team, in terms of information governance, IT security and digital work.

4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. To this end, the need for flexibility and a revisit of the focus and timing of the proposed work will be necessary at some point during the year.

Consistent with previous years, and in accordance with best professional practice, an unallocated contingency provision has been retained in the Plan to enable Internal Audit to respond to emerging risks and priorities identified by the executive team

and endorsed by the Audit and Assurance Committee. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit and Assurance Committee for approval.

Regular liaison with Audit Wales, as your External Auditor, will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

5. Resource needs assessment

The Plan has been put together based on the planning process described in this document. The Plan includes sufficient audit work to be able to give an annual Head of Internal Audit opinion in line with the requirements of Standard 11.3 – Communicating Results, and Application Note 10B – Overall conclusions and annual reporting.

Audit & Assurance Services confirms that it has the necessary human, financial and technological resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit and Assurance Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services by the Health Board, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

The audit of major programmes/projects will be facilitated through the Integrated Assurance and Approval Plans agreed at the respective business cases approved and funded by Welsh Government. The following programme/project audits are scheduled to be progressed during 2025/26:

UHW Tertiary Tower (deferred from 24/25)

Park View Health and Wellbeing (Post OBC – FBC Submission)

Further project reviews will be determined via respective project business case submissions.

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6. Action required

The Audit and Assurance Committee is invited to consider the Internal Audit Plan for 2025/26 and:

- approve the Internal Audit Plan for 2025/26;
- approve the Internal Audit Mandate and Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

Ian Virgill

Head of Internal Audit

NHS Wales Shared Services Partnership

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Appendix A: Internal Audit Plan 2025/26

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>1. Risk Management / Board Assurance Framework</p> <p>Review the on-going development, implementation and application of the Health Boards Risk Management and Board Assurance processes.</p>	<p>IA / Exec / BAF & CRR</p>	<p>Corporate Governance</p>	<p>Q4</p>
<p>2. Standards of Business Conduct (DOI / G&H)</p> <p>Review the adequacy of the systems and controls in place within the Health Board for the management of standards of behaviour. Including declarations of interest and declarations of gifts, hospitality and sponsorship.</p>	<p>IA</p>	<p>Corporate Governance</p>	<p>Q3/4</p>
<p>3. Alcohol Standards Follow-up</p> <p>Follow-up review of the 2023/24 and 2024/25 Limited Assurance audits.</p> <p>We will need to agree an appropriate time within the year to undertake the follow-up.</p>	<p>Follow-up</p>	<p>Public Health</p>	<p>TBC</p>
<p>4. Cyber Security</p> <p>Review how the Health Board is working to improve its cyber security position and the processes in place for monitoring compliance and providing assurance that the risks are appropriately stated and in line with the risk appetite.</p>	<p>IA / Exec / CRR17</p>	<p>Digital & Health Intelligence</p>	<p>TBC</p>
<p>5. AI – Use of Robotics and Automation</p> <p>Review how the Health Board is developing and delivering a governance structure around the use of AI.</p>	<p>IA / Exec</p>	<p>Digital & Health Intelligence</p>	<p>Q3/4</p>

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>6. Local / Shadow IT systems</p> <p>Review of the processes and guidance in place within the Health Board's Digital team for ensuring appropriate professional oversight of locally managed IT systems to ensure they comply with best practice.</p>	IA / Exec	Digital & Health Intelligence	Q4
<p>7. Digital literacy</p> <p>Review the plans to assess and improve the level of digital literacy within the Health Board to prepare the organisation for digital transformation.</p>	Exec / BAF Digital	Digital & Health Intelligence	TBC
<p>8. ALN Act</p> <p>To provide assurance on the arrangements in place to ensure compliance with the Additional Learning Needs and Education Tribunal (Wales) Act.</p>	IA / Exec	Allied Health Professionals, Health Scientists and Community Services Development	Q3
<p>9. Medical Equipment & Devices</p> <p>To evaluate and determine the adequacy of the systems and controls in place within the Health Board for the management of Medical Equipment and Devices.</p>	IA / Exec	Allied Health Professionals, Health Scientists and Community Services Development	Q2/3
<p>10. Financial Sustainability – Temporary Pay</p> <p>Review how the Health Board deploys its workforce to ensure effective and efficient utilisation of the substantive resource, and limitation of the use of temporary staffing, including overtime, bank and agency costs.</p> <p>Include a review of the temporary financial control actions that were introduced in January 2025.</p>	Exec / CRR18 / BAF People	Finance	Q2

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>11. Staff Overpayments</p> <p>Review the processes and controls in place to ensure that staff are correctly paid, and instances of overpayments are limited, and are promptly identified and corrected where they do occur.</p>	Exec	Finance	Q3
<p>12. Decarbonisation Follow-up</p> <p>Follow-up review of the 2023/24 Limited Assurance audit.</p> <p>We will need to agree an appropriate time within the year to undertake the follow-up.</p>	Follow-up	Finance	TBC
<p>13. IMTP / Annual Plan</p> <p>Review of the process undertaken for development of the 25/26 IMTP / Annual Plan and the processes for subsequent monitoring of delivery.</p>	IA / Exec / BAF Infrastructure	Finance	Q1
<p>14. Estates Assurance – Use of Estate / Space Utilisation</p> <p>To assess the systems and controls in place within the UHB to measure the efficiency and effectiveness of space utilisation across the UHB’s facilities, ensuring the optimal use of available space and identifying opportunities for improvement.</p> <p>Exact scope to be agreed with the Director of Capital, Estates & Facilities.</p>	CRR001	Finance	TBC

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>15. Implementation of Health Roster System Follow-up</p> <p>Follow-up review of the 2023/24 and 2024/25 Limited Assurance audits.</p> <p>We will need to agree an appropriate time within the year to undertake the follow-up.</p>	Follow-up	Nursing	TBC
<p>16. Deprivation of Liberties Safeguards (DoLS)</p> <p>Review of the arrangements for ensuring compliance with DoLS requirements.</p>	IA / Exec	Nursing	Q1/2
<p>17. Nurse Staffing Levels</p> <p>Review of processes in place to ensure compliance with the requirements of the Act.</p>	IA / Exec / CRR	Nursing	Q2
<p>18. Clinical Board Adherence to the Managing Attendance at Work Policy</p> <p>Review how the requirements of the Policy are being implemented within the Clinical Boards to ensure that sickness absence is being effectively managed.</p>	Exec / BAF People	Planning, Performance & Commissioning	Q1/2
<p>19. Leadership and Management Training / Development</p> <p>Review of the on-going work to develop leadership and management training within the Health Board.</p>	IA / BAF People	People & Culture	Q3/4

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>20. Occupational Health Service</p> <p>Review of the current structure and robustness of the service and processes in place to ensure effective delivery against KPIs and targets.</p>	<p>IA / Exec</p> <p>Deferred from the 24/25 plan</p>	<p>People & Culture</p>	<p>Q3</p>
<p>21. Interventions Not Normally Undertaken (INNU) Follow-up</p> <p>Follow-up review of the 2024/25 Limited Assurance audit.</p> <p>We will need to agree an appropriate time within the year to undertake the follow-up.</p>	<p>Follow-up</p>	<p>Public Health</p>	<p>TBC</p>
<p>22. Reducing Health Inequalities</p> <p>Review of the processes for collecting data on protected characteristics within primary and secondary care, and how the data is being utilised to identify and reduce health inequalities.</p>	<p>Exec / BAF Health Inequity</p>	<p>Public Health</p>	<p>Q3</p>
<p>23. Diabetes Strategic Board</p> <p>Review of the processes for ensuring completion of the required 8 annual checks for all diabetes patients, in accordance with NICE guidance.</p>	<p>Exec / BAF Health Inequity</p>	<p>Public Health</p>	<p>Q1/2</p>
<p>24. CD&T CB – Governance Arrangements</p> <p>Review of the structure and Governance arrangements within the Clinical Board.</p> <p>To include review of the processes around financial management, budgetary control, and development and delivery of quality and efficiency improvement plan savings.</p>	<p>IA / Exec</p>	<p>Chief Operating Officer</p>	<p>Q1</p>

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>25. Children and Women CB – Governance Arrangements</p> <p>Review of the structure and Governance arrangements within the Clinical Board.</p> <p>To include review of the processes around financial management, budgetary control, and development and delivery of quality and efficiency improvement plan savings.</p>	IA / Exec	Chief Operating Officer	Q2
<p>26. Planned Care Programme</p> <p>Review the development of controls and actions around the Planned Care Programme.</p> <p>Specific area of focus for the review to be agreed with the COO.</p>	IA / Exec	Chief Operating Officer	Q3/4
<p>27. Neurodevelopment services for adults and children</p> <p>Review of the arrangements in place for referral to being seen, treatment options and support provided to ensure adhering to best practice.</p>	Exec	Chief Operating Officer	Q4
<p>28. GMS Unified Contract Assurance Framework</p> <p>Review of the processes for managing the GMS Unified contract performance framework and monitoring and reporting performance.</p>	Exec / BAF Health Inequity	Chief Operating Officer	Q2/3
<p>29. Performance Management</p> <p>Review of the new arrangements being developed for performance management within the Health Board.</p>	Exec	Chief Operating Officer	Q3/4

Planned output, Outline scope, Review reference	Strategic Priority / BAF Risk / Corporate Risk Register (CRR) / Rationale	Executive Lead/Responsible Director	Planned start
<p>30. Follow-ups not booked</p> <p>Review the processes in place to identify and manage patients who have been lost to the follow-up process, in order to minimise the risk of harm.</p> <p>Exact scope of the audit to be agreed.</p>	Exec / BAF Quality	Chief Operating Officer	Q2
<p>31. Medical staff deployment</p> <p>Advisory review of the plans in place for medical job planning, rostering and sickness management and progression of them.</p>	IA / Exec	Medical	Q1
<p>32. Medicines Management</p> <p>Review of Medicines Management arrangements following introduction of the electronic system, potentially including a focus on medication safety and management of risks.</p> <p>Exact scope of audit to be agreed.</p>	IA / Exec	Medical	Q3/4
<p>33. Five Steps to Safer Surgery</p> <p>To establish if effective arrangements are in place to ensure all stages of the five steps to safer surgery checklist are consistently undertaken.</p> <p>Following a number of never events in this area.</p>	Exec / BAF Quality	Medical	Q2/3

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Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2025/26
Audit plan 2025/26 agreed/in draft by 30 April	✓	To deliver plan
Audit opinion 2024/25 delivered by 31 May	✓	To deliver opinion
Audits reported versus total planned audits, and in line with Audit Committee expectations	✓	80%
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 working days]	✓	95%
Report turnaround management response to draft report [15 working days maximum]	✓	85%
Report turnaround draft response to final reporting [10 working days]	✓	95%

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Appendix C: Internal Audit Mandate and Charter

1 Introduction

1.1 This Mandate and Charter is produced and updated annually to comply with the Global Internal Audit Standards (introduced from 1 April 2025 for the UK Public Sector). The Standards (with specific reference to Standard 6.1 Internal Audit Mandate and 6.2 Internal Audit Charter) require the production and maintaining of an Internal Audit Mandate and Charter that, at a minimum, sets out:

- The purpose of Internal Auditing;
- a commitment to adhere to the Global Internal Audit Standards;
- the Mandate, including the scope and types of services to be provided, and the Board's responsibilities and expectations regarding management's support of the internal audit function; and
- the organisational position and reporting relationships, including Independence.

The Mandate and Charter are complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.

1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Mandate and Charter:

- Board means the Board of Cardiff and Vale University Health Board with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit & Assurance Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Executive as being the designated Accountable Officer for Cardiff and Vale University Health Board. The Chief Executive has made arrangements within this Mandate and Charter for an operational interface with internal audit activity through the Director of Corporate Governance (Board Secretary).

1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

2 Purpose and responsibility

2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of the Health Board. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.
- 2.3 The organisation's risk management, internal control and governance arrangements comprise:
- the policies, procedures and operations established by the organisation to ensure the achievement of objectives.
 - the appropriate assessment and management of risk, and the related system of assurance.
 - the arrangements to monitor performance and secure value for money in the use of resources.
 - the reliability of internal and external reporting and accountability processes and the safeguarding of assets.
 - compliance with applicable laws and regulations; and
 - compliance with the behavioural and ethical standards set out for the organisation.
- 2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

3 Independence and Objectivity

- 3.1 Independence is described in the Global Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit & Assurance Committee and Accountable Officer.
- 3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit & Assurance Committee on behalf of the Board. Such functional reporting includes the Audit & Assurance Committee:
- approving the internal audit mandate and charter.
 - approving the risk based internal audit plan.
 - approving the internal audit resource plan.
 - receiving outcomes of all internal audit work together with the assurance rating. and

- reporting on internal audit activity's performance relative to its plan.
- 3.3 While maintaining effective liaison and communication with the organisation, as provided in this Mandate and Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
 - 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.
 - 3.5 This Mandate and Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
 - 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit & Assurance Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.
- 4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Global Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit & Assurance Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit & Assurance Committee and the Chair of the organisation if deemed necessary.
- 4.5 The Audit & Assurance Committee approves all Internal Audit plans and may review any aspect of its work. The Audit & Assurance Committee also has regular private meetings with the Head of Internal Audit.
- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any

committee or sub-committee of the Board charged with aspects of governance.

5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Director of Corporate Governance will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Director of Corporate Governance in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as the Digital Health and Care Wales, NHS Wales Shared Services Partnership, the Joint Commissioning Committee.
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The Audit & Assurance Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit & Assurance Committee will remain the final reporting line for all our audit and consulting reports.

6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Global Internal Audit Standards and the UK Public Sector Application Note in discharging its responsibilities.
- 6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2024) and associated performance standards agreed with the Audit, Risk & Assurance Committee and the Shared Services Partnership Committee. The Service Level Agreement includes several Key Performance Indicators, and we will agree with each Audit Committee

which of these they want reported to them and how often.

7 Scope

7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information.
- reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance.
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice.
- reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned.
- reviewing specific operations at the request of the Audit & Assurance Committee or management, this may include areas of concern identified in the corporate risk register.
- monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance.
- ensuring effective co-ordination, as appropriate, with external auditors and other regulators. and
- reviewing the Annual Governance Statement prepared by senior management.

7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

7.3 If the Head of Internal Audit or the Audit & Assurance Committee consider that the level of audit resources or the Mandate and Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

8 Approach

8.1 To ensure delivery of its scope and objectives in accordance with the Mandate and Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

Figure 1: Audit planning hierarchy

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales requirements of the Mandate & Charter
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives priorities and risk assessment
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by DHCW and NWSSP on behalf of NHS Wales.

8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:

the provision to the Accountable Officer and the Audit & Assurance Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement.

- audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks.
- improvement of the organisation's risk management, control and governance by providing management with

constructive recommendations arising from audit work.

- an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan'.
- effective co-operation with external auditors and other review bodies functioning in the organisation. and
- the allocation of resources between assurance and consulting work.

- 8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.
- 8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.
- 8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.
- 8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the Board.
- 8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.
- 8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead and will also be copied to the Director of Corporate Governance.

9 Reporting

- 9.1 Internal Audit will report formally to the Audit & Assurance Committee through the following:
- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement.
- The Head of Internal Audit opinion will:
- a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.
 - b) Disclose any qualification to that opinion, together with the reasons for the qualification.
 - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies.

- d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual Governance Statement.
 - e) Compare work undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria. and
 - f) Provide a statement of conformity in terms of compliance with the Public Sector Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit & Assurance Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit & Assurance Committee requirements; and
 - The Audit & Assurance Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage.
- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the discussion of findings. A copy of the draft report will also be provided to the relevant Executive Director.
- The draft report will give an assurance opinion on the area reviewed in line with the criteria at Appendix B (unless it is a consulting review). The draft report will also indicate priority ratings for individual report findings and recommendations.
- Operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken.
- The Head of Internal Audit will seek to resolve any disagreement with management in the clearance of the draft report. However, where the management response is deemed inadequate, or disagreement remains then the matter will be escalated to the Director of Corporate Governance. The Head of Internal Audit may present the draft report to the Audit & Assurance Committee where the management response is inadequate or where disagreement remains unresolved. The Head of Internal Audit may also escalate this directly to the Audit & Assurance Committee Chair to ensure that the issues raised in the report are addressed appropriately.
- Reminder correspondence will be issued after the set response date where no management response has been received. Where no reply is received within 5 working days of the reminder, the matter will be escalated to the Director

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of Corporate Governance. The Head of Internal Audit may present the draft report to the Audit & Assurance Committee where no management response is forthcoming.

- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary, return the responses, requiring them to be strengthened.
- Responses to audit recommendations need to be SMART:
 - Specific
 - Measurable
 - Achievable
 - Relevant / Realistic
 - Timely.
- The relevant Executive Director, Director of Corporate Governance and the Chair of the Audit & Assurance Committee will be copied into any correspondence.
- The final report will be copied to the Accountable Officer and Director of Corporate Governance and placed on the agenda for the next available Audit & Assurance Committee.

9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.

9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

10 Access and Confidentiality

10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

10.2 All information obtained during a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access is granted to the organisation's external auditors.

10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

11 Irregularities, Fraud & Corruption

- 11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.
- 11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.
- 11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

12 Quality Assurance

- 12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Global Internal Audit Standards, is being achieved.
- 12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Global Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit Committee.
- 12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

13 Resolving Concerns

- 13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.
- 13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

14 Review of the Internal Audit Mandate and Charter

14.1 This Internal Audit Mandate and Charter shall be reviewed annually and approved by the Board, taking account of advice from the Audit & Assurance Committee.

Simon Cookson
Director of Audit & Assurance
NHS Wales Shared Services Partnership
March 2025

Saunders Nathan
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Disclaimer

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 Mandate and Charter as approved by the Audit Committee.

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given regarding the advice and information contained.

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 management of Cardiff and 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.

Global Internal Audit Standards



Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023. Please note that new Global Internal Audit Standards apply from April 2025, and all future audit work will comply to these new Standards.

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Audit and Assurance Committee Update – Cardiff and Vale University Health Board

Date issued: May 2025

Document reference: 4679A2025

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

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About this document

- 1 This document provides the Audit and Assurance Committee with an update on our current and planned accounts and performance audit work at Cardiff and Vale University Health Board. We will be presenting our Detailed 2025 Audit Plan to the committee in May 2025.
- 2 We also provide additional information on:
 - Other relevant examinations and studies published by the Auditor General.
 - Relevant corporate documents published by Audit Wales (e.g. fee schemes, annual plans, annual reports), as well as details of any consultations underway.
- 3 Details of future and past Good Practice Exchange (GPX) events are available on our [website](#).

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Financial audit update

4 **Exhibit 1** summarises the status of our current and planned accounts audit work.

Exhibit 1 – Accounts audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of the 2023-24 Charitable Funds Accounts	Executive Director of Finance	To provide an audit opinion on the Health Board's Charitable Funds Accounts.	Audit complete.	The Board of Trustees met on 23 January 2025 to consider the audited accounts. The Auditor General certified the accounts on 24 January 2025.

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of the 2024-25 Annual Report and Accounts	Executive Director of Finance	To provide an audit opinion on the 2024-25 Annual Report and Accounts.	Final audit testing has commenced and is ongoing.	Audit of Accounts report to be presented on 25 June with the Auditor General due to certify the financial statements on 27 June 2025.
Audit of the 2024-25 Charitable Funds Accounts	Executive Director of Finance	To provide an audit opinion on the Health Board's Charitable Funds Accounts.	Audit work not started.	Work to be completed ahead of the 30 January 2026 Charity Commission deadline.

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Performance audit update

5 **Exhibit 2** summarises the status of our current and planned performance audit work.

Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2025 – core	Director of Corporate Governance	<p>Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2025 Structured Assessment will review:</p> <ul style="list-style-type: none"> • Board and committee cohesion and effectiveness; • Corporate systems of assurance; • Corporate planning arrangements; and Corporate financial planning and management arrangements. 	Planning	February 2026
Review of Unscheduled Care	Chief Operating Officer	This work examines different aspects of the unscheduled care system and includes analysis of national data sets to present a	Blog and data tool published in April 2022	

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		<p>high-level picture of how the unscheduled care system is currently working.</p> <p>The work included an examination of the actions being taken by NHS bodies, local government, and Regional Partnership Boards to secure timely and safe discharge of patients from hospital to help improve patient flow (Part 1).</p> <p>We are also reviewing progress being made in managing unscheduled care demand by helping patients access services which are most appropriate for their unscheduled care needs (Part 2).</p>	<p>Part 1 – Complete and reported to the committee in February 2025.</p> <p>Part 2 – Complete Final report in today’s papers.</p>	<p>May 2025</p>
<p>Planned Care Review</p>	<p>Chief Operating Officer</p>	<p>This work follows on from the national report on <u>tackling the planned care backlog</u>, and will consider:</p> <ul style="list-style-type: none"> • The extent that health boards have achieved Welsh Government targets for recovering planned care services; 	<p>Draft report issued for clearance in April 2025</p>	<p>September 2025</p>

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		<ul style="list-style-type: none"> The efficacy of local plans and activity to recover waiting lists; and Use of the additional Welsh Government financial allocations to improve waiting lists. 		
Structured Assessment 2024 Deep Dive - Review of investment in digital systems	Director of Digital and Health Intelligence	This review will examine digital arrangements, with a particular focus on how NHS bodies are investing in digital technologies, solutions, and capabilities to support the workforce, transform patient care, meet demand, and improve productivity and efficiency.	Project brief issued in April 2025	To be confirmed
Review of eye care services (2024 local work)	Chief Operating Officer	<p>Following on from our report on orthopaedic services last year, we will review the Health Board's speciality with the highest level of waits - eye care services.</p> <p>We will assess the Health Board's services to ensure they are delivered efficiently, effectively, and economically, and there are clear plans to meet current and future</p>	Fieldwork underway	To be confirmed

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		population needs. Scoping work will be completed in due course, but we expect to include both community and acute eye care services within the scope of this work.		
Structured Assessment 2025 Deep Dive - review of the arrangements to manage estates	To be confirmed	<p>This review will examine the effectiveness of corporate arrangements to manage the Health Board's estate with a particular focus on how NHS bodies are prioritising resources to meet strategic priorities whilst also ensuring the current estate remains fit for purpose.</p> <p>When undertaking this work, we will take into account the local work already underway examining the Health Board's arrangements for managing capital prioritisation.</p>	Planning	To be confirmed
Review of cancer services	To be confirmed	This work will follow on from the review of national leadership arrangements for cancer services . Whilst the exact focus of this work is to be determined, it is likely to consider:	Planning	To be confirmed

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		<ul style="list-style-type: none"> • The progress NHS bodies are making towards achieving Welsh Government targets and quality standards for cancer services; • The efficacy of local plans and associated actions to recover cancer waiting lists; and <p>Use of the additional Welsh Government financial allocations to improve cancer services.</p>		
Progress review: 2019 Clinical Coding Follow-up Review (Local work 2025)	To be confirmed	This work will focus on reviewing the Health Board's progress in addressing the recommendations made in our <u>2019 clinical coding follow-up review</u> , which was a follow-up of the work completed in <u>2014</u> .	Planning	To be confirmed

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Other relevant publications

- 6 **Exhibit 3** provides information on other relevant examinations and studies published by the Auditor General in the last six months. The links to the reports on our website are provided.

Exhibit 3 – Relevant examinations and studies published by the Auditor General

Title	Publication Date
<u>No time to lose: Lessons from our work under the Well-being of Future Generations Act</u>	April 2025
<u>The Biodiversity and Resilience of Ecosystems Duty</u>	March 2025
<u>Addressing workforce challenges in NHS Wales</u>	February 2025
<u>Cancer Services in Wales</u>	January 2025

Additional information

- 7 **Exhibit 4** provides information on corporate documents published by Audit Wales since the last committee update. The links to the reports on our website are provided.

Title	Publication Date
<u>Annual Plan 2025-26</u>	April 2025

- 8 There are no relevant Audit Wales consultations currently underway.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Urgent and Emergency Care: Arrangements for Managing Demand – Cardiff and Vale University Health Board

Date issued: March 2025

Document reference: 4788A2025

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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.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2024 review of the arrangements for managing demand for urgent and emergency care at Cardiff & Vale University Health Board (the Health Board). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, is reported separately.
- 2 Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system works effectively and efficiently. The Welsh Government's [Six Goals for Urgent and Emergency Care Programme](#) (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our work, the urgent and emergency care system in Wales continued to be under significant pressure.
- 3 Our work has examined the Health Board's arrangements for managing the demand for urgent and emergency care to reduce unnecessary pressure on the system. The work has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to ensure the efficient, effective, and economic use of its resources.
- 4 We undertook our fieldwork between May and September 2024, with further data analysis in November 2024. The audit methods and criteria we used to deliver our work are summarised in **Appendix 1 and 2**.

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Key facts and figures

Primary Care Services

770 Number of GP urgent and acute appointments¹ available per day per 100,000 head of GP population in September 2024 compared with the all-Wales average of 731. This is a reduction of 11.4% since April 2022.

999 Number of GP out-of-hours contacts per month per 100,000 head of GP population in July 2024 compared with an all-Wales average of 973.

589 Number of contacts at the Urgent Primary Care Centre per 100,000 head of GP population in September 2024 compared with an all-Wales average of 338.

Ambulance Services

111% Increase in Category A (red) ambulance calls between September 2019 and September 2024 compared with an all-Wales average of 127%.

49% Category A (red) ambulance calls responded to within eight minutes in September 2024, compared with the all-Wales average of 49% and a national target of 65%. This is a reduction of 33% from September 2019.

11% Patients handed over from ambulance crews to the emergency department within 15 minutes of arrival in September 2024, compared with the all-Wales average of 18% and a national target of 100%. This is a reduction of 23% from September 2019.

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¹ Urgent and acute appointments are defined as appointments for urgent or acute conditions which have occurred over the short term.

Hospital Services

- | | |
|--------------|---|
| 12% | Decrease in the number of attendances at the Health Board's Emergency Departments between September 2019 and September 2024, compared with an all-Wales average decrease of 1%. |
| 979 | Number of people waiting more than 12 hours in the Health Board's Emergency Departments in September 2024. This is an increase of 604% since September 2019. |
| 04:47 | Average time spent in the Health Board's Emergency Departments in September 2024, compared with the all-Wales average of 5 hours, 46 minutes. This is an increase of one hour, 55 minutes since September 2019. |
| 315 | Number of attendances to the Same Day Emergency Care units per 100,000 head of population in July 2024 compared with an all-Wales average of 233. |

Funding

- | | |
|---------------|---|
| £54.6m | Additional monies allocated to the Health Board for the period 2022-25 to recover planned and urgent and emergency care over and above the Health Board's core funding. |
| £5.9m | Additional in-year monies received by the Health Board in 2023-24, and 2024-25 to support delivery of the ambitions of the Six Goals Programme. |

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Key messages

Overall conclusion

- 5 Overall, we found that **service changes are supporting improvements to the management of urgent and emergency care demand, underpinned by robust plans and strong corporate oversight. However, urgent and emergency care services within the Health Board are still under significant pressure and on-going action is needed to ensure existing capacity is used to best effect. Further action is also needed to ensure both patients and staff have a better understanding of the range of services available and how to access them. Securing further improvements would be aided by involving Welsh Ambulance Services Trust (WAST) staff in the Six Goals Delivery Board and by capturing staff and patient feedback on how well services are working.**

Key findings

Planning arrangements

- 6 We found that the Health Board has robust and detailed plans in place to manage the demand on urgent and emergency care services, including the development of new service models and alternative clinical pathways.
- 7 Plans are informed by data, reflect ministerial priorities and identify the required level of resource required to deliver ambitions, although the Health Board is forecasting that it will exceed its Six Goals funding allocation for this financial year, and it is unclear how service models will be funded in the medium to longer term.
- 8 Plans seek to address the risks associated with urgent and emergency care and are aligned with the Six Goals Programme.

Accessing services

- 9 The Health Board has developed and implemented a well-structured public communications plan, using a wide range of campaigns. Websites are informative and provide clear signposting to alternative services, although more work is needed to improve information contained on GP and dental practice websites.
- 10 However, feedback from staff and Llais indicates there are further opportunities to strengthen public awareness and signposting, including providing clearer information on the purpose of different services. Although positive action has been taken to raise staff awareness on plans and service changes, there is still variable understanding of what urgent and emergency care services are available. Some staff are also confused about the internal referral arrangements within the urgent and emergency care system leading to variable and inconsistent practice.

- 11 Although dental problems are the main reason for calling 111 across Wales, the Health Board has taken positive action to offer emergency dental provision to address this pressure. Community pharmacy capacity has been expanded to deal with common ailments, but the uptake of consultations is lower than the all-Wales average and there are now no community pharmacies offering additional hours.
- 12 111 and ambulance staff have a good awareness and knowledge of referral pathways, with the Health Board having a slightly higher rate of patients dealt with through 'consult and close', and referrals to alternative services from 111. Ambulance crews can refer patients to alternative pathways although the rates of referral are low and access to information systems is hindering clinical decision making.
- 13 Same Day Emergency Care (SDEC) units and Urgent Primary Care Centres (UPCCs) are in place and are generally working well to help manage demand, with the highest levels of activity in Wales. A higher proportion of SDEC patients who require admission are, however, preventing other patients being directed away from the Emergency Department, and the rate of referral into SDEC from ambulance crews is low. The Health Board plans to increase SDEC attendances further and is developing an acute surgical admissions unit to support patients who require admission.
- 14 While several ambulance performance measures have improved, further work is needed to reduce lost hours due to handover delay, as well as ensuring greater use of minor injury unit capacity. The rate of emergency department attendance is slightly higher than the all-Wales average and once in the department, the percentage of patients admitted is the lowest indicating that there is still a proportion of patients who could have been treated elsewhere.

Scrutiny and monitoring arrangements

- 15 There is a good range of data to monitor and scrutinise how new service models are working, with useful data gathered in relation to alternative clinical pathways. The Health Board is capturing patient feedback, but it is not clear whether surveys are assessing the effectiveness of alternative clinical pathways, response rates are low, and the findings do not appear to be used to inform and improve plans.
- 16 Although there are mechanisms for engaging staff, feedback from Health Board staff and WAST on how services are working has not been sought.
- 17 There is effective oversight and scrutiny of plans and performance at a corporate and operational level, but there is scope to evaluate projects and investment through the use of additional monies more consistently, and to bring WAST into the Six Goals Delivery Board to ensure plans are effective across the whole of the urgent and emergency care system.

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Recommendations

18 **Exhibit 1** details the recommendations arising from our work. The Health Board's management response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations

Six Goals Programme Funding

R1 To support the ongoing delivery of Six Goals related initiatives, the Health Board needs to clarify and confirm the funding arrangements for schemes beyond March 2025. Plans for future years should also identify any funding needs beyond their current annual allocation (**Exhibit 2**).

Signposting patients to the right services

R2 To ensure that patients receive the urgent and emergency care that is most appropriate to their needs, the Health Board should liaise with Llais and other patient representative groups, as appropriate, to help identify where current patient information and signposting arrangements need strengthening (**Paragraph 37**).

Referral Pathways

R3 To improve access and utilisation of referrals for appropriate alternative urgent and emergency care services, the Health Board should work with key staff, including WAST, to develop referral mechanisms that are clear, well-communicated and easily accessible (**Paragraph 40**).

Directory of services

R4 To ensure health and care staff are able to adequately signpost and refer people to the right the urgent and emergency services, the Health Board should:

- 4.1. ensure the WAST Directory of Services contains the most up to date information on urgent and emergency care services;
- 4.2. ensure the WAST Directory of Services includes information on relevant community based and third sector services;
- 4.3. establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task (**Paragraph 41**).

Recommendations

Patient feedback

- R5 To ensure it is using patient feedback to understand and improve access to urgent and emergency services, the Health Board should:
- 5.1. ensure surveys ask respondents about the effectiveness of alternative clinical pathways;
 - 5.2. work to increase response rates; and
 - 5.3. clearly respond to findings within future plans for urgent and emergency care services (**Exhibit 11**).
-

Oversight and Scrutiny

- R6 To strengthen its ability to join up strategic plans and service changes for its urgent and emergency care services, the Health Board should include WAST as a member of its Six Goals Delivery Board (**Exhibit 12**).
-

Maximising use of alternative services

- R7 To understand how well it is utilising Minor Injuries Units and to identify further opportunities to maximise this service, the Health Board should include metrics on attendance and conveyance rates to its minor injuries unit in reports to the Finance and Performance Committee (**Exhibit 12**).
-

Evaluating project benefits

- R8 To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services (**Exhibit 12**).

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Detailed Report

Planning arrangements

- 19 This section considers whether the Health Board has robust plans in place to manage the demand on urgent and emergency care services. We were specifically looking for evidence of plans:
- being informed by relevant and up to date information;
 - identifying and seeking to address key risks associated with urgent and emergency care services;
 - aligning with requirements of the Six Goals Programme, and clearly setting out how alternative clinical pathways will work; and
 - identifying the current and required levels of resource and staffing to achieve the intended ambitions.
- 20 We reviewed the Health Board’s Six Goals Delivery Plan 2024-25 (Six Goals Plan), along with relevant sections of its Annual Plan 2024-25 and its Integrated Medium Term Plan 2024-27 focused on urgent and emergency care services.
- 21 We found that **there are robust plans to manage demand, including the introduction of new service models, however, it is unclear how new models will be funded in the medium to longer term.**
- 22 The findings that underpin our conclusion are summarised in **Exhibit 2.**

Exhibit 2: approach to planning urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
Plans are informed by relevant and up to date information?	Yes	The Health Board plans are well-structured and comprehensive with clear alignment between their ambitions. They are informed by relevant and up to date information, contain meaningful data and reflect key ministerial and local priorities. They draw upon a range of data, including referrals into UPCCs and SDEC units, cohort demand data and population health analysis.
Plans identify and seek to address key risks associated with urgent and	Yes	The Health Board plans identify key risks and mitigating actions. Risks include the organisation’s high-risk adult cohort, which is identified as posing challenges to the flow of the urgent and emergency care system.

Audit question	Yes/ No/ Partially	Findings
emergency care services?		<p>Risk and Issue Logs have been established for most of the Health Board's Six Goals Programme workstreams². Risks are rated by priority and have owners assigned.</p> <p>Urgent and emergency care is also identified as a risk in the Health Board's Board Assurance Framework due to the sustained pressure across the system. The associated risk rating had reduced at the time of our work because of improvements to ambulance handover times and waiting times within the Emergency Department.</p>
Plans align with the requirements of the Six Goals for Urgent and Emergency Care Programme , and clearly set out how the alternative clinical pathways will work?	Yes	<p>Plans align with the requirements of the Six Goals Programme. Plans set out details of existing and new initiatives/service models and clinical pathways the Health Board is offering as alternatives to emergency admission. For example, the plan details an intention to move and transform the Central Vale Urgent Primary Care Centre (UPCC) into an Urgent Treatment Centre.</p> <p>Same Day Emergency Care (SDEC) is also a core service area within the plan, with ambitions to develop existing SDEC units (Medical and Surgical) and implement new SDEC units including potentially developing a Frailty SDEC unit in future.</p>
Plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	Partially	<p>The Health Board has been allocated £2.96 million in 2024-25 to support its delivery of the Six Goals Programme. The plan provides costings related to how these monies will be allocated. However, forecasts indicate that the Health Board will exceed its Six Goals Programme funding allocation by the end of the financial year. In addition, neither the Six Goals Plan nor the additional evidence provided to us set out funding or staffing</p>

² The Health Board has combined the Welsh Government Six Goals Programme into four workstreams.

Audit question	Yes/ No/ Partially	Findings
		needs beyond March 2025 for the initiatives (Recommendation 1) .

Source: Audit Wales

Accessing services

- 23 This section considers whether the Health Board has robust arrangements in place to encourage and enable people to access the right care, in the right place, at the right time, and whether these are working. We were specifically looking for evidence of:
- effective signposting of patients to the urgent and emergency care services that best meets their needs;
 - staff having good knowledge of, and information on the range of services available to patients, and being able to signpost/refer patients to alternative services, where appropriate; and
 - changes to service delivery resulting in improvements in access to urgent and emergency care services.
- 24 We found that **changes to service delivery are resulting in improvements to managing demand, particularly in relation to ambulance handover delays. There remain opportunities to strengthen public messaging and clarify staff referral pathways and information.**

Signposting of services to the public

- 25 We found that **there is significant activity to signpost urgent care services to the public, however, feedback suggests there are further opportunities to strengthen public awareness.**

Communication plans

- 26 The Health Board has developed an Urgent and Emergency Care Communications Plan 2024 which aims to educate and inform patients, staff and stakeholders on the care and support available within the system, and how to access it. The Communications Plan is well structured and highlights the Health Board's key communication campaigns for 2024.
- 27 In addition to the Communications Plan, the Health Board has employed a wide range of methods to provide members of the public with information on its urgent

and emergency care services. For example, the Health Board has implemented communication campaigns related to UPCCs, Primary Choice³, winter pressures, NHS 111 Wales, 111 Press 2⁴ and other alternatives to the Emergency Department. The Health Board also provides information via its website and social media pages, leaflets, and posters and through stakeholder channels.

Public information

- 28 The first point of call for most patients with an urgent need may be their GP, and our review of available data suggests that between October 2023 and September 2024 the Health Board's GP practices provided, on average, a lower level of urgent and acute appointments (789 appointments per day) compared to the all-Wales average (809 appointments per day). Furthermore, these appointments are only available during the day. In times of high demand and out of hours, patients need to be signposted to alternative services that can meet their urgent care needs.
- 29 Our review of the Health Board's website found that it offers a range of helpful information to the public on accessing a variety of services, including how to register and access primary care services, and the roles of different healthcare professionals. Webpages also focus on common minor illnesses, the NHS 111 service, as well as its out of hours provision. The Health Board's website advises patients that their primary care team is the first port of call for healthcare needs in the community. In instances where a patient cannot wait for their GP surgery to open, there is an urgent out of hours service webpage that signposts patients to the NHS 111 Wales website. The Health Board also provides information relating to its pharmacy services through its Primary Choice webpage, including a video explaining the role of a community pharmacist, as well as the type of minor ailments that they can treat.
- 30 We also considered what information is available to the public via GP and dental practices to assess whether there is clear signposting for patients if they have urgent or emergency care needs out of hours. **Exhibit 3** sets out the results of this work, which reviewed the websites and out of hours answer phone messages of 22 GP practices and 24 dental practices⁵.

³ Primary Choice is a campaign launched by Cardiff and Vale University Health Board to help members of the public choose the right health advice within their local community, so they see the right person, first time.

⁴ 111 Press 2 is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis or requiring support to manage their symptoms.

⁵ The sample included a mix of NHS and private dental practices.

Exhibit 3: results of the review of GP and dental practice websites and phone lines (October 2024)

Indicator	This Health Board	All-Wales position
% of GP practice websites with clear signposting	57.1	56.8
% of GP practice answer phone messages with clear signposting	100.0	89.5
% of dental practice websites with clear signposting	50.0	36.7
% of dental practice answer phone messages with clear signposting	100.0	86.7

Source: Audit Wales

- 31 All GP and dental phonelines sampled in the region provided clear signposting to urgent or emergency care services out of hours. This is considerably better than the all-Wales position for both services. Clear signposting from GP and dental practice websites was less prevalent, although better than the all-Wales position.
- 32 Across Wales, between 450,000 and 500,000 people access the 111 website each month. The top five reasons for 111 calls across the Health Board and Wales, more generally, are set out in **Exhibit 4**.

Exhibit 4: top five reasons for calling 111 (February 2024)⁶

This Health Board	% of all calls	All-Wales position	% of all calls
Abdominal pain	1.9	Dental problems	4.1
Chest pain	1.7	Abdominal pain	2.4
Cough	1.0	Chest pain	1.6
Rash	0.8	Cough	1.4
Fever	0.7	Rash	1.0

Source: Ambulance Services Indicators

- 33 Across Cardiff and Vale, abdominal pain is the top reason for calling the 111 service, followed by chest pain. Whilst the Health Board's website has information

⁶ Due to ongoing issues with the new 111 system implemented in April 2024, there has been no data on the 111-service reported since February 2024.

about how to access the NHS 111 Wales service, as well as links to a symptom checker and a skin rash tool, there is no clear information on these two symptoms.

- 34 Across Wales, the most common reason for calling the 111 service is dental problems. This does not feature as one of the top five reasons for calling 111 in Cardiff and Vale, despite the Health Board having a lower number of NHS dental contracts⁷ per 100,000 head of population when compared to the all-Wales average (14.2 and 16.8 respectively). However, the Health Board has taken positive steps to mitigate emergency dental needs in its population.
- 35 During 2023-24, the Health Board made 300 emergency dental appointments available to patients per week (Monday to Friday), with around 65 to 70% of these appointments used. The Health Board's primary care team run these appointments through the Health Board's New Urgent Patient Slot (NUPS) scheme. Appointments are accessed by patients by calling the CAV Dental Helpline. Patients are triaged by experienced dental staff and then allocated an available appointment in participating dental practices. The Health Board aims to continue with this scheme into 2025-26 and has successfully increased the number of dental practices taking part in the scheme.

Patient awareness

- 36 Despite the Health Board's Communication Plan and information via websites and social media, the staff we spoke to indicated that more work needs to be done to strengthen urgent and emergency care messaging to the public. This included providing clearer information on the purpose of different services and how they can navigate and access these services when needed.
- 37 This perspective is also supported by Llais⁸, whose engagement with the Health Board has also identified that there are further opportunities to strengthen public understanding of the urgent and emergency care system, so the public are better able to access the most appropriate provision for their needs. Feedback captured by Llais has raised a specific need for improved communications with the public in relation to the Health Board's out of hours service to ensure that the service is used appropriately (**Recommendation 2**).

Staff awareness and ability to refer

- 38 We found that **despite good examples of staff engagement, there remains confusion about the different urgent care services available and how staff can access them via referral processes.**

⁷ [StatsWales, data on dental contracts and practices, 2022-23](#)

⁸ Llais is a national, independent body set up by the Welsh Government to collect and report the views and experiences of the public to influence decision-makers in the NHS and social care sector.

Promoting staff awareness of services

- 39 The Health Board has mechanisms to raise staff awareness of its plans to manage demand for urgent and emergency care. For example, the Health Board undertook a range of roadshows in 2023 for staff and its partners, both online and at various sites across the Health Board, with the aim of communicating its ambitions for the Six Goals Programme.
- 40 Despite this activity, we found that staff find the urgent and emergency care system complex and confusing, with significant variability in the understanding of what services are available and a lack of knowledge of service changes. Various staff we spoke to describe the Health Board's internal referral system as confusing. This is leading to specialities setting their own parameters for referrals, creating a lack of standardisation across services (**Recommendation 3**).
- 41 Furthermore, Health Board staff should also have access to a directory of services available in the community with comprehensive and up-to-date information to signpost patients to the right place for their needs. WAST also holds a directory of service for each Health Board area which contains details of services and referral pathways. It is the responsibility of the Health Board to ensure that this directory is kept up to date with accurate information. However, information within this directory is not always up to date, and also does not include some pathways that are provided by services run by staff within the community and the third sector (**Recommendation 4**).

Referring to services

- 42 Despite some issues with the maintenance of information on the directory of service, our review found that 111 and ambulance staff had a good awareness and knowledge of referral pathways, with the Health Board providing a range of alternative routes, many of which can be accessed through the Consultant Connect system⁹.
- 43 The Health Board has a slightly higher rate of patients who call 999 who are dealt with through 'hear and treat' than the all-Wales average (15% compared with 14.2% in March 2024). Of those calls, a significant and higher proportion are directed to alternative services when compared with the all-Wales average (77.3% compared with 73.5%).
- 44 The 111 service is also directing a higher proportion of patients to alternative services. **Exhibit 5** sets out the extent to which the 111 service has been able to direct patients away from the Emergency Department.

⁹ Consultant Connect is a phone app which connects NHS clinicians, including GPs and paramedics, to a range of hospital consultants for advice and guidance.

Exhibit 5: referral to other services from 111 (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	50.2	41.0
% of 111 calls referred to another health profession	1.9	2.4

Source: DHCW Urgent and Emergency Care Dashboard, Ambulance Services Indicators

- 45 During 2023-24, 111 staff consistently directed a higher proportion of calls to GP out of hours in the Health Board area than the all-Wales position, but lower levels to another health profession. However, it is difficult to know whether patients took up that advice, or whether those services ultimately still referred patients onto the Emergency Department.
- 46 The extent to which ambulance crews are able to ‘see and treat’ patients at scene is just below the all-Wales average (10% compared with 10.9% in March 2024) although this rate is increasing. The percentage of these patients who are referred to alternative care services is in line with the all-Wales position but is low at 7.2% (compared with the all-Wales average of 7.7% in March 2024).
- 47 Successes in alternative referral pathways including the Paramedics on Bikes scheme, the Physician Response Unit¹⁰ and the Health Board’s Alcohol Treatment Centre have each contributed to diverting patients away from the Emergency Department. Despite the pathways available, staff did express the need for further alternative pathways to be developed to support patients, with ideas expressed during interviews including an early pregnancy pathway, an Ear, Nose and Throat pathway, greater numbers of community pathways and pathways to support mental health conditions.
- 48 The lack of shared information systems is an obstacle to WAST being able to increase its referrals to alternative services. Some ambulance staff have restricted access to the Welsh Clinical Portal, depending on their staff grade, which means staff cannot access the patient’s full medical history to understand other medical conditions they may have or any medications they take. This creates a challenge as it inhibits staff from making fully informed decisions regarding the most appropriate referral pathway for patients, leading to a reliance on more traditional referrals such as conveyance to hospital or referral to GP out of hours.

¹⁰ The Physician Response Unit (PRU) is a joint consultant-led service between the Health Board and the Welsh Ambulance Service NHS Trust (WAST) where the call handler may choose to dispatch the PRU to treat the patient at the scene, rather than taking them to hospital.

Services to help manage demand

49 We found that the Health Board has expanded some community pharmacy services and SDEC units and UPCCs are generally working well to help manage urgent care demand. However, a significant proportion of SDEC capacity is being used for patients who require admission, which is preventing other patients being directed to SDECs and away from the Emergency Department.

Community pharmacy services

- 50 All but one of the Health Board's community pharmacies signed up to provide the common ailment scheme in 2023-24. This scheme allows pharmacists to assess and treat a common list of minor ailments¹¹. However, should antibiotics be required, then patients would still need to be referred to their GP. The number of common ailment consultations per 100,000 head of GP population for 2023-24 was below the all-Wales average (10,290 compared with 10,472). The most common ailments reported were conjunctivitis, dermatitis, and hay fever.
- 51 To supplement the scheme, some community pharmacies across Wales have also signed up to provide additional enhanced services, which further increases the ability of community pharmacists to respond to minor ailments. This includes providing the sore throat treat and test service, and the independent prescribing service. Both services enable the community pharmacist to prescribe antibiotics. In addition, community pharmacists can also provide the additional hours service, which allows them to extend their opening hours and provide bank holiday cover.
- 52 The uptake of these additional enhanced services in the Health Board is set out in Exhibit 6.

Exhibit 6: uptake of additional enhanced services in community pharmacies (2023-24)

Indicator	This Health Board	All-Wales position
% of community pharmacies providing the sore throat treat and test service	76	79
% of community pharmacies providing the independent prescribing service	36	28
% of community pharmacies providing additional hours services	0	16

Source: StatsWales

¹¹ [Common ailments scheme](#), 2021.

53 The Health Board has a slightly lower percentage of community pharmacies that provide the sore throat treat and test service compared with the position across Wales, but has the highest uptake of the independent prescribing service. The number of community pharmacies signing up to these services, however, has increased from the previous year. The number of community pharmacies offering the additional hours service has reduced from 2022-23 and the Health Board is now the only one in Wales with no community pharmacies providing the additional hours services. The Health Board also has one of the lowest numbers of community pharmacies per head of population in Wales, at 18.7 (compared to 20.9 at an all-Wales level).

Same Day Emergency Care and Urgent Primary Care Centres

- 54 In line with the ambitions of the Six Goals Programme, the Health Board has established two Same Day Emergency Care (SDEC) units. The principle of the SDEC is to provide same day assessments and treatment; without the patient needing to be admitted into hospital overnight. The Health Board's Medical and Surgical SDEC units currently operate seven days per week. The Health Board has also established two cluster led Urgent Primary Care Centres and two CAV 24/7¹² Urgent Primary Care Centres.
- 55 **Exhibit 7** sets out the extent to which the SDEC and UPCC model services are being used across the Health Board.

Exhibit 7: contacts per 100,000 head of GP population in UPCCs (September 2024) and SDECs (July 2024)¹³

Indicator	This Health Board	All-Wales position
Total number of UPCC contacts per 100,000 head of GP population	589.0	338.2
Total number of SDEC attendances per 100,000 head of GP population	314.6	233.3

Source: DHCW Urgent and Emergency Care Dashboard

56 The Health Board has higher rates of UPCC contacts compared to the all-Wales position, as well as higher rates of SDEC attendances, suggesting good use is made of these services. As of March 2024, the Health Board's UPCC service

¹² CAV 24/7 is a 'phone first' system adopted by the Health Board in 2021 as a way of managing demand on the Emergency Department and reducing waits in the Emergency Department by offering patients a timeslot to attend. The model also now incorporates urgent care and is linked in with the 111 service.

¹³ Data only available for SDEC units up until July 2024.

covered 86% of the Health Board's geographical area, with 90% utilisation of the available appointments and work in progress to further increase redirections from the Emergency Department. The UPCCs can accept referrals from GP practices, the out of hours service (via the CAV 24/7 model) and the Emergency Department. Plans for developing the Health Board's Enhanced Community Care model¹⁴ also indicate that referrals will be able to be made between the out of hours service, UPCCs, Safe@Home¹⁵ and CAV 24/7.

- 57 While the number of SDEC attendances per 100,000 head of GP population has fluctuated between October 2023 and July 2024, with a low of 300.7 and a high of 343.1, it has consistently remained above the all-Wales level. Good practice indicates that there should be high rates of discharge from SDEC units to ensure that they are being used effectively and appropriately. Within the region, the percentage of patients discharged from the SDEC units has remained relatively stable, with an average rate of 77.4% between October 2023 and July 2024. However, this is the lowest rate in Wales with just under a quarter of patients routinely being admitted. This is not the intention of SDEC and indicates that some patients are being routed through the SDEC units while waiting for a hospital bed to become available.
- 58 GPs and staff from the Emergency Department are able to directly refer into the SDEC units. Feedback from staff suggests that these referral pathways are generally working efficiently. SDEC staff told us that GPs and emergency departments are referring appropriately to SDEC in most cases, with supportive clinical conversations being undertaken before a referral is made. The Health Board told us that WAST staff (both 111 and 999) are able to directly refer patients to the SDEC units, but data shows that less than 0.5% of WAST's demand is referred to SDEC each month. It is not clear why the SDEC units are not accepting higher levels of referrals from WAST. However, a February 2024 workstream progress report indicated that the Health Board's Medical SDEC had been affected by an inconsistent medical and nursing workforce, with locum agency staff providing coverage.
- 59 Within its Annual Plan (2024-25) increasing SDEC attendances is a key priority, with plans to increase its SDEC provision by introducing SDEC services for Trauma and Gynaecology, and a Respiratory Ambulatory Unit (RACU). The opening hours of the Medical SDEC will also be expanded to 10 pm on weekends, creating an additional four hours of service. For patients who require hospital admission and are therefore not appropriate for an SDEC referral, the Health

¹⁴ The Enhanced Community Care model is part of the Health Board's whole system approach to deliver the right care in the right place, first time. It is coordinated multi-agency and multi-professional support for someone in crisis and at possible risk of hospital admission.



¹⁵ Safe@Home was launched in January 2024 and is a multidisciplinary team aimed at assessing, treating and caring for patients safely in their place of residence, preventing WAST conveyances and hospital admissions.

Board is planning to develop a 25-bed acute surgical admissions unit. This additional unit will support the Health Board to further manage emergency surgical demand, reducing instances of patients requiring admission being inappropriately referred through the SDEC unit.

Impact of service changes on urgent and emergency care performance

- 60 We found that **while several ambulance performance measures have improved and the Health Board compares favourably to others, further work is needed to reduce lost hours due to handover delay, as well as ensuring optimal use of minor injury unit capacity.**
- 61 Ambulance response times continue to be challenging and below performance targets, although the Health Board has seen sustained improvements in some areas and performance is generally better than the all-Wales position (**Exhibit 8**). Since the pandemic, 999 calls to the ambulance service across the Health Board have continued to rise and have now passed the level experienced by the service pre-pandemic.

Exhibit 8: red and amber call response times (October 2023 – September 2024)

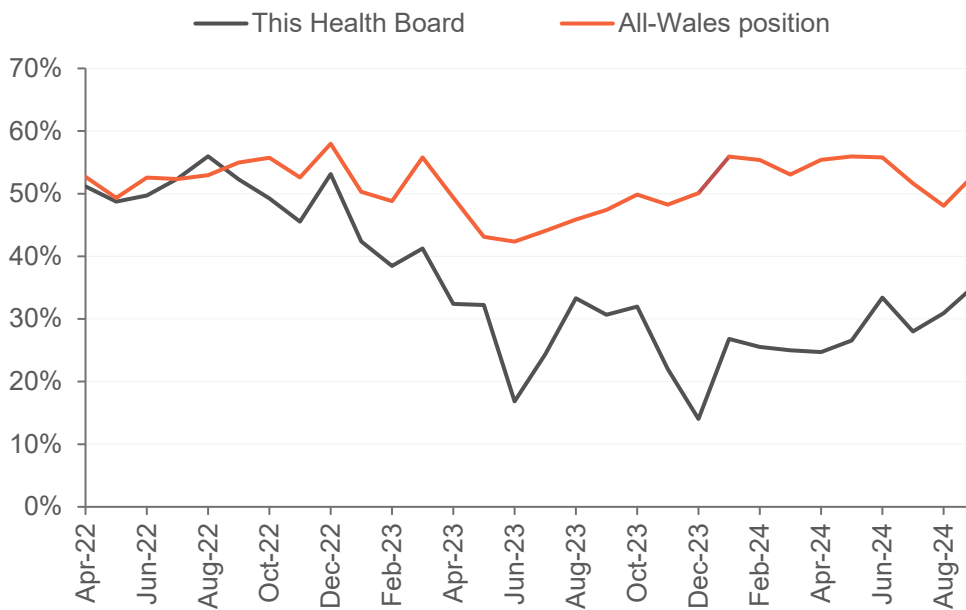
Indicator	This Health Board	Trend	All-Wales position
% of red calls responded to within eight minutes	52.2		48.5
Median response to amber calls (minutes)	79		90

Source: Ambulance Service Indicators

- 62 Reducing ambulance handover waits and safely reducing ambulance conveyances to the Emergency Department is the third key priority within the Health Board’s Six Goals Plan. Over an 18-month period, the Health Board has achieved significant improvements in its ambulance handover performance and is the best performing health board in Wales for ambulance patient handover delays over one hour (**Exhibit 9**). These improvements support WAST’s ability to respond to other patients in the community in a timely way.

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Exhibit 9: % of handovers taking over one hour to complete (April 2022 – September 2024)








Source: Ambulance Service Indicators

- 63 The improvements to handover performance have, in part, been achieved by the Health Board taking an active decision to manage the clinical risk associated with patients waiting in the Emergency Department rather than holding patients in ambulances. However, whilst the Health Board’s ambulance handover delays have been significantly better than the rest of Wales, performance has been deteriorating since December 2023. There was an average of 794 lost hours between October 2023 and September 2024. This equates to 66 12-hour shifts where patients were waiting in an ambulance outside of hospital for treatment and paramedics were unable to respond to other calls.
- 64 During our review we also heard of further opportunities to increase efficiency within the handover process. Whilst the ambulance handover process was generally efficient and coordinated, we heard of occasions where staff are inhibited by technical issues. Examples cited to us included the Ambulance Arrival System (which provides Emergency Department staff with information on the patients due to arrive via ambulance) not working effectively, as well as the method for recording the start of the ambulance handover period being affected by IT and logistical issues. Whilst it was beyond the scope of our review to examine these technical issues, the Health Board and WAST may benefit from examining these issues further.

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65 Once assessed, the rate at which ambulance crews convey patients in the Health Board to hospital is in line with the all-Wales average. Between October 2023 and September 2024, 64.7% of patients were taken to hospital, with the all-Wales average at 65.0%. **Exhibit 10** sets out the destination for all conveyances.

Exhibit 10: conveyance destination as a proportion of total conveyance (October 2023 – September 2024)

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to major emergency departments	87.3		88.4
% of patients conveyed to minor injuries units (MIU)	0.1		6.6
% of patients conveyed to major acute medical admissions unit	11.3		3.2
% of patients conveyed to other unit eg mental health or maternity unit	1.4		1.7
% of patients conveyed to hospital following a 999 call from a care home	61.3		61.2

Source: Ambulance Services Indicators, DHCW Urgent and Emergency Care Dashboard

66 Ambulance crews convey a slightly lower proportion of patients to the Health Board’s Emergency Department than the all-Wales average, but rates still remain high. The rate of conveyance to major acute medical admissions units, including SDECs is one of the highest in Wales. Ambulance staff confirm that the referral criteria for the acute medical admissions unit is clear and accessible. However, whilst paramedics can convey patients to the minor injuries unit, in practice very few are. The Health Board’s minor injuries unit is currently situated at Barry Hospital and plans indicate that this service will become an Urgent Treatment Centre (UTC) in future. One of the key aims of this change is to allow for a greater volume of patients being directed from WAST.

67 Conveyances to hospital following a 999 call from a care home fluctuated significantly between October 2023 and September 2024 as shown in **Exhibit 10**. The Health Board’s Six Goals Plan does demonstrate that the Health Board supports care homes through its Safe@Home and Enhanced Community Care models, with data from the plan suggesting that 208 conveyances of the care home cohort to the Emergency Department are avoided annually. Paramedics interviewed during this review stated that this work will need to continue to further raise awareness and understanding of the urgent and emergency care system to reduce unnecessary 999 calls.

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- 68 Between October 2023 and September 2024, the rate of major Emergency Department attendances per 100,000 head of GP population in the region was slightly higher than the all-Wales average (2,019 compared to 1,980). However, the Health Board has seen a 12% decrease in the number of attendances between September 2019 and September 2024. This was a bigger decrease than the all-Wales average decrease of 1% and suggests the Health Board is diverting patients to alternative services. The Health Board however has consistently had the lowest percentage of patients admitted from the Emergency Department in Wales (16.2% for the region compared with 22.5% across Wales in November 2024) which could indicate that there is still a proportion of patients turning up to the Emergency Department who could be treated elsewhere.
- 69 Despite the decrease in attendances, patients are waiting long periods of time within the Emergency Department. The average time spent in the Health Board's Emergency Department in September 2024 was 4 hours, 47 minutes although this compares positively to the all-Wales average of 5 hours, 18 minutes. The number of patients waiting over 12 hours in the region's Emergency Departments however has increased a staggering 604% compared to September 2019, with 979 patients waiting more than 12 hours in September 2024.

Scrutiny and monitoring arrangements

- 70 This section considers whether the Health Board is doing enough to monitor the performance of its urgent and emergency care services, and applying lessons learnt to improve services further. We were specifically looking for evidence of:
- arrangements for monitoring the impact of alternative clinical pathways; and
 - effective oversight and scrutiny of the delivery of plans for urgent and emergency care.
- 71 We found that **there are strong arrangements to monitor and scrutinise urgent and emergency care performance and plan delivery, however, arrangements to evaluate projects are inconsistent and there is a need to strengthen the use of staff and patient feedback to inform planning.**

Monitoring impact

- 72 We found that **whilst data monitoring of the use of alternative clinical pathways is strong, the Health Board is not capturing staff feedback, and patient feedback is limited.**
- 73 The findings that underpin this conclusion are set out in **Exhibit 11.**

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Exhibit 11: approach to monitoring the impact of alternative pathways on urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
<p>Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?</p>	<p>Partially</p>	<p>The Health Board has a good range of data which provides it with insight into how the new service models are working. This includes the utilisation of UPCCs, SDEC attendances and redirections from the Emergency Department, which is reported to Board and the Finance and Performance Committee.</p> <p>However, data relating to other alternative clinical pathways is less prevalent in reporting. For example, the Health Board's Elderly Care Assessment Service (ECAS)¹⁶ and the impact of the Physician Response Unit (PRU).</p>
<p>Is regular patient feedback being sought and used to inform and improve plans?</p>	<p>Partially</p>	<p>One of the key methods the Health Board is using to gather patient feedback is through the CIVICA¹⁷ system, which it rolled out in October 2022. The Health Board currently surveys up to 1,000 patients daily via text, with 200 patients surveyed from the Emergency Department, 200 from Mental Health activity, and a further 600 chosen randomly. The response rate however is low, with 14% reported in December 2024. CIVICA provide a useful method of collecting intelligence on a patient's journey and their experience. However, it is unclear to what extent the survey measures the effectiveness of alternative clinical pathways.</p> <p>Llais also gather patient feedback, with a recent report focused on the Health Board's out of hours services in Barry Hospital and Cardiff Royal Infirmary.</p>

¹⁶ The Elderly Care Assessment Service (ECAS) aims to provide rapid access to assessment for people who are at risk of deteriorating, for whom early multidisciplinary input is likely to avert hospital admission. Patients are referred to this service by their GP or through the Health Board's Medical Emergency Assessment Unit (MEAU).

¹⁷ CIVICA is a software platform designed to measure patient feedback within healthcare organisations.

Audit question	Yes/ No/ Partially	Findings
		We could not find evidence to show how patient feedback is used to inform and improve plans (Recommendation 5).
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	No	We found that there are opportunities for greater engagement with staff, including seeking feedback on the impact of changes on the urgent and emergency care system and how well individual service models are working. As well as staff working in the services, it is particularly important for the Health Board to seek feedback from primary care and ambulance staff.

Source: Audit Wales

Oversight and scrutiny

- 74 We found that **there is effective oversight and scrutiny of plans and performance, but there is scope to evaluate projects more consistently.**
- 75 The findings that underpin this conclusion are set out in **Exhibit 12.**

Exhibit 12: approach to oversight and scrutiny of urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
Is there effective oversight of urgent and emergency care performance operationally, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?	Yes	There is regular operational oversight of urgent and emergency care performance. The Six Goals Delivery Board, chaired by the Chief Operating Officer, has clear representation from executive, operational and clinical leadership and receives monthly reports and provides scrutiny and assurance on key urgent and emergency care workstreams. However, there is no WAST representation at these meetings which limits the Health Board's ability to join up

Audit question	Yes/ No/ Partially	Findings
		<p>strategic plans relating to urgent and emergency care services (Recommendation 6). In addition, the Chief Operational Officer led Operational Delivery Group reviews Emergency Department and inpatient data and undertakes deep dives following periods of exceptional pressure on the system.</p> <p>In relation to specific projects within the Six Goals workstreams, monthly 'Flash' performance updates/reports are submitted for scrutiny to the Six Goals Delivery Board which provide information on project progression, targets and programme risks and mitigations.</p>
<p>Is there effective oversight of urgent and emergency care performance at the committee and board level, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?</p>	<p>Partially</p>	<p>The Board and its committees are well informed on urgent and emergency care performance and actions being taken to better manage demand.</p> <p>Reporting on urgent and emergency care milestones and ministerial targets is through the Health Board's Integrated Performance Report, which the Board and Finance and Performance Committee receive at every meeting.</p> <p>However, our review of data indicates there are opportunities to increase conveyance to its minor injuries unit (Paragraph 66). Activity in relation to the utilisation of the minor injuries unit is not currently reported to a committee or the Board (Recommendation 7).</p>
<p>Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment</p>	<p>Partially</p>	<p>The Health Board's Six Goals Programme Lead actively monitors the use of the Welsh Government six goals funding allocations, although it is unclear how other monies allocated to recovering urgent and emergency care are monitored.</p>

Audit question	Yes/ No/ Partially	Findings
from the Welsh Government?		The Health Board has internal processes in place to evaluate projects and initiatives for value for money, however we found inconsistent application across the organisation. Some interviewees suggested a need for more guidance to support staff to develop the skills to evaluate projects effectively and consistently (Recommendation 8) .

Source: Audit Wales

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Appendix 1

Audit methods

Exhibit 13 sets out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 13: audit methods

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Six Goals Plan for Urgent and Emergency Care, 2024-25• Annual Plan, 2024-25• Integrated Medium Term Plan and quarterly update reports• Urgent and Emergency Care Communications Plan, 2024-25• HIW Inspection Report of the Emergency Department at the University Hospital of Wales, 06/06/24• Integrated Commissioning Plan 2024-25• Finance and Performance Committee Meeting papers• Audit and Assurance Committee Meeting papers• Six Goals Clinical Board Update• Six Goals Executive Summary Update• Six Goals for Urgent and Emergency Care performance reports• Six Goals Delivery Board Terms of Reference• Risk Logs• Llais Cardiff and Vale Region Engagement Report
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Chief Operating Officer• Director of Operations, Medicine Clinical Board• Senior Programme Manager, Urgent and Emergency Care• Clinical Director for Emergency Medicine• Clinical Director for Cardiff and Vale Out of Hours Urgent Primary Care Service• Transformation Lead, Emergency and Acute Medicine• Head of EMS Operations, Southeast• Llais Interim Regional Director

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Element of audit approach	Description
Group discussions	<p>We held group discussions with the following:</p> <ul style="list-style-type: none"> • Members of the Primary, Community, and Intermediate Care (PCIC) Clinical Board <ul style="list-style-type: none"> – Director of Operations Primary Care (Interim) – Director of Nursing – Clinical Board Director of PCIC – Head of Planning – PCIC Clinical Board • Heads of the Emergency Department, MIUs, SDEC and UPCCs • GP Cluster Leads and Out of Hours Leads
Observations	<p>We visited the Ambulance Service Station in Pentwyn, Cardiff and observed the ambulance handover process at the Emergency Unit in the University Hospital of Wales. We spoke with the following staff:</p> <ul style="list-style-type: none"> • Locality Manager • Duty Managers • Advanced Paramedic Practitioners • Ambulance Care Assistants • Senior Staff Nurse
Data analysis	<p>We analysed data relating to urgent and emergency care services, using the following sources:</p> <ul style="list-style-type: none"> • Ambulance Services Indicators; • DHCW Urgent and Emergency Care Dashboard; • StatsWales; • Data provided by the Welsh Government in relation to GP out of hours services; and • Monthly Monitoring Returns.
Website and practice reviews	<p>We reviewed the Health Board’s website and social media accounts relating to the provision of information to the public on accessing urgent and emergency care services.</p> <p>We also reviewed practice websites and phonelines for:</p> <ul style="list-style-type: none"> • a sample of 22 GP practices; and • a sample of 24 dental practices.

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All audit work has been delivered in accordance with the International Organisation of Supreme Audit Institutions (INTOSAI) audit standards.

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Appendix 2

Audit criteria

Exhibit 14 sets out the audit criteria that we used to deliver this work.

Exhibit 14: audit criteria

Audit questions	Audit criteria
Does the Health Board have robust plans in place to manage the demand for urgent and emergency care services?	
Do plans seek to improve the management of demand through changes to service delivery in line with the six goals for Urgent and Emergency care?	<ul style="list-style-type: none"> • Strategies and/or plans relating to urgent and emergency care: <ul style="list-style-type: none"> – are based and grounded in rich and up-to-date information, informed by urgent and emergency care demand data (past and future), including peaks in activity at certain times/days and months, demographics, and conditions of patients; – identify and seek to address key risks associated with demand for urgent and emergency care services; – align with the requirements of the Welsh Government Six Goals for Urgent and Emergency Care for better managing demand; – include documented information on alternative clinical pathways, including how and when they should be accessed.
Do plans identify the current and required levels of resource and	<ul style="list-style-type: none"> • Strategies and/or plans detail the: <ul style="list-style-type: none"> – resource requirements and identified funding to support any changes to service delivery included within the strategy/plan.

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Audit questions	Audit criteria
staffing to achieve the ambitions?	<ul style="list-style-type: none"> – workforce and skills required to meet demand, including for changes in models of delivery such as winter peaks. The plan is clear about the required resources of clinical and non-clinical skills/staff.
<p>Are arrangements in place to encourage and enable people to access the right care, in the right place, at the first time, and are these working?</p>	
<p>Is the Health Board effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?</p>	<ul style="list-style-type: none"> • The Health Board provides clear information on available services and alternatives to emergency departments to the public through various avenues – websites, call handlers, posters/leaflets, advertisements, GP/dentist websites and phone lines, social media, videos etc. • Strategies and/or plans on public communication align to requirements of goals 2 and 3 of the Welsh Government Six Goals for Urgent and Emergency Care (right care, right place, first time). • There is evidence to suggest patients have a good understanding of how to access urgent and emergency care services that are appropriate to their needs.
<p>Do staff have good knowledge of, and access to, information regarding the range of other services available to their patients and at what times they are available?</p>	<ul style="list-style-type: none"> • There is engagement between Health Boards and GP clusters / dentists / paramedics / pharmacists about alternative pathways in place and the future of urgent and emergency care services. Information on these pathways and services is accessible for staff. • Staff can refer directly / divert patients to more appropriate settings for their needs, including Urgent Primary Care Centres (UPCC) and Same Day Emergency Centres (SDEC).
<p>Is there evidence that changes to service delivery are resulting in better demand management?</p>	<ul style="list-style-type: none"> • Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook. • WAST can refer at least 4% of cases to SDEC. • Calls to 111 are answered quickly and abandonment rates are low.

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Audit questions	Audit criteria
	<ul style="list-style-type: none"> • Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving. • Data shows decreasing volumes of patients with low acuity / minor complaints presenting at Emergency Departments. • Data indicates a good range of GP appointment availability. • Data indicates that calls diverted between 999 and 111/NHS Direct Wales are appropriate with low levels of calls diverted back and low numbers of re-contact rates.
<p>Is the Health Board doing enough to monitor the performance of its urgent and emergency care services and apply lessons learnt to improve the services further?</p>	
<p>Is the Health Board monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?</p>	<ul style="list-style-type: none"> • The Health Board tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately. • The Health Board can evidence that it seeks patient feedback regularly and uses it to inform and improve plans. • Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons.
<p>Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency care and alternative clinical pathways?</p>	<ul style="list-style-type: none"> • There is effective oversight of urgent and emergency care performance operationally and at the committee and board level. This includes scrutiny and assurance on the effectiveness of the plans and actions being taken to better meet demand. Oversight and scrutiny are informed by comparative benchmarking and learning from other bodies where appropriate. • There are arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from the Welsh Government. This includes establishing value for money and what difference the project has made.

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Appendix 3

Management response to audit recommendations

Exhibit 15 sets out the Health Board’s management response to the recommendations made because of this audit.

Exhibit 15: management response

Recommendation	Management response	Completion date	Responsible officer
<p>Six Goals Programme Funding</p> <p>R1 To support the on-going delivery of Six Goals related initiatives, the Health Board needs to clarify and confirm the funding arrangements for schemes beyond March 2025. Plans for future years should also identify any funding needs beyond their current annual allocation (Exhibit 2).</p>	<p>The Six Goals 2025-26 funding allocation letter was received from the Welsh Government on 14 March 2025. We are currently reviewing this allocation and aligning it with the development of the Health Board’s Six Goals delivery plan for 2025-26, which is in progress. An essential aspect of this planning is confirming the funding arrangements, in line with the ministerial priorities.</p>	<p>May 2025</p>	<p>Director of Operations for Medicine/ Six Goals through Six Goals Delivery Board</p>
<p>Signposting patients to the right services</p> <p>R2 To ensure that patients receive the urgent and emergency care that is</p>	<p>Thank you for your recommendation. As a Health Board, we work closely with Llais and regularly seek their advice and support to identify areas for</p>	<p>June 2025</p>	<p>Director of Operations Community</p>

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Recommendation	Management response	Completion date	Responsible officer
<p>most appropriate to their needs, the Health Board should liaise with Llais and other patient representative groups as appropriate to help identify where current patient information and signposting arrangements need strengthening (Paragraph 37).</p>	<p>improvement. We will take this recommendation forward as an action. Llais also independently work around our clinical areas and engage with patients directly to gather feedback.</p> <p>In terms of strengthening signposting, we have made significant progress with the creation of a Single Point of Access for all urgent primary care-related issues. This development follows the merger of CAV24/7 with our UPCC programme, where CAV24/7 clinicians now serve as clinical leads for the UPCC models. This integration has enabled us to establish a seamless referral system, available both during and outside of regular hours, seven days a week, 24 hours a day. These services are already interconnected with our Medical and Surgical SDECs, Safe@home, and Community Resource Teams.</p> <p>ED Triage nurses also have access to the UPCC system via an agreed access pathway, so all self-presenting patients to ED who fit the criteria can be referred for UPCC clinician telephone triage.</p> <p>The UHB supports a robust signposting and patient communication campaign named 'Primary Choice'. This has been developed in collaboration with internal and external stakeholders and has evolved to consider particular groups who may access urgent and emergency care with targeted campaigns such as students.</p>		<p>Services/ Director of Operations PCIC</p>
<p>Referral Pathways</p>			

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Recommendation	Management response	Completion date	Responsible officer
<p>R3 To improve access and utilisation of referrals for appropriate alternative urgent and emergency care services, the Health Board should work with key staff, including WAST to develop referral mechanisms that are clear, well-communicated and easily accessible (Paragraph 40).</p>	<p>Building on the progress made with the implementation of a robust Single Point of Access (highlighted above) our ambition is to further enhance these capabilities by developing a Navigation Centre and Digital Hub. This will enable consistent, quality-assured triage and facilitate onward referrals, ensuring that patients receive the right care quickly and safely, regardless of where they present. This will continue to interconnect with our SDECs, Safe@Home, and Community Response Team. WAST, as well as other stakeholders will also be considered as part of this work.</p> <p>The Health Board has also implemented Community and Health Pathways to assist clinicians by providing access to a range of locally agreed pathways, which cover the assessment, management, and referral of patients.</p> <p>WAST currently have access to our MSDEC via an agreed pathway for a number of patient conditions, as well as telephone access via Consultant Connect to an Emergency Department Consultant to discuss options for alternative treatment and referrals.</p> <p>Physician Response Unit (PRU) is a collaborative initiative between the ED and WAST which brings emergency physicians to a patient's home – this service keeps patients in their own home safely and helps avoid admissions with potentially long hospital stays.</p> <p>Cyfannol is a multi-agency hub based within ED that has collocated services that support patients attending due to adult and adolescent domestic</p>	<p>May 2026 for Navigation Hub. Ongoing development for component parts of this.</p>	<p>PCIC and Director of Operations for Medicine</p>

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Recommendation	Management response	Completion date	Responsible officer
	<p>violence and other violent incidences, those who frequently attend ED, CAMHS/psych liaison patients, homeless services and the Red Cross – this team support patients into services away from ED and admission by co-creating clinical support plans, engaging in networks and providing individualised support.</p>		
<p>Directory of Services</p> <p>R4 To ensure health and care staff are able to adequately signpost and refer people to the right urgent and emergency care services, the Health Board should:</p> <p>4.1. ensure the WAST Directory of Services contains the most up to date information on urgent and emergency care services;</p> <p>4.2. ensure the WAST Directory of Services includes information on relevant community based and third sector services;</p> <p>4.3. establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task (Paragraph 41).</p>	<p>We acknowledge the potential for greater collaboration with WAST to review and enhance the Directories of Service. Our goal is to work closely with WAST colleagues to review the existing service directories and create a plan to ensure they are regularly maintained and kept up to date.</p>	<p>June 2025 and ongoing</p>	<p>Delivered through Director of Operations for Medicine and Director of Operations for PCIC through Six Goals Board</p>

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Recommendation	Management response	Completion date	Responsible officer
<p>Patient feedback</p> <p>R5 To ensure it is using patient feedback to understand and improve access to urgent and emergency services, the Health Board should:</p> <ul style="list-style-type: none"> 5.1 ensure surveys ask respondents about the effectiveness of alternative clinical pathways; 5.2 work to increase response rates; and 5.3 clearly respond to findings within future plans for urgent and emergency care services (Exhibit 11). 	<p>The Health Board has created a patient feedback framework that covers all areas of care, both clinical and non-clinical. This includes the care environment, staff attitude and communication, teamwork, access to services, involvement in treatment decisions, and our ability to respond promptly and resolve issues. We use an electronic platform called CIVICA to collect feedback, and a QR code is available within patient waiting areas throughout the Health Board. This includes areas such as SDEC, UPCC, and Safe@Home, which serve as alternatives to the Emergency Department. Subsequently, feedback is shared with the Senior Team for each of the areas, for review and to inform future improvement planning. Feedback is utilised in our improvement plans within ED.</p> <p>There is however room to strengthen the review process in some areas, to ensure patients' feedback is being acted upon and used to implement changes. We will aim to include patient feedback into our project plans and work closely with the Senior teams and Patient Experience Team to implement a more robust process for increasing response rates and action planning.</p>	Ongoing	Director of Nursing for Medicine and Director of Nursing for PCIC
<p>Oversight and Scrutiny</p> <p>R6 To strengthen its ability to join up strategic plans and service changes for its urgent and emergency care</p>	<p>As part of our recent review of the Six Goals Delivery Board membership, WAST has been identified as a key stakeholder and therefore will be added to the invitation list from April 2025.</p>	April 2025	Six Goals Delivery Board administration

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Recommendation	Management response	Completion date	Responsible officer
<p>services, the Health Board should include WAST as a member of its Six Goals Delivery Board (Exhibit 12).</p>			
<p>Maximising use of alternative services</p> <p>R7 To understand how well it is utilising Minor Injuries Units and to identify further opportunities to maximise this service, the Health Board should include metrics on attendance and conveyance rates to its Minor Injuries Unit in reports to the Finance and Performance Committee (Exhibit 12).</p>	<p>We hold metrics on attendances to our MIU and minors. No WAST conveyance to our standalone MIU as it is appointment only via CAV247, however, well utilised as demand avoidance for main ED. We stream self-presenting patients to minors, as well as ambulance patients who are fit to sit - happy to give reporting feedback to committee as required. We have further expanded our minor injuries offering via the safe to return clinic.</p>	<p>April 2025 and ongoing</p>	<p>Director of Operational Planning and Performance</p>
<p>Evaluating project benefits</p> <p>R8 To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services (Exhibit 12).</p>	<p>All projects progressed under the Six Goals Programme have clearly defined metrics and objectives, which are reported monthly as part of the National Goals. To support this and the effective evaluation of other projects and initiatives, the Health Board has developed and utilises several dashboards that assist in tracking progress and measuring impact.</p> <p>We have also developed a Six Goals Dashboard within Lightfoot, which is shared and discussed at each of the Six Goals Delivery Board. This data and information are used to support further planning and future modelling.</p>	<p>April 2025 will start the new focused structure for Six Goals.</p>	<p>Six Goals Delivery Board chaired by Chief Operating Officer and delivered by Director of Operations for Medicine and Director of Operations for PCIC</p>

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Recommendation	Management response	Completion date	Responsible officer
	As part of the implementation of the 2025-26 Ministerial Priorities we will ensure all Project Leads are familiar with these tools.		

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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Cardiff and Vale University Health Board – Detailed Audit Plan 2025

Audit year: 2024-25

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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.

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Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my 2025 Audit Plan. The Plan sets out how I will undertake your audit.

My audit team has developed the Plan following a structured and risk-based planning process, which will remain ongoing throughout the audit. My [Code of Audit Practice](#) provides further detail on how my audit and certain other functions are to be carried out by my auditors.

At the core of all our work is our commitment to maintaining the highest standards of professional integrity, objectivity, independence and audit quality. Our three

lines of assurance model (page 24) sets out how we will ensure those standards of quality are met. Our latest annual quality report, [Audit Quality Report 2024](#), provides more information about our audit quality arrangements.




My audit team will work constructively with your staff to understand the issues you are facing, ensure the audit process operates as smoothly as possible, and provide valuable insights about any areas for improvement.

My local performance audit work programme, as outlined in this Plan, sits alongside other [national audit work](#) that may include coverage of your organisation. Local performance audit work may also inform wider national reporting.





Should you have any questions about your audit my audit team will be happy to discuss them with you. They will also keep you regularly updated as work progresses.

Our aims and ambitions

Our purpose

-  Assure people that public money is being managed well
-  Explain how that money is being spent
-  Inspire the public sector to improve

Our vision

-  Fully exploiting our unique perspective, expertise and depth of insight
-  Strengthening our position as an authoritative, trusted and independent voice
-  Increasing our visibility, influence, and relevance
-  Being a model organisation for the public sector in Wales and beyond

Our areas of focus

-  A strategic, dynamic, and high-quality audit programme
-  A targeted and impactful approach to communications and influencing
-  A culture and operating model that enables us to thrive

You can find out more about Audit Wales in our [Annual Plan 2024-25](#) and [Our Strategy 2022-27](#).

Financial audit work

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their ‘truth and fairness’, their proper preparation in accordance with accounting and legal requirements, and the regularity of income and expenditure and the proper preparation of key elements of your Accountability and Performance Report. I lay them before the Senedd together with any report that I make on them.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I am also required to certify a return to the Welsh Government which provides information about the Health Board to support preparation of the Whole of Government Accounts.

There have been no limitations imposed on me in planning the scope of this audit.

Financial statements materiality

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material and correct misstatements, that is, those that might result in a reader of the accounts being misled. Materiality applies not only to financial misstatements, but also to disclosure requirements and adherence to the applicable accounting framework and law.

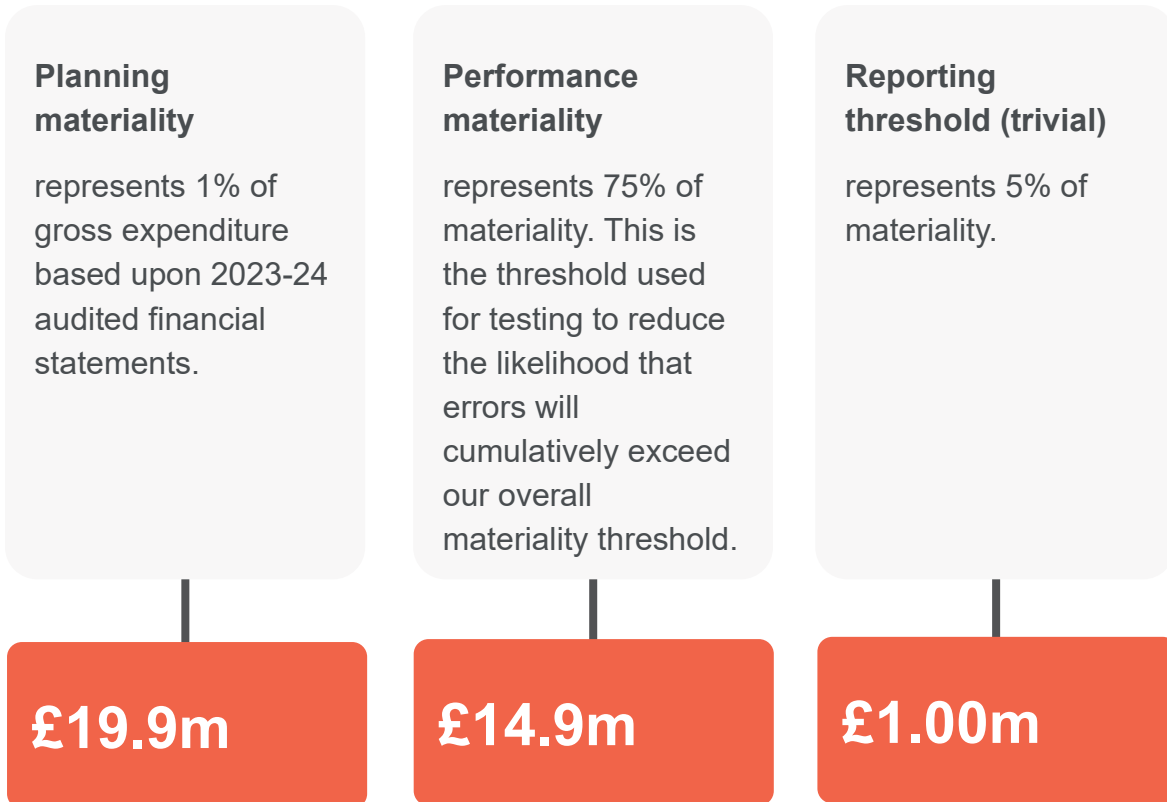
I set planning and performance materiality to:

- Determine the level of misstatement that could cause the user of the accounts to be misled;
- Assist in the scoping of our audit approach and resultant audit tests;
- Determine sample sizes;
- Assess the effect of known and likely misstatements in the financial statements; and

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- Report to those charged with governance any unadjusted misstatements above a trivial level, our reporting threshold.

The levels at which I judge such misstatements to be material is set out below.



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There are some areas of the accounts that may be of more importance to the user of the accounts, and we have set a lower materiality level for these:

Remuneration report

To the nearest £1,000 or £5,000 banding in line with reporting requirements.

Related party disclosures

£10,000 (Individuals)
£19.9m (Other bodies)

My audit team will assess materiality levels throughout the audit.

Significant financial statements risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other International Standard on Auditing (ISAs). The ISAs require us to focus more attention on these significant risks.

Risk of management override

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 240.32-33].

Our planned response

My audit team will:

- test the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- review accounting estimates for bias; and
- evaluate the rationale for any significant transactions outside the normal course of business;

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Failure of first financial duty

There is a significant risk that you will fail to meet your first financial duty to break even over a three-year period.

The revenue position at month 11 shows a forecast year-end deficit of £27.7 million. This, combined with the outturns for 2022-23 and 2023-24, predicts a three-year deficit of £70.9 million.

The capital position at month 11 shows a forecast year-end breakeven. This, combined with the outturns for 2022-23 and 2023-24, predicts a three-year surplus of £160,000.

Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.

There is a risk that management judgements and estimates could also be biased in an effort to achieve the financial duty

Our planned response

My audit team will:

- monitor the Health Board's financial position for 2024-25 and the cumulative three-year position to 31 March 2025.
- consider the cumulative impact of any relevant uncorrected misstatements over the three years to 31 March 2025.
- undertake cut-off testing around the year-end; and classification testing across revenue and capital expenditure.

Other areas of focus

I set out below other identified risks of material misstatement which, although not determined to be significant risks as above, I would like to bring to your attention.

Remuneration report disclosures

I audit some of the disclosures in the remuneration report to a far lower level of materiality, as set out on page 7. The disclosures are therefore more prone to material misstatement. In previous audits I have identified material misstatements in the remuneration report, which the Health Board

corrected. I therefore judge the 2024-2025 disclosures to be at risk of misstatement. There is also the regularity risk that the Health Board remunerates a senior officer(s) above the Welsh Government's approved pay bands, but without the Welsh Government's formal approval for any salaries that exceed its bandings.

Our planned response

My audit team will:

- ensure that remuneration disclosed is consistent with supporting evidence;
- ensure that amounts paid are consistent with those approved by the Board and are in accordance with Welsh Government pay rates; and
- ensure that disclosures are complete based on the team's knowledge and are prepared in accordance with requirements.

Related party disclosures

The financial statements must disclose any related party relationships along with the transactions and balances between the Health Board and the other body.

The Health Board has many relationships that could be considered a related party. Many are well known for example, Welsh Government as funder. However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature.

In previous audits I have identified omitted or incorrect disclosures and therefore judge the 2024-2025 disclosures to be at risk of misstatement.

Our planned response

My audit team will:

- review management's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and

- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.

Valuation of property assets

The value of property assets reflected in the balance sheet and notes to the accounts are material estimates.

Property assets are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions, and changes in these can result in material changes to valuations.

Assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years, but values may also change year on year, particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised.

There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current value of assets as at 31 March 2025.

Our planned response

My audit team will:

- review the indices used by management for reasonableness;
- evaluate the competence, capabilities and objectivity of the professional valuer (who provide indices to management and undertake valuations as necessary);
- test a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements;
- confirm that indexation has been appropriately applied and has been correctly reflected in the financial statements; and
- test the reconciliation between the financial ledger and the asset register.

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Capital Expenditure

As at month 11, the Health Board has spent less than 25% of its capital budget and is forecast to break even. There is a risk that capital expenditure in month 12 could be misclassified or included in the wrong period.

Our planned response

My audit team will:

- perform detailed testing on a sample of additions and capital accruals to ensure they are correctly classified and included in the correct period.

Risk to the integrity of Oracle financial ledger data when transferred to cloud hosted Infrastructure

In October 2024 the NHS Oracle financial ledger system was transferred to the Oracle Cloud Infrastructure (OCI) located in Slough, England. Whilst this move to a cloud hosted service did not mean any changes to the Oracle IT application system, it did involve data transfer when moving from data centres within NHS Wales to server infrastructure located in the OCI cloud data centre. When data is transferred there is a risk to the integrity of the financial data. The Oracle team in NHS Wales Shared Services Partnership (NWSSP) provided guidance for all NHS organisations to confirm the accuracy of data reconciliations on the move of their financial ledgers to the OCI.

Our planned response

My audit team will:

- perform audit tests on the completeness, accuracy and validity of the data transfer by checking the integrity of reconciliations completed by NHS organisations.

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Financial statements audit timetable

Below is a timetable showing the key stages of the audit and our key audit deliverables that we will provide to you.

Exhibit 1: Financial statements audit timetable

<p>Planning</p> <p>January to March 2025</p>	<p>Planning meeting</p> <p>High level risk assessment procedures</p> <p>Fraud risk assessment</p> <p>Accounting estimates planning</p> <p>IT environment risk assessment</p> <p>Indicative audit fee</p>
<p>Interim</p> <p>January to March 2025</p>	<p>Information flows</p> <p>Detailed risk assessment procedures</p> <p>IT controls review</p> <p>Develop testing strategy</p>
<p>Fieldwork</p> <p>May to June 2025</p>	<p>Update risk assessment</p> <p>Audit of financial statements to include narrative report and annual governance statement</p> <p>Complete audit testing</p> <p>Evaluate audit findings</p> <p>Audit closure meeting</p>
<p>Reporting</p> <p>June to July 2025</p>	<p>Audit of Accounts Report</p> <p>Recommendations for improvement</p> <p>Present findings to those charged with governance</p> <p>Auditor General certification</p> <p>Submission of accounts to Welsh Government</p> <p>Laying of accounts with Senedd Cymru</p> <p>Annual audit summary</p> <p>Post project learning</p>

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Performance audit work

Proper arrangements

As set out in the Code of Audit Practice, I must satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources ('value for money'), and conclude accordingly.

I do this by undertaking an appropriate programme of performance audit work each year. I base my work programme on an assessment of risks of the Health Board and the wider NHS in Wales not having the proper arrangements in place, with the work typically focusing on the areas of greatest risk.

In designing the programme, my auditors must have considered corporate and service level arrangements, including:

-  Strategic planning
-  Financial planning
-  Performance and risk management
-  Workforce planning
-  Asset management
-  Collaborative working
-  Overall governance.

My auditors will also have taken account of relevant work that is being undertaken or planned by other audit, regulatory and inspection bodies at the Health Board.

I conduct my performance audit work using the ISSAI 3000 standard developed by the International Organisation of Supreme Audit Institutions (INTOSAI). INTOSAI is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special

consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

Well-being of future generations

Section 15 of the Well-being of Future Generations (Wales) Act 2015 (the Act) requires me to carry out examinations of public bodies for the purposes of assessing the extent to which a body has acted in accordance with the sustainable development principle when setting well-being objectives and taking steps to meet those objectives.

The **Sustainable development principle** is defined as acting in a manner...

...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.'

To do this, they must take account of the '**five ways of working**'.



Long-term



Prevention



Intergration



Collaboration



Involvement

I must carry out these examinations at each public body covered by the Act at least once during a specified period.

These could be stand-alone examinations as part of my performance audit programme. However, where relevant and appropriate to do so, my auditors will integrate the work required into other planned performance audit work for the Health Board. My auditors will continue to engage closely with the Office of the Future Generations Commissioner for Wales to help coordinate our respective activities.

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Planned performance audit work

I set out below details of my performance audit work.

Structured Assessment – core

Scope of the work

Structured assessment will continue to form a key part of the work my audit teams do at each NHS body to examine the existence of proper arrangements for the efficient, effective, and economical use of resources.

My core 2025 structured assessment work will review the following areas:

- Board and committee cohesion and effectiveness.
- Corporate systems of assurance.
- Corporate planning arrangements; and
- Corporate financial planning and management arrangements.

My structured assessment work will also include a review of the arrangements that are in place to track progress against previous audit recommendations. This allows the audit team to obtain assurance that the necessary progress is being made in addressing areas for improvement identified in previous audit work. It also enables us to more explicitly measure the impact our work is having.

Indicative timescales

Fieldwork to commence between June and August 2025 and reporting by the end of December 2025.

Structured Assessment – review of the arrangements to manage estates

Scope of the work

In addition to the core structured assessment work described above, my audit teams will also review certain arrangements at NHS bodies in more depth. This year, my audit teams will examine the effectiveness of corporate arrangements to manage the Health Board's estate with a particular focus on how NHS bodies are prioritising resources to meet

strategic priorities whilst also ensuring the current estate remains fit for purpose.

Indicative timescales

Fieldwork to commence between June and August 2025 and reporting by the end of December 2025.

All-Wales thematic review of cancer services

Scope of the work

I plan to undertake work following on from my recent review of the national leadership arrangements for cancer services. Whilst the exact focus of this work is still to be determined, it is likely to consider:

- The progress NHS bodies are making towards achieving Welsh Government targets and quality standards for cancer services;
- The efficacy of local plans and associated actions to recover cancer waiting lists; and
- Use of the additional Welsh Government financial allocations to improve cancer services.

Indicative timescales

Fieldwork to commence between September and October 2025 and reporting by the end of March 2026.

Local project work – Progress review: 2019 Clinical Coding Follow-up Review

Scope of the work

Where appropriate, my audit team will also undertake performance audit work that reflects issues specific to the Health Board. The Health Board has one of the lowest percentages of patient episodes clinically coded compared to other health bodies in Wales. This presents a risk to good quality clinically coded data, which plays a fundamental role in the management of hospitals and services.

The local performance audit work, therefore, will focus on reviewing the Health Board's progress in addressing the recommendations I made in my

2019 clinical coding follow-up review, which was a follow-up of the work my team completed in 2014.

Indicative timescales

Fieldwork to commence between September and October 2025 and reporting by March 2026.

Timing of Performance Audit Work

My team will work with officers in the Health Board to arrange exact timescales for the individual projects and will be communicated regularly through our Audit Committee update. My auditors aim to substantially complete the performance audit work set out in this plan by the end of March 2026.

Saunders, Nathan
19/05/2025 13:50:19

Audit fee

In January 2025 we published our [2025-26 Fee Scheme](#) following approval by the Senedd Finance Committee which details the average increase to fee rates of 1.7%.

The actual fee that any individual audited body will pay depends not just on our fee rates but on the quantum of work and the skill mix required.

In 2022-23 you will recall that we implemented a fundamentally different audit approach for our financial audit work, required by new international auditing standards. This required a richer, more costly skill mix that was reflected in higher fees. We have now reviewed the implementation of this new audit approach and identified efficiencies which allowed us to provide a refund against the 2023-24 audit of the financial statements fee, and to maintain a reduced fee for the 2024-25 audit.

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without my auditors first discussing them with the Executive Director of Finance. **Exhibit 2** sets out a further breakdown of your estimated audit fee.

Your estimated total audit fee: £443,055

Saunders, Nathan
19/05/2025 13:50:19

I base my audit fee on the following assumptions:

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.
- The audit requirements of my individual performance audit projects are met by the audited body, or suitable alternative arrangements are put in place that satisfy the needs of my audit team.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

Exhibit 2: Breakdown of my estimated audit fee for 2025 (and 2024 for comparison)

Estimated fee for 2025 (£) ¹		Estimated fee for 2024 (£) ³	
Audit of financial statements	Performance audit work ²	Audit of financial statements	Performance audit work
£260,061	£182,994	£285,714	£179,959
Total fee: £443,055		Total fee: £465,673	

¹ The fees shown in this document are exclusive of VAT.

² Payable November 2024 to October 2025.

³ The 2024 audit fee remains an estimate until all performance audit work is completed.

Saunders Stratton
19/05/2025 11:50:19

Audit team

My audit team will continue to work and engage remotely using technology, but some on-site audit work will continue where it is appropriate and beneficial to do so.

Audited bodies have a responsibility to ensure the safety and wellbeing of Audit Wales staff when they are on your premises.

The main members of my team, together with their contact details, are summarised in **Exhibit 3**.

Exhibit 3: My local audit team

Engagement Director	Dave Thomas dave.thomas@audit.wales	
	Financial Audit	Performance Audit
Engagement Lead	Gareth Lucey gareth.lucey@audit.wales	Dave Thomas dave.thomas@audit.wales
Audit Manager	Rachel Freitag rachel.freitag@audit.wales	Darren Griffiths darren.griffiths@audit.wales
Audit Lead	Rhodri Davies rhodri.davies@audit.wales	Urvisha Perez urvisha.perez@audit.wales

There is one potential conflict of interest arising in relation to our audit of accounts, as a member of our team has relatives working for the Health Board. However, this relates to clinical staff and not to officers involved in the production of the accounts. Additional safeguards have been implemented to ensure our objectivity and independence are not compromised. There are no conflicts of interest arising in relation to our Performance Audit work.

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Saunders, Nathan
19/05/2025 13:50:19

Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

Visit our [website](#) to find:



Our [publications](#) which cover our audit work at public bodies.



Information on our upcoming work and forward work programme for [performance audit](#).



[Data tools](#) to help you better understand public spending trends



Details of our [Good Practice](#) work and events including the sharing of emerging practice and insights from our audit work.



Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.

Saunders Nathan
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Audit Wales

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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:	Management of Health Board Policies update		Agenda Item no.	2.6
Meeting:	Audit and Assurance Committee	Public	X	Meeting Date: 20.05.2025
Status:	Assurance	X	Approval	Information
Lead Executive:	Director of Corporate Governance			
Report Author:	Corporate Archivist and Records Management Manager			

Background and current situation:

The Corporate Governance Team coordinates the production, publication and archiving of Cardiff and Vale University Health Board Policies and other Controlled Documents. It was recognised that there were opportunities to strengthen policy management within the organisation, which was further supported by recommendations from Internal Audit following a Policy Audit in March 2023 which made a finding of limited assurance.

This paper sets out the progress and work undertaken around policy management by the Corporate Governance Team during 2024-2025 and sets out the present position.

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

Control Documents Update

The following control documents are in place to manage Policies and other written control documents in the organisation;

UHB 001 (Management of Policies, Procedure and other Written Control Documents Policy)
 UHB 242 (Written Control Documents – Development and Approval Procedure).

UHB 001 -Updated September 2024 and now in date until 2027

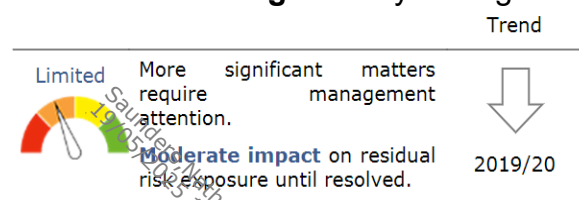
UHB 242 -Policy guidance was fully updated in September 2024 to include:

- Clearer definition of the various types of controlled documents to be used within the Health Board.
- Clear articulation of the process to be adopted when drafting new controlled documents.
- Process guidance to reflect the change in storing and tracking policies via the AMaT (Audit Management and Tracking) System

Internal Audit outcome

The Health Boards control status was raised from Limited Assurance to Reasonable Assurance in May 2024 for the Management of Health Board Policies. This was a positive improvement largely due to a number of ongoing actions being resolved and the switch to an automated system to track each policies review date, which is summarised further below.

2023 Audit findings - 9 key findings identified



2024 Audit findings - 3 key findings identified.

Reasonable



Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.



Key actions taken to improve Policy Management:

- Amendments to UHB 001 and UHB 242 documents were a necessary step in the improvement of controlled document management and were consistent with recommendations made in the original audit. **This has been completed.**
- Introduction of AMaT (Audit Management and Tracking) system hosting all Policies, moving the Health Board away from utilising static excel sheets as its catalogue repository. **This has been completed.**
- AMaT has allowed us to host the whole policy catalogue, all relevant information on ownership, version control etc. and automate notification reminders to policy owners regarding upcoming expiry dates. This provided Audit with assurance that policy owners and authors were being identified and assigned, along with clear increased controls, transparency and access. **This has been completed.**

2024 Position	2025 Current Position
401 Policies transferred to AMaT	415 Policies on AMaT
261 overdue (out of date)	234 overdue, were due for review in 2024 or earlier
138 Policies in progress/completed (in date)	58 due for review 2025
	51 due for review 2026
	33 due for review 2027
	11 due for review 2028
	28 All Wales/No review date

- This identifies that the total policy count for elapsed reviews has reduced from 65% to 56%
- Increased visibility and data management allows for further targeted works to be conducted which will continue to reduce the volume of overdue policies.

Next Steps

- Works continue to identify all owners, introduce and add them to the AMaT system and provide the necessary AMAT training, with the overall aim of reducing the volume of out-of-date policies.
- Following engagement from the Corporate Governance team with Policy owners during April and May 2025, it has been noted that there is a considerable number of policies currently being reviewed which should see a reduction in the percentage of out-of-date policies imminently.
- All repository platforms have been synchronised and appropriately aligned with the AMaT repository. The intended aim is to ensure that AMAT, the CAVUHB website, and CAVUHB SharePoint all hold the same Policies and in the same format with alignment of referencing and numbering to ensure ease of searching. All platforms will continue to be monitored.
- Corporate Governance will continue dialogue with each of the AMaT policy group/owners of the remaining out-of-dated policies to provide updates and feedback regarding the review and provided and updated version to hold centrally.

- Improvements to both the Corporate Governance Website and SharePoint have been conducted. There will be an increased emphasis throughout 2025 to the Policy SharePoint page in an aim to aid policy leads and owners by creating a self-serve platform that will include guidance and their specific action requirements in maintaining their policies across the repository sites.





Recommendation:

The Board/Committee (*delete as appropriate*) are requested to:

- a) **Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>		 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>		 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	

Five Ways of Working (Sustainable Development Principles) considered

Pr ev en tio n	X	Lo ng ter m	X	Integration		Collaboration	X	Involve ment	
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Quality Impact Assessment Completed?

		No		
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Impact Assessment:

Risk: Yes
Improved management of controlled documents provides greater access to potential risk control processes and procedures.
Safety: Yes
Improved management of controlled documents provides greater access to potential risk control processes and procedures.
Financial: No
Workforce: Yes
Improved management of controlled documents provides greater access to potential risk control processes and procedures.
Legal: No
Improved management of controlled documents provides greater access to potential risk control processes and procedures.
Reputational: No
Socio Economic: No

Equality and Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

Saunders, Nathan
19/05/2025 13:50:19

Report Title:	Internal Audit Tracker Update Report		Agenda Item no.	2.7
Meeting:	Audit and Assurance Committee	Public	X	Meeting Date: 20.05.2025
		Private		
Status:	Assurance	X	Approval	Information
Lead Executive:	Director of Corporate Governance			
Report Author:	Corporate Governance Officer			

Background and current situation:

The purpose of the 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 Internal Audit.

This report provides an update on the Internal Audit Tracker and provides a brief overview of the work that has been underway since the previous Audit and Assurance Committee as outlined below.

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

Internal Audit Tracker Update

Digital migration onto AMAT (Audit Management and Tracking System)

Since the previous Audit Committee, AMaT now holds all open Internal Audit reports from 2021-2025. All Internal Audits are added onto the AMaT system following submission to Audit Committee by Corporate Governance

Support Staff with using AMAT

We have continued to engage with staff who have been assigned as recommendation and action leads for internal audits. The purpose of these engagement sessions is to support staff with understanding what, why and how AMaT is being used to manage the Internal Audit Tracker, and the AMaT guide has been cascaded to support colleagues responsible for updating the system. The AMaT guide has also been made available on our dedicated Audit and Assurance SharePoint Page (which can be found [here](#)) for staff to access. The guide and SharePoint page is always evolving as we engage with teams and receive feedback. To date, feedback has been positive, and teams are actively engaging to update their actions in real time.

Oldest open actions update

Work to close off and progress the oldest outstanding internal audit actions remains ongoing, and work is progressing. Since the previous Audit Committee, there were 32 outstanding actions from 2023. There are now only 4 overdue actions from 2023 demonstrating an 88% reduction in actions from 2023 in the last 2 months. This work is progressing due to the regular engagement with teams to understand and discuss the actions, some of which result in requests to revise the deadline dates to reflect their current position or, deem that the action is not able to be completed with an explanation of why.

Actions unable to complete & Action extension requests

Any actions which are requested to be extended or closed as unable to complete are shared with Audit Committee in this paper.

The 'Shaping Our Future Wellbeing - Future Hospitals Programme Forward Look Governance Review' internal audit actions have been closed after confirmation from the Executive Finance Director and Internal Audit, as the programme has been shut down as this is no longer being funded by Welsh Government. This is reflected in Appendix 1 for Committee members (Appendix 1 can be found in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website)

Appendix 3 (found in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website) contains a list of the actions with revised deadline dates for the Committee's oversight with an explanation of why an extension has been requested.

Work is well underway to progress the outstanding actions from 2024. At present, there are 56 open actions from 2024.

Internal Audit monitoring

Monthly meetings are being held with Internal Audit for assurance to discuss internal audits and a new system is in place to discuss any matters arising which includes action extension requests and actions deemed unable to complete.

AMAT data Key	Description
Due date	Date agreed with audit for UHB to complete action
Date last updated	Date the action was last updated on AMAT
Action Rating	Red = Action priority is high Yellow= Action priority is medium Green= Action priority is low
Progress Status	<u>Fully complete (Approved)</u> = Action Lead completed action & approved locally- no further action <u>Fully complete (awaiting approval)</u> = Action Lead completed action & waiting for local approval <u>Partially complete</u> = Action Lead updated part of the action some elements remain outstanding <u>Partially complete (overdue)</u> = Action Lead updated part of the action and due date of action expired <u>In progress</u> = action updated and within due date timeframe <u>Overdue</u> = action passed due date
Comments/Updates	Action status/updates provided here with date of update.

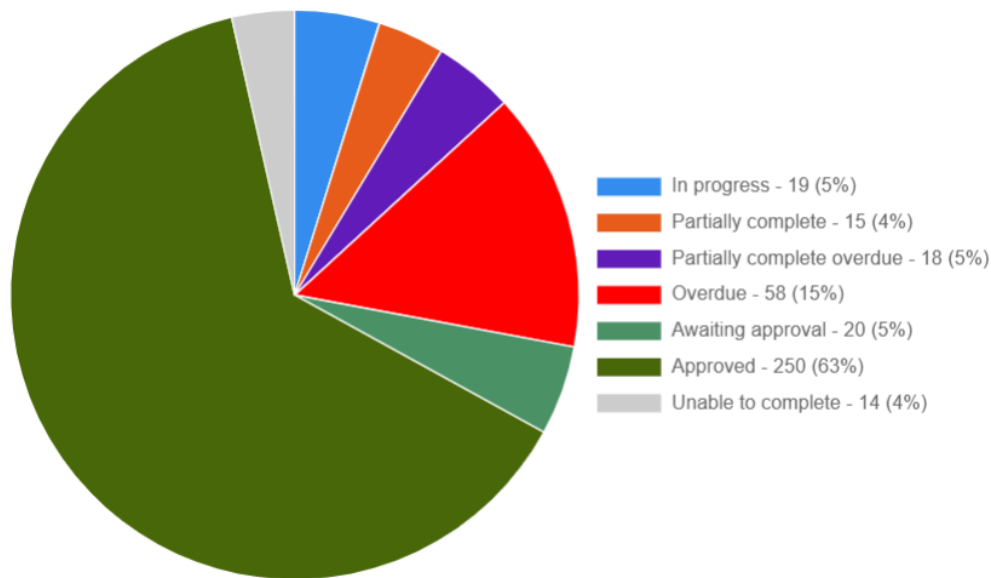
Current Internal Audit Tracker Statistics

As of the 12th of May 2025, there are 130 outstanding actions:

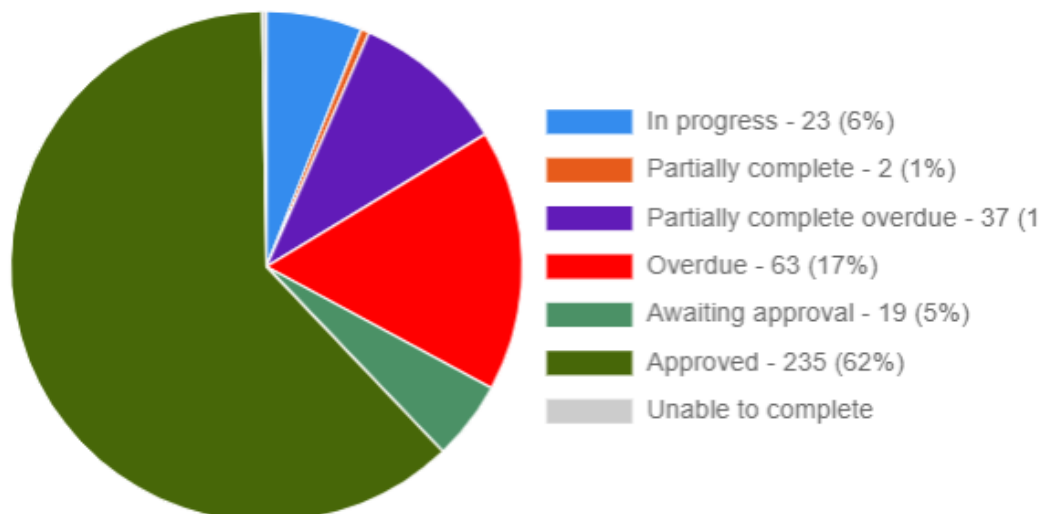
- 37 are High Priority
- 93 are Medium Priority

The image below displays the current data extracted from AMAT detailing the status of the actions.

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This can be compared with the chart below presented at the previous Audit and Assurance Committee in February 2025.



Appendix 1 demonstrates all actions from 2023 which have been reviewed and updated since the last Audit Committee meeting.

Appendix 2 demonstrates all open actions from Internal Audits. This overview provides an insight into the age of these actions and when they were last updated.

Appendix 3 provides a list of all actions with revised extension dates for the Committee's information.

(Appendix 1, 2 & 3 can be found in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website)

Audit Wales Tracker Update

Since the previous Audit Committee, all Audit Wales reports and actions since 2022 have been added onto the AMaT system. Contact and communication has been made with relevant teams to provide updates on the oldest outstanding actions, and the Internal Audit AMaT Guide is in the process of being adapted for Audit Wales actions to use in subsequent engagement sessions. By

the next committee, there will be an additional focus on the Audit Wales tracker being utilised in AMAT following recent discussions with Audit Wales.

Regulatory Audit Tracker – A update will be provided at the next Audit Committee on the ongoing work to update the Regulatory audit tracker.

Next Steps

- Corporate Governance continues to engage with action leads to understand and update outstanding actions from the 2024 internal audits.
- Discussions are ongoing with the AMAT team to enhance the user friendliness of the system to manage audit trackers for colleagues and also for Audit Leads to have visibility of actions for their areas. It is positive that other health boards across Wales are also engaging with AMAT to improve the tracker functionality in this regard. Updates are due to be provided to the AMAT system in Q3 for 24-25 which will include a days overdue function and audit outcome category.
- The Audit Trackers are scheduled to be shared at Audit Committee 3 times a year with the next update scheduled for November 2025, unless there is a business need to sight them more frequently.





Recommendation:

The Committee is requested to:

- a) Note and receive assurance from the progress which has been made in completing management actions that continues to be monitored and updated made by Internal Audit
- b) Note and be assured by the progress which has been made on transferring to the AMAT system.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>		 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>		 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	

Five Ways of Working (Sustainable Development Principles) considered

Pr ev en ti on	Saunders, Nathan 19/05/2025 13:50:19	L o n g t e m	Integration	Collaboration	Involve ment	
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	X	n/a
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Impact Assessment:

Risk: Yes/No

By maintaining an up to date Internal Audit Recommendation Tracker the Health Board mitigates the risk that it may be subject to legal or regulatory penalty.

Safety: n/a

Financial: n/a

Workforce: n/a

Legal: n/a

Reputational: n/a

Socio Economic: n/a

Equality and Health: n/a

Decarbonisation: n/a

Welsh Language: n/a

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/
Exec

Date:

Saunders,Nathan
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Report Title:	Declarations of Interest Report		Agenda Item no.	X.X
Meeting:	Audit and Assurance Committee	Public	x	Meeting Date: 20 th May 2025
		Private		
Status:	Assurance	x	Approval	Information
Lead Executive:	Director of Corporate Governance			
Report Author:	Corporate Archivist and Records Management Manager			

Background and current situation:

This paper is intended to give Audit & Assurance Committee an update on the Declarations of Interest, Gifts, Hospitality and Sponsorship portfolio.

Declarations of Interest Process

The process remains unaltered and Employees are required to make a single declaration of interest during their period of employment, only altering it if their circumstances change (for example undertaking secondary employment).

All Declarations of interest should be made via the ESR platform.

The Corporate Governance Team have worked with Corporate Communications to design and implement a Communication Plan that informs staff members 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 should now only 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).

Board Membership Declarations

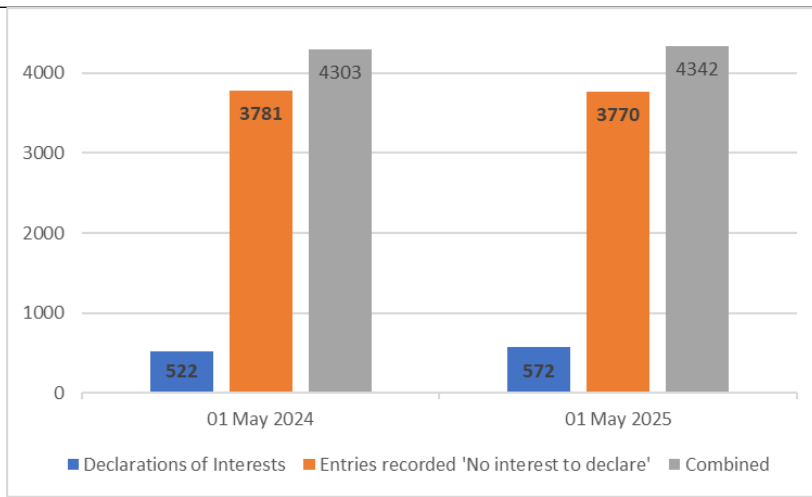
In addition to the above, Board Members are required to submit an annual declaration for year-end for audit purposes. Steps were taken at 2024-year end with Audit Wales to transition to the ESR method, this has been successful with year-end 2025 being fully transitioned to ESR for the recording of declarations removing the individual signed sheets (paper records).

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

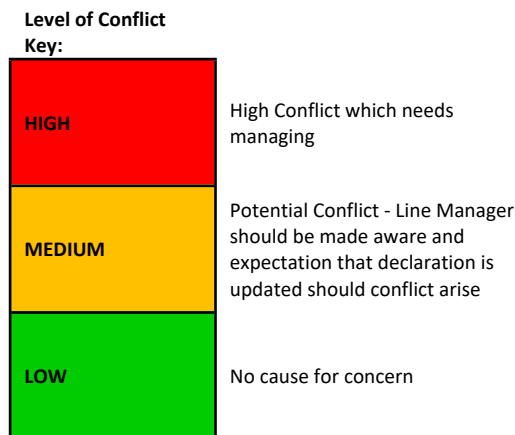
Present position of Declarations

As of the 1st May 2025 ESR holds the following records:

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

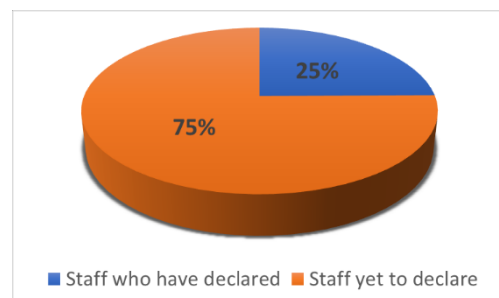


97.9% of Declarations received are rated **Green** (567 Declarations)
 1.9% of Declarations received are rated **Orange** (11 Declarations)
 0.2% of Declarations received are rated **Red** (1 Declarations)

It should be noted that those declarations rated Red and Orange (which all relate to external employment) have declared their interests to line managers and executive leads who monitor and mitigate the risks that the declarations present. In addition to this the Corporate Governance team continuously monitor declarations and, where appropriate, flag such declarations with procurement and counter fraud colleagues.

As of the 1st May 2025 ESR held 17,480 live staff Records (Exc. Bank and Temp)

Total ESR returns of 4,342 equates to a return rate of 25%, for the target group of Band 7 and above it equates to a return rate of 49.9%.



Year on year figures show similar return rates, however factoring in staff head count demonstrates growth in the volume of declarations received 19.5% (2024) v 25% (2025)

Saunders, Nathan
 19/05/2025 13:50:19

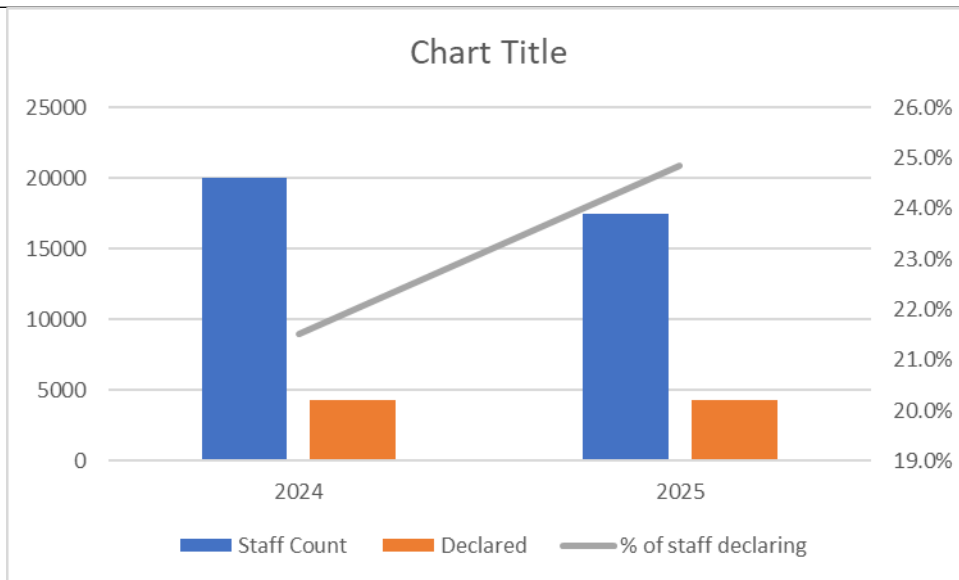


Table demonstrating the reply rate within set bandings:

	Declaration made		Confirmed Nothing to declare		No entry on ESR	
Band 1 - 6	134	1.01%	2197	16.62%	10886	82.36%
Band 7 and above	412	8.59%	1523	41.33%	2286	50.08%

Bands 7 and above will continue to be the focus of data capture, this will be achieved by targeted emails to account holders. Separate data tables will be created for each Clinical Board for inclusion in Exec reviews, this will provide clear guidance on areas of improvement within each setting to strengthen the overall declaration return rate.

A register of all declared interests can be found at the following link (which will need to be copied and pasted into a web browser to access):

[Declarations of Interest table May 2025](#)

Improvements have been carried out on the [Corporate Governance](#) SharePoint which now includes a dedicated page to [ESR Guidance](#) for the process of declaring a conflict/interest.

It is noted that Audit Committee will be provided with an update on the Declarations of Interest, Gifts, Hospitality and Sponsorship portfolio annually, with the next update scheduled to be shared at Audit Committee in Quarter 1 of 2026-2027. Reports will of course be provided by exception for the remainder of the year if there is a requirement to escalate such matters to Committee.



Recommendation:

The Committee are requested to:

- a) **Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

<p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	<p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
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 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>		 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	
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Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration		Involvement	
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		
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Impact Assessment:

Risk: Yes
There is a risk that non-declaration of an interest by staff members could result in breaches of legal and/or regulatory requirements, specifically in a procurement context. The ongoing management and development of the Health Board’s Standards of Behaviour Policy and associated procedures mitigates this risk by ensuring that staff members are aware of their obligations in this regard.
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: Yes
Should staff members fail to comply with the Health Board’s Standards of Behaviour Policy and examples of this are made public, there is a possibility that this could have an adverse reputational impact on the Health Board and its staff body. The ongoing management and development of the Health Board’s Standards of Behaviour Policy and associated procedures mitigates this risk by ensuring that staff members are aware of their obligations in this regard
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Welsh Language: No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before)</i> :	
Committee/Group/ Exec	Date:

Saunders, Nathan
19/05/2025 13:50:19

Declaration of all conflicts and interests
as of 1st May 2025

Level of Risk Score 1 (Low) Score 2 (Med) Score 3 (High)	Name	Job title/Role	Category of Interest	Interest situation	Interest Description	Comments
1	Abbott, Dr Rachel Angharad (Rachel)	Consultant	Indirect interests	;Clinical private practice	Weekly clinic at Specialist Skin Clinic in Cardiff	
1	Adams, Miss Lisa Marie	Physiotherapist	Financial interests	Clinical private practice	I work one evening a week in a private Msk physiotherapy clinic	Ongoing work
1	Adams, Mrs. Alana	Pharmacist	Financial interests	Sponsored events	A teaching session on antiviral medication to GPs in Swansea and participation in an advisory forum, sponsored by pharmaceutical industry;Delivered a training session for GPs in Cardiff related to Antiviral use and access arrangement, sponsored by pharmaceutical industry;I was asked to contribute as a consultant to a framework for the management of COVID 19 with antivirals. I was financially reimbursed for my input which I did in my own time. The meeting took place at the end of 2023	
1	Adams, Mrs. Vanessa Clare	Pharmacist	Non-financial professional interest	Outside employment	Participation as guest panelist WHO talk show 'Access to Medicines in Primary Health Care' May 23	Personal views expressed during talkshow & discussion, recorded by WHO relating to voluntary work in Uganda, Sierra Leone & current role as a pharmacist working within a GP Practice
1	Adams, Ms. Sandra Jean	Counsellor	Financial interests	Clinical private practice	I am a Counsellor & Clinical Supervisor in private practice.	The date above should read from October 2015 to present and ongoing. I don't see a conflict here this practice takes place completely separately from my NHS work.
1	Addy, Dr Charlotte Louise	Consultant	Financial interests;Non-financial professional interest	Loyalty interests;Sponsored events	Member of British Thoracic Society Board;Support for educational lectures/activities from Gilead/Chiesi	
1	Agarwala, Ms. Emma Caroline	High Intensity Therapist	Financial interests	Outside employment	I work a couple of hours per week for Canopi offering CBT to social and health service staff. I offer some private EMDR supervision to staff working in England I have previously (and may in future) work for Dr Julian offering private therapy and sub-contracted services to IAPT.	The above still applies - I still work for Canopi and Dr Julian offering psychological therapy to health and social care staff, Dr Julian IAPT patients and some private EMDR/CBT supervision. This is consistently under 7 hours per week.
1	Ahmed, Mr. Hassan Aliyu	Clerical Worker	Non-financial personal interests	;Loyalty interests	non paying volunteer with a local charity;Volunteer with a local charity	till date
1	Ahuja, Mr. Sashin	Consultant	Financial interests	Sponsored events;Sponsored posts	Chaired Scientific Advisory Board Meeting for Cerapaedics Ltd;Fellowships posts funded by Depuy Synthes, Nuvasis & Globus Medical Ltd. Monies paid directly by the companies to Cardiff & Vale UHB	;Chaired a clinical advisory group meeting for Cerapaedics Ltd on osteobiologics.
1	Akande, Dr Rachel Sarah	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I offer discrete pieces of professional work outside my NHS employment. These are mainly teaching and course tutor on the South Wales CAT practitioner course and teaching on the Welsh MRCPsych course. These activities are completed outside of contracted NHS time (previously when I was part time, and/or by taking annual leave). I invoice for the work as a private practitioner and submit self assessment documents to HMRC accordingly.	
1	Akter, Mrs. Shahila	Healthcare Science Assistant	Financial interests	Sponsored posts	I got Sponsorship from this job job as a Care worker. Cheerful Elegant Healthcare ltd Global link, Dunteavy Drive, Cardiff	My starting day for this job from 01 march 2025, which is mentioned on my Certificate of sponsorship.
1	Alam, Dr Shouja Mohammed Akhtar	Consultant	Non-financial professional interest	Hospitality	Alynam drug company sponsored me to attend European Society of Paediatric Nephrology conference 2023 in Lithuania,	Sponsorship included covering expenses for travel, conference fee and accommodation. I am not under their employment, nor am I offered any additional financial incentive. Attendance to the conference was in line with my PDP, and otherwise would have taken over my annual allowance for study budget.
1	Albarraqi, Mr. Ibrahim Nasser I (Ibrahim)	Chiroprapist or Podiatrist	Indirect interests	Clinical private practice	Working in private podiatry clinic in Cardiff	
1	Al-Bermani, Dr Ayad Mohsin	Consultant	Non-financial professional interest	;Hospitality	;INVITATION BY ROCHE FOR A MEETING	;The meeting will be to negotiate assistance in AMD service improvement
1	Aldridge, Dr Rona Alexandra	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I undertake private assessments of autism for people aged 16+	I do not offer private autism assessments to residents of Cardiff or the Vale of Glamorgan.
1	Allen, Mrs. Kathryn Louise (Louise)	Pharmacist	Non-financial personal interests;Non-financial professional interest	Hospitality;Shareholdings and other ownership interests	Directorship of Davies Homes Ltd;Invite to Welsh Pharmacy Awards held at Vale Hotel on 25thSept 2024 to include dinner and awards ceremony. http://welshpharmacyawards.info/ ;Invite to Welsh Pharmacy Awards held at Vale Hotel on October 13th 2021 to include dinner and awards ceremony. http://welshpharmacyawards.info/	Invite from Kyron Media- organiser of the annual event as shortlisted award nominee http://welshpharmacyawards.info/ Loyalty interest;Invite from Kyron Media- organiser of the annual event. http://welshpharmacyawards.info/ Loyalty interest;Ongoing to date silent director of family building business no financial gain, non NHS;Ongoing to date silent director of family business no financial gain , non NHS
1	Al-Rajoudi, Mrs. Shehabeameel Mohaisen	Chiroprapist or Podiatrist	Non-financial professional interest	Clinical private practice	I work with Murray medical private practice. Currently still employed.;Self-employed.	
1	Al-Samsani, Dr Rim Hmeidan (Reem)	Consultant	Indirect interests	Outside employment	Medical Examiner 1 session per week, Shared Services	1 session substantive with ME Service

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1	Anand, Dr Bawani	Consultant	Financial interests	Sponsored research	Astra Zena research project in CAVUHB; Astra Zeneca sponsored research in UHW . Performing tests out of hospital hours . Totally about 4-8 patients. Directorate and Consultant will receive remuneration for the study	It is a very small study .May last less than 1 year. Totally around 8 or less patients to be done 2 times 18 weeks apart; No payments received till now
1	Anderson, Mr. Christopher John	Clinical Scientist	Financial Interests	Outside employment	; GenQA (External Quality Assessment) expert assessor. Qualification for honorarium payment by Lothian health authority if criteria around volume of work assessed are met. I am an expert assessor for 2 schemes: Epilepsy and Molecular Tissue Identification and may qualify for payments of £200 for each scheme in 2023-2024. I shall claim these honorariums if all work is conducted in my own time or during annual leave. I have not received honorariums for my previous work on these schemes during the 2022-2023 period. I am declaring as financial interests from Outside employment as I feel this is the closest fit, however, this is voluntary, non-contracted practice and the organisation is operated by Oxford University NHS Foundation Trust.	
1	Andrews, Mr. Geraint Rhys (Rhys)	Senior Manager	Non-financial professional interest	Hospitality	Accommodation and travel provided by supplier to attend a meeting with pharmaceutical company.	Overnight stay and travel to attend a meeting at Supplier HQ for Faricimab. Potential of funding stream for AMD clinic room.
1	Andrews, Mrs. Angela	Pharmacist	Financial interests	Sponsored events	Honoraria received from Merck for presenting at a MS nurses area group meeting	
1	Ansell, Dr James	Consultant	Indirect interests	Clinical private practice	I plan to continue working in private practice as per my job plan arrangements	
1	Apostol, Dr Alina Elena	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Private Practice - I am the Director of EMPATHENA LTD. I provide online psychological therapies for UK-based clients which are referred via private agencies and insurances (e.g., One Bright, Bupa, AXA); however, most clients are from England.	
1	Arkless, Miss Lucy Dorothy	Staff Nurse	Financial interests	Outside employment	Agency work	As and when to top up money. Did work agency more previously due to not having a home and needed to save.
1	Assiratti, Mrs. Dianne Julie	Officer	Non-financial professional interest	Outside employment	Working one day a week for Barod, who are a service provider commissioned within the CAVDAS Alliance contract. My role is to support the PARIS team in order for them to have more capacity to deliver enhancements to the PARIS system for the addictions services including CAVDAS. This will be a 3 month contract initially with a view to extending 3 months at a time as needed.	
1	Ateanu, Dr Basil	Consultant	Financial interests	Clinical private practice	Private practice in Spire, Vale and St Joseph.; Private practice.; Respecting the NHS Part Time contract, I am also involved in Private Practice in Spire, Vale and rarely, UHW/Llandough.	; N/a; Now Part Time.
1	Atter, Mr. James David	Physiotherapist	Financial interests	Clinical private practice	I own my own private physiotherapy practice as a self employed practitioner. This involves running private clinics in Cyncoed Consulting Rooms and in iCare Clinics, Ely. I also under my private practice run injection clinics for GP practices. At present this is Llanishen Court Surgery and Practice of Health, Barry.	This is ongoing 27/01/2023
1	Attewell, Mrs. Lois Jane	Manager	Indirect interests	Outside employment	Part time employment in swansea university as BSc. Healthcare Sciences lecturer	
1	Attridge, Mr. Stewart William Alexander	Staff Nurse	Indirect interests	Outside employment	Work as HIV Clinical Nurse Specialist in Aneurin Bevan UHB	
1	Attwell, Mrs. Julia Anne	Senior Manager	Financial interests; Non-financial personal interests	Outside employment	As a Non Executive Director of Trivallis Housing Association, I receive an annual payment.; As a Non Executive Director with Linc Cymru Housing Association, I receive an annual payment.; I am a Deputy Superintendent Registrar with Bridgend County Borough Council on a casual hours contract; I am Vice Chair of the Board of Trustees for Cardiff YMCA Housing Association, and homelessness charity. This is in a voluntary capacity.	
1	Bailey, Mrs. Sarah Elizabeth	Dietitian Manager	Financial interests	Gifts; Outside employment; Sponsored events	I wrote and article for the April 2022 edition of the Nutrition Digest magazine. £100 received for this. Money used to buy books for the dietetic department; not for personal use.; META Healthcare: Inherited Metabolic Disease Dietitians Advisory Board meeting. 2 hour meeting outside of working hours, 6-8pm. Honorarium payment for meeting preparation and participation of £200.; Paid attendance at metabolic Dietitians confidential advisory board meeting organised by Nutricia (Danone).	; One off invitation. Payment from JM associates for attendance and also to cover travel expenses. Annual leave taken from Cardiff and Vale on Weds 27th July 2022 to attend this; One off meeting.
1	Bailey, Mrs. Sarah Louise	Speech and Language Therapist	Indirect interests	Clinical private practice	; I have registered with a private case management company to take part in independent case management.	; The individuals I aim to see within this company are all outside of the current service in which I work. I will not see any clients who may be referred to the Welsh Neuropsychiatric Service.
1	Baldwin, Mrs. Julie Ann (Ann)	Physiotherapist	Indirect interests	Clinical private practice	Husband works in private practice	
1	Bales, Mr. Henry Edward Howard	Senior Manager	Non-financial personal interests	Outside employment	On a yearly basis I receive a contract to mark one set of examination papers for GCSE Mathematics with OCR Examination Board. The period that I have to mark these papers spans a number of weeks in the summer time (specific date varies year to year dependant on when the exam is sat) I complete this work outside of my contracted hours with the NHS (ie complete the marking in evenings and weekends).	I have informed the manager of the department and I am aware of my responsibilities.
1	Ball, Mr. Philip Edward	Staff Nurse	Financial interests	Sponsored events	I am member of Janssen sponsored All Wales Nurse Forum and this may attract a payment depending upon my contribution in the sessions; I have accepted an offer to join an All Wales forum for mental health nurses sponsored by Janssen. The forum is designed to help network best practice and will be useful for myself and other senior nurses to network and share our practice. There is one paid event scheduled for the 20th April 2021. But all other work is non paid.	; I have booked annual leave to undertake the paid event.
1	Banerjee, Dr Sanjeev	Consultant	Non-financial professional interest	Clinical private practice; Sponsored events	attend and participate in meetings regarding Anti VEGF treatments for eyes; I have a private practice in spire	
1	Banner, Mr. Timothy Elliott	Pharmacist	Non-financial personal interests	Outside employment	Wife works as Pharmacist manager in Gorseinon, Swansea for local independent company.	
1	Barkes, Miss Claudia Lily	Physiotherapist	Financial interests	Outside employment	Pitch side Physiotherapist for Llanishen Rugby Club	
1	Barlow, Miss Rachael Catherine	Researcher	Financial interests	Hospitality; Outside employment; Sponsored events	30th May to 2nd June ERAS world congress as a guest speaker. Conference paying for 1 night 30th May accommodation and conference fees waived. Onkohealth (TradeMark) paying for my return flights and 4 nights accommodation. 29th May and 31st, 1 and 2nd June.; I have been invited by AstraZeneca to take part in a UK Round Table as an expert. This work was undertaken in the evening 6.30 pm. I received a fee for this work from astrazeneca.; I have been invited to present a conference by HCUK conferences. Dates as follows: 6th Feb 2025 and 20th Sept 2024. I have taken annual leave for these sessions, I have been paid for both sessions.; I have been invited to speak in Milan at an International Conference European Society of Parenteral and Enteral Nutrition. I am invited guest speaker for the Nutricia Symposium. Nutricia are paying 1000 euros honorarium which we be paid to the UHB on my return. Finance have been informed. They are covering the costs of my travel. hotel and subsistence for evening meals; Workshop Prepare and Recovery 4th June 2024	; Bodystat - £500 Nutricia - £500 Abbott - £500 Alvie Healthcare £500 Powerbreath - £200 spent directly by rep in Lidls for pastries, water, fruit etc. Funding generated was used for: 1. Accommodation and travel for external speakers x2 (Prof Scarlett McNally, Dr John Moore) 2. Lunch 3. Teas and coffees etc for delegates; I have been advised by corporate governance dept that the payment from Nutricia cannot be paid directly to the UHB. I have now taken annual leave to allow the payment to be received by me. I have emailed Andrew from corporate governance to check this is compliant with UH policy.

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1	Barnett, Mrs. Sarah Louisa	Chiroprapist or Podiatrist	Financial interests	Clinical private practice	Work occasionally for a private practitioner	
1	Barr, Mrs. Cathryn Anne (Cath)	Midwife	Indirect interests; Non-financial personal interests	Loyalty interests; Shareholdings and other ownership interests	Chair of 1st Llanishen Scout group. Chair of Caerphilly County Swim Squad. Safeguarding lead Taf Wenallt Ministry Area. I own a property I rent out to a friend on DSS benefits.	Ongoing; Ongoing. I only work part time but volunteer my time to these groups.
1	Barrell, Mrs. Suzanne (Sue)	Officer	Financial interests	Outside employment	I have work 18.75 hours in my NHS role and 12 hours in another role outside of the NHS.	from start of employment and ongoing
1	Barrett-Naylor, Dr Ruth Veronica	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Practising privately as a Clinical Psychologist	
1	Barros Catarino, Dr Francisca	Applied Psychologist - Clinical	Financial Interests	; Gifts	; End of therapy gift from patient valued at under £10.; Gift from service user related to therapeutic process - box of chocolates valued under £5. Accepted and shared with Macmillan Psychology team.	; Line manager/service lead aware.
1	Bartush, Mrs. Emma Louise	Officer	Non-financial personal interests	Hospitality	I have been invited to West Quay Medical Practice Christmas party as this is where I am based the cost of the party is £43.50	
1	Beattie, Dr Robert Bryan (Bryan)	Consultant	Financial interests	Clinical private practice; Sponsored events	Founder and Chairman of Innermost Academy, an educational charity registered with the Charity Commission.; Founder and Director of Innermost Secrets Limited trading as Innermost Healthcare (private clinical practice also including teaching presentation honorariums and medicolegal services). Ongoing Activity.	N/A; The work of the charity and information on its governance can be found here: https://innermosthealthcare.com/about-us/our-charity/ The charity receives unrestricted educational grants from UK business and companies. It also receives occasional unsolicited public donations.
1	Belcher, Mrs. Hannah	Specialist Nurse Practitioner	Financial interests	; Clinical private practice	; Pfizer is endeavoring to influence significant strides in the care of Multiple Myeloma patients. As part of Pfizer's unwavering commitment towards reaching every patient faster, we are embarking on a global survey initiative in Multiple Myeloma. This initiative is designed not only to illuminate the unmet needs of MM patients but also to spark conversations and solutions that will reshape the trajectory of disease management and improve patient outcomes. As a clinical nurse specialist for Myeloma, the expertise and insights this position brings, will be influential. We anticipate most meetings and guidance will be virtual.	; Total hours for the engagement (including meeting and independent consulting) is up to but may not exceed 22 hours. There is a consulting fee attached to this agreement.
1	Bell, Mr. Joshua James	Staff Nurse	Financial interests	Gifts	Hi there, I completed my nurse training through the open university and currently working in CAV. I was asked by the OU to star in a campaign to encourage prospectus students to become nurses, this was agreed by CAV. As a thank you the OU gifted me a £100 voucher.	
1	Bevan, Miss Jemima Elen Grace (Jamie)	Dietitian	Financial interests	; Outside employment	; I have accepted a contract with Abbott to provide a presentation at a study day on 14th June around service development. The presentation I have been asked to provide is to share my personal experiences of the challenges/processes involved in setting up a service. The aim is to provide advice for other professionals setting up services in all clinical areas. The target audience is dietitians and other professionals working in nutrition.	; The task involves a small number of hours preparing a presentation, and a full days work attending and presenting at the study day in London on 14th June. All of the above will be done in my own time outside working hours and using annual leave. There is no obligation or expectation to use/promote Abbott services/products etc as a result of this employment as stated within the contract: Each Party represents and warrants that: (a) neither this Agreement, nor any payment hereunder, is in exchange for any explicit or implicit agreement or understanding that You purchase, lease, order, prescribe, recommend or otherwise arrange for, or provide formulary or other preferential or qualifying status for the use of Abbott (or its affiliates) products or services; and (b) the total payment for the Services represents the fair market value for the Services and has not been determined in any manner that takes into account the volume or value of any referrals or business between You and Abbott (or its affiliates). This contract terminates on the last date of work provided or 31st July 2023 (whichever comes first) and will not be renewed.
1	Beynon, Mrs. Claire Jane	Other Executive Director	Financial interests	Outside employment	I am employed on an ad hoc basis to teach for Cardiff University, Cardiff Metropolitan University, Swansea University, University of South Wales and the Faculty of Public Health. I am also a reservist. I am paid for these additional duties. I undertake roles for the Faculty of Public Health such as an examiner and may claim travel expenses to undertake these duties. My husband is a lecturer at Cardiff Metropolitan University.	
1	Bhal, Mr. Preetkiran Singh	Consultant	Financial interests	Clinical private practice; Shareholdings and other ownership interests	I practice out of Spire, Nuffield, St Joseph's and Ash tree private medical establishments; Infiniti Healthcare Ltd I am the co director of this company which provides outsourcing for gynaecology outpatients consultations for the Gynaecology directorate in the UHB	; Declaration of interest form has been sent to CAV. Declarations@wales.nhs.uk previously.
1	Bird, Mr. David William (David)	Trainee Clinical Scientist	Financial interests	Shareholdings and other ownership interests	Directorship and shareholder of 54 Penarth Road Management Ltd Company number 10257923. Dormant company set up to manage freehold of property for which I reside.	
1	Birdsey, Dr Nicola Emma-Louise (Nicki)	Applied Psychologist - Clinical	Financial interests	Outside employment	Occasional tutoring on a university psychology module - will be weekend or evening sessions outside of NHS working hours.	
1	Blackmore, Mrs. Annette Phyllis	Specialist Nurse Practitioner	Financial interests	Sponsored research	Attended Advisory board for GBT regarding second stage of Voxelotor drug for Sickle cell disorder. Paid for travel and for the day of service. Paid for travel, accommodation and evening meal to attend and be on panel at BSH conference at Manchester in 2022.	GBT now bought out by Pziser so no further advisory group work in progress.
1	Blower, Miss Lucy Hannah	Staff Nurse	Indirect interests	Clinical private practice	Botulinum toxin	I have completed a course to administer Botulinum toxin

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1	Bonar, Mrs. Katie Marie	Staff Nurse	Financial interests	Gifts	Myself and colleague participated in assisting the Open University create a video. The aim was to share our experiences as students to other upcoming students. We were given £100 worth of vouchers each for our contribution in making the video.	I would like to declare the above kind regards Kate
1	Bond, Dr Kathryn (Kathryn)	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I work for the NHS part-time in Paediatric Neurology, I also work part-time in clinical private practice in Paediatric Neuro-Rehab across Wales. My clinical private practice work is ongoing.	
1	Bourne, Dr Michael William (Mike)	Consultant	Financial interests; Non-financial interests; Non-financial professional interest	Outside employment	Paid assessor for SWEDAC; Quality assessor for SWEDAC; Subcontractor to Alliance Medical Ltd.; Voluntary work undertaken as an assessor for UKAS	Multiple assessments in the last 12 months; No activity undertaken in the last 3 years; No paid activity as yet undertaken; Voluntary unpaid activity as a Quality Assessor
1	Bourne, Mrs. Kim	Health Care Support Worker	Financial interests	Outside employment	PA for a child 3 hrs a week	
1	Bramhall, Mr. Neil Denis	Specialist Healthcare Science Practitioner	Indirect interests	Outside employment	Several times a year I have been asked to attend a Cardiac Risk in the Young clinic, these are usually on weekends and the charity scans/ECCs young people for signs of sudden cardiac death.	it is a charity which has been going for 30 years.
1	Brereton, Mrs. Emma Kate	Occupational Therapist	Non-financial professional interest	Clinical private practice	Employed as an Independent Occupational Therapist at Priory Mount Eveswell - Nursing home for Adults with Neurological impairment. I work one day a week in this capacity..	
1	Bridges, Mr. Carwyn Geraint	Physiotherapist	Indirect interests	Sponsored events; Sponsored posts	Attendance at an event where an honorarium was paid for my time. I was invited to provide an expert opinion outside of my normal clinical role. The event took place whilst I was on Annual Leave; During the consultancy, you will participate in an Advisory capacity on behalf of Respiratory Innovation Wales as a member of RIW’s Affiliated Clinical Advisory Group. The Group will support the Medical Director and Clinical Devices Lead in relation to Strategy, including the identification of areas of interest across respiratory medicine for research and development, offer opinions on grant proposals and adoption of new projects. In consideration of the Services, the Company will pay you £500 for the 12-month period. The Affiliate membership will also provide opportunities for you to be involved in the delivery of additional consultancy services and the delivery of education to industry on behalf of the Company. You would be remunerated at a rate of £150 per hour plus VAT for your involvement.; I Attended a special interest Advisory board meeting. The Organizer paid travel expenses and an Honorarium for my time. Value of Honorarium £560. I have no ongoing contract with the organizers. Insmed LTD; I attended an ad board meeting to discuss the ideal clinical pathway for bronchiectasis. Outside of working hrs. Run by Insmed pharma. This was a one off event with no ongoing responsibilities. I received an honorarium for my attendance	; Description as above. This has been discussed with my line manager in physio and with Emma Cook (indirectly) within therapies Please let me know if I need to provide any more details? Many Thanks Carwyn.; Name Of the Company:- Insmed Ltd This was a one-off arrangement and no further work is currently planned.
1	Briggs, Dr Mark Samuel Jonathan	Senior Manager	Non-financial personal interests	; Loyalty interests	; 25 July 2023 - no change in circumstances to those in previous declarations and comments	; For transparency and not a conflict of interest: my wife is Chief Operating Officer for Velindre University NHS Trust and a Board member for Velindre University NHS Wales (LSHW). I am sub-contracted by CAVUHB one day per week to the Life Sciences Hub Wales to fulfil the role of Precision Medicine Adoption Ambassador. LSHW are charged for my time by CAVUHB. I do not receive any financial gain from this. ; No interests to declare.
1	Brill, Mr. Joseph (Jo)	Technician	Financial interests	Clinical private practice	Co-owner of a private neuro physiotherapy and coaching service.	
1	Brooks, Mr. Francis Michael	Consultant	Financial interests	Clinical private practice; Outside employment; Shareholdings and other ownership interests	I am currently working as a consultant for Styker Inc. I am consulting about the management of osteoporotic spinal fractures and helping develop a clinical pathway for them. I am receiving reimbursement for my time to attend meetings for them which I will be taking annual leave for. My reimbursement will be no more than £8000 p.a./; I am working as a clinical advisor for a EIDO. EIDO create digital consent documents. I will be advising them during my non NHS time. They are paying me for 6 hours of work a month. This will be for the next 12 months; I have formed a Health Tech Company called ProdomoCare. We may try and sell to the Trust in the future. We are building a system to help with the discharge of patients from Hospital to Home.; I work as a virtual specialist for Doctor Care anywhere. They are a virtual GP practice. My role is to review scans and advise what the best course of action is for that patient. I am on-call once a month for this and perform the reviews outside of NHS time. I am paid £40 per review.	
1	Brooks, Mrs. Zoe Mary	Dietitian	Financial interests	Outside employment; Sponsored events	Associate Tutor- Cardiff Met University- Adhoc work/zero hours contract; I am in receipt of a Vitafo bursary to pay course fees for Ketocollege Advanced (£395)	
1	Broome, Miss Rachael	Senior Manager	Non-financial personal interests	Outside employment	My partner works in the Primary Care Team as a Band 6 and previously within the COVID-19 mass immms service.	
1	Brown, Mr. James	Officer	Financial interests	Clinical private practice	I co-ordinate and type letters for the audio vestibular private clinics. I do this outside of my NHS hours and are around 1-2 hours work a week. This does not affect my NHS work load in anyway.	
1	Bruce, Mrs. Claire	Physiotherapist	Financial interests	Clinical private practice	I work for myself privately on the days I am not employed by the NHS	I completed a paper version of this declaration of interest in 2017
1	Bruford, Mrs. Leanne Sara	Senior Manager	Non-financial professional interest	Outside employment	Volunteering to complete policy reviews for hospitality and tenancy related services to maintain associate membership with CIPD.	
1	Bryant, Dr Catherine (Kate)	Consultant Clinical Scientist	Financial interests	; Clinical private practice	; Private patient Doppler scanning at St Joseph's Hospital and Spire Cardiff Hospital	; still ongoing (as of 25/04/23) still ongoing (as of 14/08/23) still ongoing (as of 11/12/23) (Spire Hospital added) still ongoing as of 25/03/24 No change from above, still ongoing as of 27/08/24 No change from above, still ongoing as of 04/11/24 No change from above, still ongoing as of 24/02/25
1	Buchmuller, Mrs. Joanne Heather (Jo)	Applied Psychologist - Clinical	Indirect interests	Outside employment	I occasionally work for a private company (not associated with the NHS) which provides parenting support and professional training. This is part of my private practice. In September 2024 I set up a company in order to work as a health coach/psychotherapist in private practice but have not started trading as yet (13.01.25)	
1	Budge, Mrs. Gemma Anne	Applied Psychologist - Clinical	Financial interests	Sponsored events	I have secured funding from Novo Nordisk to attend the Association for the Study of Obesity UK Congress on Obesity from Monday 23rd-Wednesday 25th September 2024, where I will be presenting three posters regarding the work and outcomes of the Specialist Weight Management Service. Novo Nordisk are arranging conference registration, train travel and accommodation for two nights. The total cost of the funding is up to £750. Conference registration rate is listed as £475, approximate cost of return train ticket from Cardiff to Oxford is £75 and average cost of accommodation in Oxford on 23rd-25th September is £160 (according to booking.com at time of writing).; I was funded by the British Obesity and Metabolic Surgery Society (BOMSS; https://bomss.org/) to present at their annual scientific meeting 2024. They funded return train tickets from Cardiff to Harrogate at £158.20 and one nights accommodation at £75.33, totalling £233.53.	; Funding from Novo Nordisk to attend the Association for the Study of Obesity UK Congress on Obesity as discussed previously with line manager. Study leave form also to be completed.

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1	Burgess, Mrs. Anna Christina	Pharmacist	Financial interests;Non-financial personal interests;Non-financial professional interest	Outside employment;Sponsored events;Sponsored posts	Executive Committee member of the Neonatal and Paediatric Pharmacists Group (NPPG);Lecture to Avon Learning Disabilities Education & Research Network;Unpaid volunteer supporting the work of my local church. Representative on the church committee.	;Honorarium paid for one-off lecture on excipients in antiepileptic medicines. Sponsored by Desitin Pharma.;Involvement in the NPPG, which is a charitable organisation with corporate partners including pharmaceutical companies. The sponsorship that the organisation receives from the companies helps to reduce the cost to members for events such as the annual conference.
1	Burke, Miss Kathryn Louise Helen	Occupational Therapist	Financial interests	Outside employment	Additional employment as a self employed swimming teacher. 6 hours per week. Tax office are aware, and I will be submitting as required.	
1	Burnett, Ms. Judith	Staff Nurse	Indirect interests	Outside employment	I am currently on a 12 month secondment with HEIW for 30 hours per week.;Part time employment with HEIW.	
2	Burrows, Dr Peter	Consultant	Non-financial personal interests	Sponsored events	My wife is an Account Manager for Boston Scientific Medical device company in the endoscopy division. I perform EUS and use products sold by her company, although I was not involved in the trial of her products or the clinical decision to stock this equipment. Boston Scientific also sponsor training courses which I plan to attend (as have other colleagues of mine in the past). There is no financial incentive, only support with training. My wife is currently on maternity leave but will be returning to work in July	I have discussed the above with my clinical director - Dr A Gordon.
1	Burrows, Mr. Ross Michael	Pharmacist	Financial interests;Non-financial professional interest	Outside employment;Sponsored events	;Invited to participate in an advisory board by Novo Nordisk for a new product Sogroya (long-acting growth hormone), and paid honoraria for my participation. The key objectives of this Advisory Board are to: To understand the current and future view of commissioners when considering growth hormone provision as part of the commissioning of associated adult and paediatric services, and what the implications of high cost drug tariff changes might be for new products To understand what service development looks like in the growth hormone arena for commissioners and how the new ICS landscape impacts on this To discuss and prioritise the considerations of an ICB/ICS when preparing to implement a NICE TA for a new product in the growth hormone sector, what will be required in the short and long term, and how could Novo Nordisk partner in this transition period ;Novo Nordisk sponsored funding for the European Society of Paediatric Endocrinology conference in Rome. Funding included travel, accommodation, and conference admission.;Pfizer invited me to participate in a digital advisory board on the new Pfizer Pro website. I was honoraria for the time I dedicated to this.;Sandoz provided funding to the British Society of Paediatric Endocrinology and Diabetes conference in Belfast. The funding covered accommodation and conference attendance.;Sponsored registration fees to attend European Society for Paediatric Endocrinology (ESPE) and British Society of Paediatric Endocrinology and Diabetes (BPSPE) conferences. Funding was provided by Novo Nordisk. ESPE conference - 22/09/21 - 26/09/21 BPSPE conference - 24/11/21 - 26/11/21 All virtual conferences - total cost of registration fees £181.40	;Attendance at this conference was essential for networking with colleagues from other UK centres and CPD within my speciality.;I provided clinical expertise to help facilitate discussions between commissioners and other participants.;This was essential to my CPD and networking with individuals in my specialty internationally.
1	Burton, Miss Tanya Margaret	Nurse Manager	Financial interests	Clinical private practice	Private aesthetics	I do private aesthetics which is ongoing
1	Canter, Mrs. Rachel May	Midwife	Financial interests	Outside employment	I have a holiday apartment that I currently rent out through a holiday letting company.	
1	Capp, Mrs. Rachel Anne	Occupational Therapist	Financial interests	Clinical private practice	Work x 1 evening a week at SPIRE Cardiff in Hand Therapy in my own independent practice	
1	Carmegie, Mrs. Rebecca Teresa	Manager	Non-financial professional interest	Sponsored events	;I have no interests to declare.;Sponsored to attend Grifols User Group Meeting 13/11/2024 and 14/11/2024.	;All meals and overnight stay included.;I have no interests to declare.
1	Carr, Mr. Thomas Alexander	Occupational Therapist	Financial interests;Non-financial personal interests;Non-financial professional interest	Clinical private practice;Loyalty interests	Administrator for mindfulness4OT online;Guiding 'Mindful Walks' in the local community;Teaching mindfulness courses to the general public;Trustee for CIO Mindfulness Wales / Meddygarwch Cymru	
1	Cash, Mrs. Lowri	Speech and Language Therapist	Financial interests	Clinical private practice	;taking part in a vlog for Welsh Government proof reading a translation of resource material for Welsh Government training session for Ophthalmology students in Cardiff University	;Vlod - 06/03/23 Proof reading - 10 hours from March-April 2023 - 40 hours from April-July 2023 (approx) Training session - 26/06/2023
1	Cawley, Ms. Gemma Marie	Healthcare Assistant	Non-financial professional interest	Outside employment	Teaching yoga - outside of work hours, usually for no more than 3 hours per week maximum.	
1	Chakraborty, Dr Arpita	Consultant	Financial interests	Clinical private practice	I undertake private assessments through Clinical Partners and Telesphorus Health Care totally outside my working hours. I have started a Limited Company on 27/3/2023 and the name is Arpita Chakraborty Limited and I am the Director of the company.	No changes over the past 1 year.
1	Chopra, Dr Iqroop Singh	Consultant	Financial interests;Indirect interests	Clinical private practice	;Practice both at Spire and Nuffield Vale hospitals	
1	Chowdhury, Dr Mohammed Mahbub	Consultant	Financial interests;Non-financial professional interest	Clinical private practice;Outside employment	Director of private company Dr MMU Chowdhury Ltd;Immediate Past President of British Association of Dermatologists (charity): unpaid post;Small shareholding in Spire Healthcare	
2	Choy, Professor Ernest Ho	Consultant	Financial interests	Clinical private practice;Donations;Gifts;Sponsored events;Sponsored research	2 private clinic sessions every months 2 hours from 5-7pm on Monday;Attending Rheumatology Congress from Janssen and UCB.;Consultancy from Abbvie, Amgen, Biogen, Biocron, Chugai Pharma, Eli Lilly, Fresenius Kai, Gilead, Janssen, Merck Serono, Novartis, Pfizer, Regeneron, Roche, RPharm and Sanofi.;Lecture fees from Abbvie, Amgen, BMS, Boehringer Ingelheim, Chugai Pharma, Eli Lilly, Fresenius Kai, Galapagos, Gilead, Hospira, MSD, Novartis, Pfizer, Regeneron, Roche, Sanofi-Aventis, and UCB.;Sponsored resrach to Cardiff University by Biocancer, Pfizer, Biogen and Sanofi	
2	Christian, Dr Adam Donald	Consultant	Financial interests	Clinical private practice	Backlog reporting for Source Bioscience and Cyted companies, which goes through my company AC Pathology.;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. I use my NHS office and microscope for most of this work.;I work for Cyted reporting backlog cases and cytosponge outside of my UHB job plan. I also have a short term consultancy with Intelligent Ultrasound to assist them with developing an AI model.;I work for Cyted to report cytosponge and backlog GI cases. This is done digitally, the vast majority in evenings and weekends at home. I occasionally log in to the system from the NHS computer.	;Occasionally will use NHS computer in my office to access the reporting portal;There is no conflict with my NHS work.
1	Christodoulou, Mr. Silvanos (Sil)	Pharmacist	Financial interests	Clinical private practice	I undertake some locum private work outside work hours. This is limited to a few hours/month and does not impact on my post I am also planning to undertake some private work in the aesthetic industry limited to a few hours per month which is not going to impact on my post	
1	Chung, Dr Yiu Fai Daniel (Daniel)	Consultant	Financial interests	Clinical private practice	I have practiced as an independent contractor at the Spire Cardiff Hospital since June 2019 and the Nuffield Health The Vale Hospital since Dec. 2022.	This practice is ongoing currently.

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1	Clarke-Williams, Dr Jane Elizabeth	Specialty Doctor	Indirect interests	Clinical private practice;Sponsored posts	Bayer Coil Training doctor;Menopause specialist working for Octavia Healthcare	Bayer will pay for my time when I train IUT- either back fill to my employer or to myself if in my own time;Private patients for menopause advice- both over the phone and face-to-face Once or twice a month
1	Cleaver, Mrs. Angela Jean	Dietitian Manager	Financial interests	Outside employment	I am an accreditation assessor for the British Dietetic Association. I will be paid for any courses I assess, this work is done in my own time between May and July.	
1	Cole, Dr Duncan Sean	Consultant	Financial interests	Donations;Gifts;Outside employment	Funding for a service development project using systems thinking methodology. Grant to dept was for £15,000, from Takeda. Paid to UHB.;Lamzede clinical expert interview for NICE submission. Consultation fee paid by Chiesi. £600.;Rare disease learning module development. Consultation fee for my time paid to Cardiff University by Amicus. Value: £2649.;Sponsorship for registration to WORLD Symposium 2023 on-demand virtual conference - provided by Takeda.	
1	Coles, Mrs. Sandra	Staff Nurse	Financial interests	Outside employment	Working as an agency nurse, no shifts worked since November 2022 due to ill health and personal circumstances	I may work shifts in the future as my personal circumstances allow
1	Colquhoun, Dr Anna Louise (Anna)	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I undertake some private therapy work - these clients are sourced through routes outside of the NHS and my services are not advertised to clients known to myself or the team in the NHS.	
1	Connolly, Mr. Martin Peter	Specialist Nurse Practitioner	Non-financial professional interest	Loyalty interests	I am an unpaid member of the Board of Trustees of The Kent Autistic Trust who provided support to individuals on the autism spectrum in Kent.	
1	Connor, Dr Philip Peter (Philip)	Consultant	Indirect interests	;Sponsored events	;Advisory Board for Clinigen	;Annual return
1	Cook, Dr Sara-Catrin	Consultant	Financial interests	Outside employment;Shareholdings and other ownership interests	Associate Dean Simulation & Clinical Skills Health Education and Improvement Wales July 2020 to date;Co-Editor Textbook 'Key Clinical Topics in Critical Care; Cook, Nolan, Thomas and Parr. JP Medical Publishing, 2014.' Royalties previously received (although not of recent years)	
1	Cooke, Dr Emma Victoria	Board Level Director	Financial interests	;Clinical private practice	;My husband who is a physiotherapist within the service and I have a small private physio practice.	
1	Coombs, Mr. Stephen John	Chiropodist or Podiatrist	Financial interests;Non-financial professional interest	;Clinical private practice;Loyalty interests	;Chairman of Wales Branch College of Podiatry;private practice ongoing limited company -company director feb 2024	;ongoing private practice;voluntary unpaid position for charitable professional organisation see past declaration
1	Cordery-Bruce, Mrs. Lisa Marianne	Community Nurse	Non-financial personal interests	Loyalty interests	I am a trustee for Pride Cymru and for The Amelia Trust Farm, both are charities.	I have no pay or remuneration for either role and undertake any volunteering in my own time outside of working hours or during my annual leave. I made my managers aware prior to joining both charities.
1	Cornes, Mrs. Sarah (Sarah Cornes-Payne)	Nurse - Advanced Practitioner	Indirect interests	Sponsored events	Team Away Day, sponsored by Nipro on 20/01/23	Team away day in Village Hotel
1	Coulson, Professor James Michael	Consultant	Financial interests	Shareholdings and other ownership interests	Director and Shareholder of Medical, Scientific & Toxicology Consultancy Ltd.	I use this Limited Company for private practice, which for me is the production of medicolegal and scientific reports and other expert witness work.
1	Coundley, Miss Leanne	Assistant Psychologist	Indirect interests	Outside employment	I am employed by Foster Wales as a respite foster carer;I am employed on a 6 hr contract with Cardiff council as a youth worker	;This does not affect my role as I am based in Vale of Glamorgan and it is outside of normal working hours
2	Cousins, Dr Darren Everton	Consultant	Financial interests;Indirect interests;Non-financial personal interests	Loyalty interests;Outside employment;Sponsored events	Advisory Board work for both Viiv Pharmaceuticals and Gilead Pharmaceuticals ;Board Member of Fast Track Cymru (HIV prevention network). Non paid Previous board member of Fast Track Cardiff & Vale FTC+V and Fast Track Cymru are supported by Cardiff & Vale Health Board Fast Track Cymru is now as of 2024 a registered charity rather than a subsidiary of Pride Cymru;I work as an External Clinical Advisor for Sexual Health London, which in turn is hosted by City of London local authority on behalf of all Greater London boroughs This is a paid role and I receive salary from C&VUHB who in turn receive cross charging from City of London for my time;Sponsored registration to international Fast Track Cities 2022 conference. Free registration provided to Fast Track Cities Cardiff & Vale by conference organisers IAPAC. I am speaker at conference and so FTC C&V allow me to use their free registration in order to attend the conference and present Welsh specific findings.	
1	Crandon, Miss Katie	Radiographer - Diagnostic	Financial interests	Outside employment	bank radiographer swansea trust	
1	Creed, Dr Matthew Jon (Matt)	Consultant	Non-financial professional interest	Outside employment	1) I am the Treasurer & Tier 1 Responder for MEDSERVE Wales (formerly Charity 1039032 now Charity 1207666). Role includes management of medical equipment including purchasing, servicing, repairs using charitable funds. [Since Jan 2015] 2) I am the Clinical Equipment Lead for EMRTS Cymru, this role requires interaction and meeting/working with industry partners in examining, exploring and setting service specification for purchasing of a variety of clinical equipment. This is an NHS role as part of my EMRTS Consultant in PHEM role (honorary) through EMRTS/SBUHB. [Since Sept 2021]	I can provide further details if required.
1	Creedon, Mrs. Emma Jane	Staff Nurse	Financial interests	Outside employment	Working for Thornbury Nursing Services 6 hours a week average.	
1	Crompton, Mrs. Kerry	Pharmacist	Financial interests	Sponsored events	I participated in a market research questionnaire on Melatonin facilitated by Pharman.co.uk. Payment was £50 and processed by pm consultancy. It was a one off event.;I took part in an advisory board meeting for Thame Laboratories (Syrimed) in December 2020 and received an honorarium of £250.	
1	Crossland, Mr. Daniel (Dan)	Board Level Director	Indirect interests	Loyalty interests	Partner works in PMHSS;Partner works within Mental Health services as an interim manager of PMHSS.	;There is no direct line management and professional issues are escalated through Director of Nursing. Day to day performance and line management is through P&PT directorate.
1	Crossley, Mrs. Louise Victoria	Physiotherapist	Financial interests;Non-financial professional interest	Sponsored events	Attended an introduction to U/S course in Birmingham sponsored by SOBI. travel costs and hotel accommodation was provided on Sunday night to allow prompt start to course on Monday morning (requested as I was on a graded return to work during this period secondary to acute cellulitis) I did not financially gain from this event.;Attended EAHAD conference in Milan (and presented research funded by EAHAD). The travel, accommodation and conference fees which allowed me to attend and present the EAHAD grant funded research was sponsored by SOBI. I did not financially gain from this event or sponsorship.	
1	Cunningham, Dr Laura Faith	Consultant	Financial interests;Non-financial professional interest	Sponsored research	Along with other colleagues in the Department of Sexual Health, I will be the recipient of payment for an additional PA (for 12 months) as a result of a Gilead "Need to Find" grant, awarded in January 2023. This grant was applied for by our team and awarded by a Gilead panel who sit separately to the commercial team and to any pharmaceutical representatives that visit our department. The grant is to be used to fund a project looking at new staff posts and networks to increase patient engagement with our HIV clinic and reduce loss to follow up. Most of the funding is for the new support worker post and for other staffing costs, including my role as project lead. The grant sits within POIC and contracts have been exchanged.	;I would be happy to share further information if that would be helpful.

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1	Cuturlui, Mr. Ciprian Ionut	Staff Nurse	Non-financial personal interests	Donations	I hereby declare that: I have no pecuniary or other personal interest, direct or indirect, in any matter that raises or may raise a conflict with my duties as a Nurse.	I hereby declare that: I have no pecuniary or other personal interest, direct or indirect, in any matter that raises or may raise a conflict with my duties as a Nurse.
1	Danielsen, Miss Clara Isabel	Pharmacist	Financial interests	;Sponsored events	:I was paid by UCB Pharma to deliver an educational talk on the role of a pharmacist within paediatric neurology.	
1	Datta, Dr Dev Borunendra	Consultant	Financial interests;Non-financial professional interest	Clinical private practice;Loyalty interests;Sponsored events	Charity trustee for HEART UK;Clinical Private Practice via Spire Cardiff SLA with Spire Cardiff Laboratory;Speaker fees and honoraria from Amgen, Sanofi, Novartis, Amryt, Daiichi-Sankyo, Sobi	
1	Davies, Dr Gareth Lloyd	Applied Psychologist - Clinical	Financial interests	;Clinical private practice	:I operate a private practice service (Gareth Davies Psychology) which I run as a sole trader and this commenced trading 06/04/24.	
1	Davies, Dr Hazel	Applied Psychologist - Clinical	Financial interests	Clinical private practice;Sponsored events	I am offering private psychological assessments, therapy and clinical supervision, referrals are from Axa Health Insurance or R&R Consulting.;I presented at a conference - British Obesity and Metabolic Surgery Society (BOMSS) and they funded conference fees, accommodation and travel to Harrogate.	One day conference.;This work is carried out when I am not contracted to work for Cardiff and Vale UHB.
1	Davies, Dr Holly Adele	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I undertake private practice as a Clinical Psychologist. I work as an associate practitioner through an organisation called Headwise.	Ongoing private practice
1	Davies, Dr Sarah Jane	Clinical Director - Medical	Financial interests	Sponsored events	I provide medical education via NB Medical. I have received honoraria for speaking or for attending meetings from various pharmaceutical organisations including BI, AZ, Lilly, Novo Nordisk, Abbott, Daichii, Dexcom, Roche, Amarin, and Bayer.	
1	Davies, Mr. Adrian John	Pharmacist	Financial interests	Outside employment	Contributed to evening discussion as part of advisory panel set up by Fresenius Kabi. To discuss NICE TA 715 that had recently been circulated and how the recommendations were likely to be implemented by Cardiff and Vale UHB. Paid £500;Presented lecture to Welsh Dermatology Network Evening meeting on Access for New medicines to Hospital ForLularies in wales. Sponsored by UCB Pharma. Paif £450	I am not a prescriber neither have any direct influence over whether drugs used by UCB or any other pharmaceutical company are used.;I am not a prescriber neither have any direct influence over whether drugs used by Fresenius-Kabi or any other pharmaceutical company are used.
1	Davies, Mr. David Huw (Huw)	Occupational Therapist	Financial interests	;Outside employment	:I am being paid to appear on a TV programme. As a physiotherapist but not as a CAV UHB employee.	:I do not have any interests to declare;None
1	Davies, Mr. Huw Owain Bledwyn	Consultant	Indirect interests	;Clinical private practice	:Private practice	
1	Davies, Mr. Nathan Mark	Healthcare Science Practitioner	Indirect interests	;Outside employment	;(All done within my own personal time) Private contribution as a sessional/guest lecturer on the BSc Healthcare Science Rehabilitation Engineering University course at Swansea University (Barry Bardsley, Professor contact) in 2023, which is a course which is very allied to our own service and also Swansea Rehabilitation Engineering Unit (staff at Swansea Rehabilitation Engineering Unit also operate as sessional/guest lecturers on this course). Lecturing work and course material production was carried out for a focussed period of time between 14/04/23 and completed by 16/06/23 (all carried out in my own time). My course material was also used passively in 2024 by the University, without any direct involvement from me. Paul Rogers, (Directorate Manager) and Russel Bailey (Line Manager) were advised of my private sessional/guest lecturing involvement and teaching material production via e-mail of 14/04/2023. This is a very common set-up which allows for sessional industry experts such as myself to contribute towards the learning and development of the training pathways that feed new employees into our own industry. It is seen more as a volunteered endeavour and labour of love, since the reimbursement paid for time is very much only a token, in comparison to the contribution. Please feel free to ask any questions as necessary.	
1	Davies, Mrs. Hannah Alexandria	Physiotherapist	Financial interests	Outside employment	I am a BACPR Exercise Instructor Tutor and am required to deliver courses 2-3x per year and perform assessments alongside this. This is paid work which I do in my own time, in addition to my NHS role.	
1	Davies, Mrs. Rebekah Louise (Becky)	Occupational Therapist	Financial interests;Indirect interests	Outside employment	Qualified personal trainer outside of NHS work and therefore engage in outside employment for 1-3 hours / week outside of work time.;Self Employed Personal Training clients outside of NHS hours (evenings and weekends).	;Ongoing self employed business.
1	Davies, Ms. Catherine Sarah (Catherine Washbrook)	Dietitian	Financial interests	Clinical private practice;Sponsored events	Article written for Primary Care Diabetes Society journal/online in December 2021;Presented about type 2 diabetes remission on a webinar for Nursing in practice conference	;Preparation & Webinar undertaken during own time
1	Davis, Dr Karl Robert	Consultant	Non-financial personal interests;Non-financial professional interest	Loyalty interests	I am a trustee of the BGS (British Geriatric Society) and Chair of the Welsh Council. I am an Elected Councillor of the RCP (from August 2024);I am Chair of Welsh BGS and sit as a trustee on the National British Geriatric Society Board (from Jan 2024) I am an elected Council Member of the Royal College of Physicians (starting August 2024)	I;Ongoing roles Has included giving evidence to Welsh Government and promoting high quality clinical care for older people Contribution to policy within the RCP and BGS
1	Davis, Dr Megan (Meg)	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I am an associate member of Forensic Psychology Consultancy Limited. This involves assessment of prisoners and writing reports for the parole board. This is on an ad hoc basis when I choose to take on additional work.	
1	Davis, Mrs. Michelle Lesley Francis	Senior Manager	Financial interests	Outside employment	Board Member for Taff Housing Association	
1	Deglurkar, Miss Indu	Consultant	Financial interests	Clinical private practice	I have private practice.	
1	Denbow, Mr. Mark	Consultant	Financial interests	Clinical private practice	I have a medicolegal practice. I write reports for the court for which I am paid. This is performed in my own time at home and does not affect my NHS work	
1	Denny, Mr. Nick	Senior Manager	Financial interests;Indirect interests	Loyalty interests;Outside employment	I currently work as a Registered Nurse for MPS, working in Cwm Taf Health Board;My wife works within Cardiff and Vales Health Board as a Specialist Nurse in Neuroendocrine Tumours	(no additional information required) ;(no additional information required)
1	Devereux, Miss Ceris	Dietitian Specialist Practitioner	Non-financial personal interests	Outside employment	I work at Cardiff Metropolitan University as an associate tutor	
1	Dix, Mrs. Rachel	Staff Nurse	Financial interests	;Outside employment	;Work as an associate lecturer for the Open University. Provide 5 x online tutorials per module (in the evenings outside of working hours) and mark assignments.	;ngoing outside employment

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1	Dodenhoff, Mr. Josef John	Physiotherapist	Financial interests	Clinical private practice	Private work outside of NHS.	Ongoing time frame.
1	Dodgington, Dr Sean Rhys	Pharmacist	Non-financial professional interest	;Hospitality	;Travel (train £120) and hotel accommodation (€206) on 02/10/24, for the event "Right bag, right patient expert forum", hosted by Fresenius Kabi in London on 03/10/2024.;Travel 15/10/24 and accommodation for Calea site visit 16/10/24. A hosted event to discuss our mutual homecare patients, prescription management, product supply, and to take a tour of their aseptic compounding unit.	;Professional and interesting event to promote expert discussion on pertinent PN prescribing and supply issues faced in the UK.;Rewarding visit as it enabled clinical governance inspection of Calea/Fresenius's Kabi as the provider of the products we prescribe for our patients, particularly since the 2019 "Calea Crisis". They were able to demonstrate their staff training and production developments and initiatives to show that future crises events will be more unlikely.
1	Doman, Ms. Catherine Louise (Cath Doman)	Senior Manager	Non-financial professional interest	Hospitality;Loyalty interests	Attendance at reception hosted by Q5 on 02.12.21;Trustee on the Board of Trustees for Llamau.	Attended for 45 minutes. 1 glass of wine accepted.;Voluntary, unpaid position.
1	Dos Santos, Ms. Marcelle Louisa	Home Help	Financial interests	Outside employment	I am a casual employee in RCT CBC (Emergency Duty team)	Additional Non financial personal interest - I provide teaching at a school (ad hoc) voluntarily
1	Dowd, Miss Charlotte Louise	Dietitian Manager	Financial interests	Clinical private practice;Gifts	Payment for production of patient information for IPSEN.;Prize money £100 for presenting at WAGE conference 3rd place abstract (outside of working hours)	
1	Drage, Mr. Nicholas Anthony	Consultant	Financial interests	Outside employment	Lecturing to dentists and dental care professionals on all aspects of dental radiology mainly for HEIW. Text book writing	
1	Dring, Mr. Simon	Senior Manager	Indirect interests;Non-financial personal interests	Outside employment	I am a member of the Royal British Legion Pencoed Branch.;I am a Trustee and Lay Chair of the Pedair Afon Ministry Area Council, part of the Church in Wales.;I am a volunteer Community First Responder (CFR) for Welsh Ambulance Service Trust;I hold the rank of Squadron Leader the RAFAC (Air Cadets) for which I occasionally receive remuneration.	;I am the treasurer for the branch, standard bearer and a member of the committee. I run a veteran's support hub on a monthly basis.;The Pedair Afon Ministry Area Council (MAC) is responsible for the running of a group of 10 churches supporting the Clergy. The MAC is responsible for the finances, fund raising and general running of the churches.;The RAFAC is a youth organisation sponsored by the RAF and MOD. I hold the positions of Sector commander and Wing First Aid Officer. I am responsible for first aid training and compliance across the wing in Southwest Wales.
1	Dunford, Mr. Anthony Mark (Mark)	Staff Nurse	Financial interests	Clinical private practice	I work self employed for PhysioSpace based in Penylan Cardiff	On-going self employment
1	Dunford, Mrs. Hannah (Lewis)	Applied Psychologist - Clinical	Financial interests	;Clinical private practice	;I am working 5 hours a month for a charity as a clinical psychologist. The work will be carried out on my non nhs working days.	
1	Durai, Dr Dharmaraj	Consultant	Indirect interests	;Outside employment	;I have given invited lectures in Regional and National meetings in my own time. I have also given advice to Medical Pharmaceutical companies in my own time. I have received payment for my services from Bristol Myers Squibb, Johnson and Johnson, Lilly UK, Takeda UK and DrFalk and JJ. I have declared them as part of tax return to HMRC through my personal accountant BDO UK. I have also signed up to the Disclosure UK scheme part of ABPI scheme for public disclosure of payments to healthcare professionals. I have agreed to give few more talks covering period Nov 2024 to Jan 2024. I have accepted conference support from Abbvie to attend a research meeting at Berlin in Feb 2025 which I am expected to attend as part of my external role (Gastro Speciality lead to the Health and Care Research Wales HCRW). (Usually I claim study leave funding to attend such an event but given the sponsorship as I will not claim study leave funding to attend that conference. ;I have no interests to declare.	;I do not hold any medical leadership roles within the healthboard and hence have no influence in acquisition of any pharmaceutical products for Cardiff and Vale UHB and hence there is no direct conflict of interests from my above activity to the job (Consultant Gastroenterologist) I undertake for CAV.
1	Eccles, Dr Alicia Faith	Applied Psychologist - Clinical	Financial interests	Clinical private practice	occasional private work undertaken	
1	Edwards, Dr Martin Oliver	Consultant	Financial interests;Non-financial personal interests;Non-financial professional interest	Loyalty interests;Outside employment	I am a trustee for the Advanced Life Support Group (ALSG);I have a role as an Specialist Application Associate with the GMC. This involves reviewing CESR applications for Paediatrics and is a paid role. There is a minimal time commitment of around 6-8 days per year.;I work for NWSSP as Deputy Medical Director;Treasurer for Local Scout Group	Appointed in December 2022;ongoing;three year term, ongoing
1	Edwards, Mr. David	Non-Executive Director	Financial interests;Non-financial professional interest	;Outside employment;Shareholdings and other ownership interests	;CEO and founder of SeV Consulting Limited;Governor & Board Member - The University for the Creative Arts.	;Pro Bono work.;SeV Consulting has no NHS contracts.
1	Elliott, Dr Natalie Louise	Speech and Language Therapist Consultant	Indirect interests	Loyalty interests	Partner is an Executive at Taff Housing, Cardiff.	
1	Elliott, Mrs. Vivienne (Viv)	Dietitian	Financial interests	Outside employment	Bank worker for Somerset foundation trust	Ongoing

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1	Elliott-Rayer, Mr. Christopher John (Chris)	Counsellor	Financial interests	Clinical private practice	Private Supervision of Interpersonal Therapy Trainees	I currently privately Supervise 1 Interpersonal Therapy (IPT) Trainee who works for CAVUHB and have been since April 2022. I am also due to take on another trainee in April this year. (both trainees work for the Service for High-Risk Eating Disorder based at Cardiff Royal Infirmary These trainees are part if the South Wales IPT Centre run by Debbie Woodward All supervision and associated work of these trainees is done out side of my CAVUHB work time and clear boundaries are in place. My Manager Peter Meades is aware
1	Enticott, Miss Kelly	Play Specialist	Financial interests	;Clinical private practice	;I will be speaking about the role of a health play specialist for a private medical company.	;I have taken annual leave to attend.
1	Eralli, Mr. George	Consultant	Indirect interests	Clinical private practice	Private Practice at Spire Cardiff Hospital and HMT Sancta Maria Hospital.;Private Practice Medicolegal Practice Medicinal Cannabis Practice ;Spire Cardiff Hospital HMT Sancta Maria Hospital	;Spire Cardiff Hospital Sancta Maria Hospital MaMedica Ltd.
1	Erin, Dr Elizabeth	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Work few hours per week in clinical private practice.	
1	Evans, Dr Caroline Rebecca	Consultant	Financial interests;Non financial professional interest	Clinical private practice;Loyalty interests;Outside employment;Sponsored events	~I cover 2 half days per month in Spire Hospital Cardiff Plastic surgery;I am the clinical lead for National recruitment to Anaesthesia and Chair the Recruitment committee for the RCoA This has been discussed and approved by my clinical director;I am the deputy Director for Secondary Care for Wales I receive 2 sessions for this employment;I am the Recruitment Chair for the RCoA I oversee all of the recruitment to core and higher training to anaesthesia this is not paid work I also have a sat at the MDRS programme board and oversee the governance around national recruitment;I receive ad hoc honoraria for giving talks on my own published research. these are fully declared on the Drug company website	;No change;This is declared on previous DOIs
1	Evans, Dr Louise	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Private clinical practice from R&R Consulting Centre	
1	Evans, Miss Catherine Ruth	Occupational Therapist	Financial interests	Clinical private practice	Counselling and Psychotherapy Private Practice as a sole trader	I have a private practice as a psychotherapist.
1	Evans, Miss Ruth Clare	Staff Nurse	Financial interests	Outside employment	Pilates Instructor	
1	Evans, Mr. Richard James	Manager	Financial interests	Outside employment	I do some occasional external graphic design work in my free time as a sole trader from home. This work is not associated with the NHS and Cardiff and Vale University Health Board in any way.	
1	Ewah, Miss Zoe	Chiroprapist or Podiatrist	Indirect interests	Clinical private practice	Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including;I work privately in a clinic called Health Pod in Pontyclun, outside of my NHS full time hours and in a different county. I also have a private domiciliary/mobile Podiatry business, treating in Cardiff and Merthyr Tydfil area. I will be treating patients for general Core podiatry needs, such as nail care, corns and callus. I practice in the evenings and weekends (time varies) , outside of NHS working hours.	ongoing work.
1	Eynon, Dr Angharad Meleri	Consultant	Financial interests	Clinical private practice	Spire Hospital Reporting Radiologist Director Amerad Ltd	
1	Falcon, Mrs. Carol Ann (Caz Falcon)	Officer	Indirect interests	Loyalty interests	I am a member and contributor to the Strategic Board at The Beacon Centre which will soon be part of The Here for Good Collective working name “Hope St Mellons” I will be voted in as a Trustee and Secretary of the Board when the CIO incorporation is complete Application ref 5204808 is currently with Charity Commission	Hope St Mellons is a community development organisation based at The Beacon Centre, Harrison Drive, St Mellons, CF3 0PJ - Trustees serve terms up to 3 years and can serve a maximum of 2 consecutive terms .
1	Featherstone, Mr. Jonathan Mark (Jon)	Consultant	Financial interests	Clinical private practice	Private Practice at Spire Hospital in Cardiff;Private Practice at the Spire Hospital in Cardiff.;Spire Hospital Cardiff	;Ongoing
1	Fido, Mrs. Karen Pamela	Radiographer - Diagnostic, Manager	Financial interests	Clinical private practice	Private Ultrasound practice	ongoing private practice. Employed by Innermost Healthcare (private Ultrasound scans)
1	Finnegan, Mrs. Bethan Marie	Clinical Scientist	Indirect interests	Outside employment	Secondary employment carrying out secretarial/administrative role for husband who is self-employed GP. few hours a week with no impact on my CAVUHB role. Income is declared to HMRC.	
1	Fitzgerald, Dr Katherine Alexandra	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Temporary Associate Lecturing Contract - Cardiff Met University, Psychology Undergraduate Programme	
1	Fletcher, Mrs. Diana Elizabeth	Pharmacist	Non-financial professional interest	Sponsored research	I have an interest in the role of ectoparasites in human medicine. My accrued knowledge over the last 13 years leads me to believe that we are making many mistakes in human medicine by overlooking the presence and impact of parasites in everyday health problems.	Ongoing and developing. There may be some times when I am unable to undertake a piece of work which I believe goes against what I have learned or against what believe to be in the best interest of the patient. There are no adequate options for the situation, so I have ticked sponsored research. I am involved in research with Aston University, though this is not currently sponsored and I am receiving no payment or formal support/affiliation.
1	Fluck, Dr David Simon	Board Level Director	Financial interests	Clinical private practice	Director of Fluck & Griffiths LTD delivering private healthcare in Surrey	
1	Footo, Ms. Sian	Health Care Support Worker	Financial interests	Outside employment	Work for Hywel Dda IHB 7.5 hours per week	
1	Ford, Miss Lucy Ann	Health Care Support Worker	Financial interests	Outside employment	Personal carer to child as when needed approx 1-2 times a month	
1	Forsey, Mrs. Victoria	Staff Nurse	Financial interests	Outside employment	Outdoor Nature play Sessions Only Flowers Grow in Dirt Ltd Held for 1 hour on Saturday and Sundays	Declaration of interest has been previously provided to HR
1	Forster, Mr. Mark Campbell	Consultant	Financial interests	Clinical private practice	I run my private practice through my company Cardiff Knee Surgery Limited.	

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1	Fowler, Mrs. Sarah	Staff Nurse	Financial interests	Gifts	Given a £50 gift voucher on patients discharge. I have handed this in to my senior nurse and now I am declaring it.	
1	Fox, Dr Joanna Catherine Oram	Consultant	Financial interests	Clinical private practice	I own my own aesthetics business, Dr Jo Aesthetics. It has no influence on my NHS work and is done in my own time. I am accredited by save face and have excellent reviews. Website www.drjoaesthetics.com ;I sometimes do some locum for ID medical when not in work.	as above;Locum work
1	Fraser, Mrs. Helen Louise	Healthcare Science Practitioner	Non-financial personal interests	;Loyalty interests	;I am declaring the following interest in that I foster dogs (and occasionally volunteer to perform collections from the public to raise funds for the charity) for Hope Rescue Wales (Reg Charity No: 1129629);New form completed after discussion with Cav Declarations support.	
1	Fullick, Miss Jade	Assistant Psychologist	Non-financial professional interest	Outside employment	Trustee and co-founder of The Belay Foundation (Registered Charity Number: 1192653)	
1	Furnish, Ms. Amanda Jane	Medical Secretary	Financial interests	Outside employment	Steward @ Cardiff City Football Club - March 2020 - present Steward @ Principality Stadium Cardiff - December 2019 - present	
2	Gable, Mr. Scott	Manager	Non-financial personal interests	Shareholdings and other ownership interests	Board director LabXcell Limited	
1	Galvin, Mr. Peter (Pete)	Clerical Worker;Telephonist	Indirect interests	Outside employment	I have a contracted shift with the Cardiff and Vale GP Out of hours service where I will work every other Saturday (6 hours per shift). I do other shifts across the service as well when I am needed to cover, mostly at weekends	
1	Gambles, Mrs. Bevely Janet (Bev)	Specialist Nurse Practitioner	Financial interests	Shareholdings and other ownership interests	I am a shareholder in a limited company which trains nurses in specific phototherapy skills. Occasionally nurses from CAV UHB are enrolled onto training courses I provide.	The Company receives payment from CAV for training.
1	Ganderton, Mrs. Claire	Pharmacist	Financial interests	Shareholdings and other ownership interests	I am listed as a Director in my husband's company, Llandough Medical Services Ltd.	
1	Gape, Mr. Nicholas James	Occupational Therapist	Financial interests	Clinical private practice	I have a small private practice, working one evening per week at Spire Hospital, Cardiff.	
1	Gaston, Miss Naomi Jane Margaret Elizabeth	Applied Psychologist - Clinical	Financial interests	Outside employment	I occasionally supervise Trainee Forensic Psychologists in their writing of risk assessments for the parole board. They work within a prison system, mainly in England, so unlikely I will come into contact with them within the Welsh NHS system. Further to this, I also write parole reports for English and Welsh prisoners on occasion, this year, in the past year I have written two reports for the parole board.	
1	Gatto, Dr Simona Renata (Simona)	Consultant	Financial interests	Outside employment	honoraria for chairing a meeting sponsored by Bei gene;Roche Advisory Board participation	
1	Geary, Mr. Amos David	Social Worker	Financial interests	Gifts	I have been gifted a £25 voucher for Everyman Cinema by a family I have seen in clinic. I have advised a Manager of this.	
1	George, Dr Lindsay David	Consultant	Financial interests	Clinical private practice		This is done in my own time in the evenings at Spire Cardiff.
1	George, Ms. Susan Tania (Sues)	Counsellor	Financial interests	Clinical private practice	I have my own private counselling practice, called Grace Counselling	I work in my own counselling private practice outside of my NHS role. My manager is aware and this has never caused a conflict of interest or impacted upon my NHS role.
1	Gidman, Mrs. Rachel Louise	Board Level Director	Non-financial personal interests	;Loyalty interests	;Husband - regional programme manager for stroke;Husband works as a Directorate Manager in Cardio-thoracic for the UHB	;No declarations of interest to declare
1	Giovannone King, Ms. Donna	Counsellor	Indirect interests	Clinical private practice	small private counselling practice approximately 4 clients per week	
1	Girvin, Miss Jessica Jane	Pharmacist	Financial interests	Outside employment	Paid advisory board for Dr Falk	
1	Glover, Ms. Joanne Marie	Staff Nurse	Financial interests	Outside employment	Health Inspectorate Wales - Peer Reviewer	I am a peer reviewer for HIW. This is on an ad hoc and very infrequent basis. I have completed one inspection in the last three years which consisted of 1 evening and 2 whole days. I am aware that I need to take annual leave for this work.
1	Goldsmith, Dr Sarah Frances	Consultant	Financial interests	Sponsored research	I was the project manager for OBS Cymru, a postpartum haemorrhage QI initiative in Wales that received funding from Welsh Government, and our industry partner Werfen. This ran from 2017 to 19. I have also agreed to speak at two Werfen-sponsored meetings. At my request, all payments related to this are being transferred directly to MSF from Werfen without my involvement. Updated: Nov 2022 I have received a single lecture honoraria payment of £400 for an online lecture from Werfen on 11th July 2022 and subsequently donated this to MSF. Updated: June 2024 I have been paid to attend a PPH advisory board meeting for CSL Behring on 24th May. This was discussed with my CD prior to agreement. Updated: March 2024 No additional declarations.	Updated: March 2025 I have received research support from Werfen, CSL Behring and Haemonetics for consumables for the OBS UK Trial of which I am Co Chief Investigator.
1	Golebiowska, Miss Magdalena	Senior Manager	Financial interests	Loyalty interests	Prior to commencing my role I have started studies at a doctoral level, for which I received a scholarship from Intensive Learning Academy	
1	Gosrani, Dr Deepan (Deeps)	Consultant	Financial interests	Sponsored events	Roche - Funded to attend haemophilia conference	
1	Gough, Mr. Andrew	Senior Manager	Indirect interests	Outside employment	My son Joshua Gough has been successful in gaining a 4 year Network 75 placement working for Shared Services within the Cardiff and Vale Procurement department. The Network 75 placement started on the 2nd September 2024.	
1	Goulding, Mrs. Vanessa Louise	Chiroprapist or Podiatrist	Financial interests;Non-financial professional interest	;Outside employment	External lecturer for University of South East Norway - commitment for 1 x lecture annually. Costs paid including travel and accommodation.;Honorary lecturer for Cardiff University;I have no financial interests to declare.	
1	Goyal, Dr Sumit MBE	Consultant	Financial interests	Clinical private practice	I am the director of Dr Goyal Ltd, a limited company related to my private practice.	This post is current and ongoing
1	Green, Mrs. Angela Jayne	Specialist Nurse Practitioner	Indirect interests	;Outside employment	;Working with EIDO to develop national patient information leaflets. Being paid for work provided.	

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1	Green, Mrs. Hilary Margaret	Counsellor	Financial interests	Outside employment	Director of Company, paid small monthly salary
1	Griebel, Mr. Oliver	Staff Nurse	Financial interests	Outside employment	Olympus ERCP Masterclass, Bristol - 10 December 2024 Presenting Nurse Consultant ;Olympus ERCP Masterclass, Bristol - 23. September 2025 Presenting Nurse Consultant
1	Griffin, Dr Sian Virginia	Consultant	Indirect interests	Outside employment	Chair, Data Monitoring Committee, Emmes Corp.; I have served on advisory boards for Travere Pharma, Hansa Biopharma and Vifor Pharma
1	Griffiths, Dr Daniella Charlotte	Applied Psychologist - Clinical	Financial interests	Outside employment	Secondary employment: Public Health Wales NHS Trust. Part-time employee within the role of Senior Public Health Policy Researcher/ Statistician in Policy and International Health, World Health Organisation Collaborating Centre on Investment for Health & Well-being.
3	Griffiths, Mr. Anthony Neil	Consultant	Financial interests; Indirect interests; Non-financial personal interests	Clinical private practice; Hospitality; Loyalty interests; Shareholdings and other ownership interests; Sponsored events; Sponsored research	; Charity work United Grand Lodge of England, Albert Edward Prince of Wales Court Porthcawl, Rowan tree cancer charity; CI and PI of CF113 clinical trial. Offered international travel to attend research meetings; Director of company providing surgical insourcing for NHS; Director of company that provides medical admin services to doctors, NHS; Evening dinners Spire Healthcare; Medical advisory committee Spire Healthcare; Pharmaceutical family members shareholdings; RCOG dinners and accommodation for serving on RCOG committees
1	Griffiths, Mrs. Emma	Radiographer - Diagnostic, Manager	Financial interests	; Outside employment	; I have been asked to author two patient leaflets for EIDO via a one-off contract of employment.
1	Griffiths, Mrs. Helen Samantha	Occupational Therapist	Indirect interests	Outside employment	Outside employment through agency (Stokes Case Management) - private OT, case management. Expert witness work through Somek & Associates. The above are ongoing although end dated at the end of 2023.
1	Groves, Dr Peter Howard	Consultant	Financial interests	Clinical private practice; Outside employment	As a Consultant Cardiologist, I see private patients at Spire Hospital, Cardiff. My private income resides with Groves Cardiology Services Ltd of which I am a Director but not a shareholder. My wife, Dr Helen Groves is Director and Shareholder of Groves Cardiology Services Ltd; I am Chair of Health Technology Wales. This is a Health Technology Assessment organization sponsored by Welsh Government that produces national evidence-based guidance to promote the adoption of innovative medical technologies into practice in NHS and care Wales. This position is paid on a sessional basis; I am NHS Chair on the NICE Appeals Panel. I receive expenses reimbursement and time remuneration for my work in this position
1	Groves, Mr. Tristan Peter	Pharmacist	Financial interests	Sponsored events	I have received Honorarium from Bayer PLC for providing non promotional educational sessions- for healthcare professionals on topic of anticoagulation and Thrombosis I have received assistance in over night accommodation to enable attendance of a non-promotional education meeting - organised by Bayer PLC.
1	Gully, Miss Angela Christine	Health Care Support Worker	Financial interests	Outside employment	I work for Dewis Independent company as a personal assistant for one child and two adults
1	Guy, Mrs. Claire Elisabeth	Physiotherapist	Non-financial professional interest	Loyalty interests	I have been offered a one year Associate Trustee position with the Spinal Injury Association for a year from 24th February 2024
1	Haddock, Miss Claire	Physiotherapist	Non-financial professional interest	Clinical private practice	Outside of contracted working hours occasionally treat private patients with neurological conditions. Some of these patients may have been treated by CAVUHB or still be under their care. Patients are always directed to ACPIN private physio register to seek own choice physio and assurances are made that everyone is aware of, referred to and receiving the NHS care/rehab/ intervention that they should be if they choose. Communication with NHS providers is maintained and open and no conflict of interest is maintained.
1	Hale, Miss Sarah Louise	Consultant	Indirect interests	Shareholdings and other ownership interests	Member of a LLP with the ability to carry out ophthalmic work outside the NHS
1	Hamandi, Professor Khalid	Consultant	Financial interests	Sponsored events	Honoraria and speaker fees from Angelini pharma, GW pharma and UCB pharma
1	Hammer, Dr Kathrin	Consultant	Financial interests	Clinical private practice	Fee for service at Medica reporting, European scanning centre Cardiff and Spire Hospital Cardiff for radiology work in the private sector
1	Hanson, Mr. Ian Leslie	Staff Nurse	Financial interests	Outside employment	Instructor
1	Hardiman, Dr Becky	Assistant Psychologist	Financial interests	Outside employment	Hourly contracted work for Fragile X International (max. 3 hours per week, remote)
1	Harness, Mr. Oliver Robert	Senior Manager	Indirect interests	Outside employment	Guest lecturing / teaching for Huntleigh Healthcare Ltd - specifically lower limb vascular assessments within Podiatry scope of practice.
1	Harohalli Anantha Sastry, Dr Anand	Consultant	Financial interests	Clinical private practice; Outside employment	Service agreement with Acandis. I received sponsorship from the company to attend Queen square, London INR symposium meeting in 2024. The medical consultancy service agreement includes paid proctoring and advice services to interventional radiologists in performing procedures in other centres, participating in research related activities, multi center studies, presentations in conferences, anonymised clinical data collection forms and monitoring long term outcomes, advising on future technology and designs of interventional products etc.; Teleradiology Private practice at: Spire Cardiff Nuffield Cardiff bay St Joseph Hospital
1	Harrall, Miss Joanna Eleanor	Senior Manager	Financial interests	Shareholdings and other ownership interests	My partner (Benjamin Trigg) works for Cytel, a start-up company providing cyto sponges to NHS organisations across the UK. The Cytosponge may be piloted in CAVUHB. Ben has shares in the company. Ben holds shares in Cytel.
1	Harris, Mrs. Louise Ann	Nursery Nurse	Financial interests	Outside employment	Employed by Apollo Teaching Services Ltd.
1	Harrison, Mrs. Sarah Elizabeth George	Physiotherapist	Financial interests	Outside employment	Pilates instructor in a private studio - teach x1 hour class per week in the evening
1	Hart, Mrs. Julie Anne	Nursery Nurse	Financial interests	Outside employment	7hrs per week working for Breastfeeding Network

All spinal injury units work closely with the Spinal Injury Centres - along with other charities. It is important for me to remain neutral in this role and to see it as a benefit for the spinal injury population that we serve.

health board has always been informed

unchanged

Instructing on Advanced Life Support Courses for Private Provider

My NHS Cardiff and Vale UHB contract is 22.5 hours (3 days) per week. I am employed by Apollo Teaching Services Ltd for agency work on 1-2 days per week that I am not working with Cardiff and Vale. I am due to end this work on 09/02/2023.

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1	Hartley-Smith, Ms. Victoria Elizabeth	Officer;Telephonist	Financial interests	;Outside employment	;Additional Contracted Job in Cardiff and Vale Health Board CAV 24/7	
1	Harvey, Miss Sarah-Jane	Staff Nurse	Non-financial professional interest	Sponsored events	CATCH 2024 Accommodation and travel sponsored £317.60	
1	Harvey, Mrs. Virginia May	Physiotherapist	Financial interests	Clinical private practice	I run a Physiotherapy practice in Rhiwbina	Manager is aware that I work privately
1	Hayes, Mr. Jamie Michael	Pharmacist	Financial interests;Non-financial personal interests	Outside employment	I am a Director of JMH Collaborations LTD, trading as Jamie Hayes Executive Coaching. A coaching, leadership and performance agency providing services to public, private and third sector organisations across the UK. I am an honorary senior lecturer at Cardiff University, School of Pharmacy and Pharmaceutical Sciences I am co-founder and co-host of the Aural Apothecary Podcast - a medicines and healthcare podcast.;I am Director of JMH Collaborations LTD - an executive coaching and leadership consultancy that provides coaching and leadership services to organisations in the private and public sector;I have just been appointed to the Board of Directors of Cardiff Business Club;I run and own a coaching, leadership and performance consultancy. Delivering coaching and workshops to clients in industries such as legal, healthcare, finance, academia, media, education and others. I am a co-founder and co-host of a medicines and healthcare podcast - The Aural Apothecary Podcast is downloaded across the globe.	
1	Hayes-Davies, Mrs. Denise Josephine	Physiotherapist	Non-financial professional interest	Clinical private practice	Director, Owner and Principal Therapist for Canine Rehab Cardiff I have an additional qualification to treat animals with Veterinary physiotherapy and do so in my own clinic on says when I am not working in NHS	Apologies if I have clicked the wrong category: inform me and I will amend The full description of above is that In addition to my NHS work I have a limited company and through that I provide a rehabilitation service to animals: in particular dogs I am based near the NHS workplace and so some cross over in patient caseload and possibly owners who have brought their dogs for treatment may at some point happen and I am not sure if that constitutes a conflict I obviously keep both works and worlds very separate ANY questions just ask
1	Hayhurst, Miss Caroline Susan	Consultant	Financial interests	Sponsored posts	I receive ad hoc payment for tutoring services for the University of Buckingham for the Neurosurgery MSc;MSc Neurosurgery program leader for University of Buckingham, on behalf of Learnia Ltd (an online education company). I receive payment on an ad hoc basis from Learnia Ltd for development and marking of the international MSc course.	
1	Hedden, Mrs. Jessica Elizabeth	Physiotherapist	Financial interests	Sponsored events;Sponsored posts	Payments made from Swedish Orphan Biovitrium (SOBI). Travel and accommodation to attend CATCH educational meeting;Attendance, accommodation and travel paid by pharmaceutical company CSL Behring to attend EAHAD (The European Association for Haemophilia and Allied Disorders) congress 2023 in Manchester.;Payments made from Swedish Orphan Biovitrium (SOBI). Travel and accommodation to attend Haemophilia Chartered Physiotherapist Association AGM and educational meeting. ;Payments made from Swedish Orphan Biovitrium (SOBI). Travel to attend Haemophilia Chartered Physiotherapist Association course on point of care ultrasound;Took part in creation of a medical promotional video for pharmaceutical company Takeda in own time and received payment.;Two conferences attended financial year 2024/2025, both sponsored by SOBI, pharmaceutical company. 29-30th November 2024 and 3-7th February 2025 Total sponsorship: £284.99	;Attendance, accommodation and travel paid by pharmaceutical company CSL Behring to attend EAHAD (The European Association for Haemophilia and Allied Disorders) congress 2023 in Manchester.;Took part in creation of a medical promotional video for pharmaceutical company Takeda in own time and received payment of £300
1	Hemmadi, Mr. Sandeep	Consultant	Financial interests	Clinical private practice	Director of S Hemmadi Ltd.	Private Medical Practice
1	Heslop, Miss Sarah Dawn	Clerical Worker	Financial interests	Outside employment	I do dog grooming.	
1	Hibbert, Mr. Adrian Douglas	Healthcare Science Practitioner	Financial interests	Outside employment	I am a personal assistant to a young disabled man	
1	Hillberg, Miss Charis	Staff Nurse	Financial interests	Sponsored events	I have been asked by Kite Gilead to present a power point virtually to GUYS Hospital. This is a funded presentation that includes speaker's fees.	This presentation will only be from 13:00 - 14:00hrs.
1	Hills, Mrs. Hannah Mary	Midwife	Financial interests	Clinical private practice	Private Antenatal Education (non clinical)	Weekly private antenatal education since March 2022, ongoing.
1	Hilton, Ms. Zoe Victoria	Senior Manager	Financial interests;Indirect interests	Hospitality;Outside employment	Attending a work conference. as guest speaker in Carlisle;I am a trustee for the Friendly Trust Charity	Asked to talk my Camerados at a conference hosted by AHSN at the Carlisle Racecourse. Being paid £480 from Camerados for attending on their behalf They will also cover my accommodation in the IBIS hotel, taxi's to and from station and food (under £20per day) for the 2 days;ongoing post
1	Hingston, Mrs. Emma Jane	Consultant	Financial Interests		Trustee for LATCH, Children's Cancer Charity for Wales.	
1	Hobson, Dr Christopher William	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I have a private practice (ongoing since before I started my role with Cardiff and Vale in October 2022) which takes place on the days when I am not in my part-time role in Cardiff and Vale. The practice predominantly involves psychological assessments of adults (usually parents/carers of children where there are child protection concerns, commissioned by social care services of the Family Courts). My practice is predominantly in Bristol and the surrounding areas, but at times does involve assessments in Wales, including Cardiff. As part of the assessments I am asked to make recommendations for support services, which might include local NHS services (mental health/psychology). The work does not have any undue/detrimental influence on my Cardiff and Vale role, and I have not experienced any direct conflicts with my Cardiff and Vale role arising.	
1	Hockey, Dr Thomas Daniel	Consultant	Financial interests	Clinical private practice	do coronial post mortems and report some cases of spire, outside nhs time;I perform post mortem examinations for HM coroner and do some private histology reporting	unsure if i ticked the right category. Also codirector of MTD Diagnostics LTD;wife and i co directors of mtd diagnostics ltd- nothing to do with nhs.
1	Hogan, Ms. Cora Mary	Physiotherapist	Indirect interests	Outside employment	I work as a pitch-side physiotherapist for Cardiff and Met hockey club, for the ladies 1st team.	

Submitted by: Nathan
19/05/2025 13:50:19

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2	Holder, Dr Kerry-Ann	Applied Psychologist - Clinical	Financial interests; Non-financial professional interest	Clinical private practice; Hospitality; Outside employment; Shareholdings and other ownership interests	<p>Asked by Dr Jenny Hunt to undertake an Independent Review of a clinical case following concerns about the handover and practice of the treating clinician. Work was requested via company I work for as a matter of urgency, discussed what would be required with both Clinical Director and Head of Service (NHS) felt I would be well placed to undertake the work given my knowledge of the NHS. - concerns over conflict of interest were discussed. I do not work in the service this was requested from but was under same Head of Service, but my supervision was external to the NHS. Work was undertaken over a series of dates between March - May 2022 and I was paid my private hourly fee for my time; Consultancy fee for CSL Behring of £150. CSL Behring. CSL Behring is a biopharmaceutical company, manufacturing plasma-derived and recombinant therapeutic products. I am often asked to participate in focus groups, or advise on resources they are developing for Children and Adults with Inherited Bleeding Disorders. This advice and consultancy is undertaken in my own time and I take Annual Leave to participate; Continue to work for Talis Consulting as an Independent Consultant Clinical Psychologist in Neuropsychology, this has been the case since 2007; I am the sole director of Bridgeman Psychological Consultancy but this work is linked to my Talis Consulting work and is simply an operational consultancy for tax purposes as a limited company; I am due to be part of a focus group for a non-promotional meeting that does not involve discussions about any products. The meeting is conducted within the ABPI Code of Practice to ensure our activities are compliant with the Code and it is called an advisory board for that purpose. I will be part of a Virtual Haem Hub Roundtable Advisory Board CSI Behring will be publishing a paper from the discussions at the meeting, and would aim to publish by Spring 2022. They intend to ask the meeting attendees their views on involvement reviewing the manuscript and thoughts about a publication. The meeting will be during the day, the W/C 27th September. I have taken Annual Leave to attend this meeting. I was part of a focus group for a Patient Preferences Meeting organised and funded by CSL Behring UK on Saturday 19th June 2021. The meeting discussed and evaluated the creation of a Patient Reported Outcomes Tool with patients living with Haemophilia B and their parent and a Youth Ambassador. This aim of the tool will be for patients/parents to use to detect early symptoms of a joint bleed in paediatric (from 8 years old) and adolescent patients with mild/moderate or severe haemophilia B. I was asked to make contributions as an expert in haemophilia B and my attendance was on a consultancy basis for which I received remuneration in the amount of £450; I work for Talis Consulting Ltd. A service providing psychological and neuropsychological assessment and intervention within the medico-legal arena of traumatic brain injury. I have been working for Talis Consulting since 2007 and do this work on a Friday which is a non-work day. This is paid work for which I invoice an hourly rate. I do not see patients who can access Cardiff and Vale UHB for equivalent services; Independent review for NHS Child Psychology (instructed by Dr Jenny Hunt) via Talis Consulting Ltd. All work was undertaken in Annual Leave time or outside of NHS hours. Payment made to Talis Consulting Ltd for work; invited to a Psychology in Gene Therapy Roundtable project with psychologists working in Haemophilia from across the UK. This will involve an overnight stay in hotel in Birmingham on Friday 13th January, an all day roundtable discussion from 9 - 5pm on Saturday 15th January. Meals and expenses paid.; Preparation for and attendance at the CATCH (Collaborate and Address Treatment Challenges in Haemophilia) conference - hosted by SOBI (a biopharmaceutical company focused on rare diseases, including haematology and immunology treatments). Preparation for the conference workshop was undertaken outside of NHS hours (evenings) and at weekends and attendance at the workshop was a Friday (non NHS day) and Saturday. The 2hr workshop was entitled - Psychological approaches to working with children: Hearing the voice of the child Payment = £1328.55 ; St David's Children Society is a not for profit charity and voluntary adoption agency (VAA). The work of the organisation is overseen by our Board of Trustees and I am on the Governance and the Board of Trustees for St Davids Children Society. This is a non-paid role and requires my attendance at Trustee meetings approximately 3 times a year, I also attend the AGM once a year. In addition I may be required to provide commentary on relevant policy or attend ad hoc meetings but this is done in my own time or I take annual leave to attend the Trustee meetings</p>	:1 hour consultation with Researchers at CSL Behring; Bridgeman Psychological Consultancy was established in 2017 and continues to date; Fees and travel expenses were paid; Report submitted 22/5/2025; This is a recurring role; This work is ongoing. Any private work undertaken not on a Friday I take annual leave; Total of 8hrs and write up of report. Annual leave taken for all independent work
1	Holley, Mr. Richard James	Technician	Financial interests	Gifts	Gift card with value of £20 given by patients family	Passed to Senior Nurse who said to declare
1	Holmes, Mrs. Abigail Margaret	Director of Nursing	Financial interests	Outside employment	Midwifery medico-legal reports for NHS Scotland, working as an expert witness	
1	Hope-Gill, Professor Benjamin David (Ben)	Consultant	Financial interests; indirect interests	; Outside employment; Sponsored events	; I undertook an educational talk for a pharmaceutical company Boehringer Ingelheim on 8th September 2020. The talk and preparation were conducted outside working hours. I received payment of £506 for performing this work.; I undertook an educational talk to the Scottish ILD Forum. This event was sponsored by Roche Pharmaceuticals and I received £1200 payment inc. travel expenses for preparation work, attending and speaking. I took annual leave to undertake this work.; I was sponsored to attend the American Thoracic Society online conference May 2021 by Boehringer Ingelheim.	
1	Hopes, Miss Rebecca	Officer	Non-financial personal interests	Outside employment	In the email I received, it stated that volunteering is an interest to declare. I have chosen the most applicable category (although is not reflective). I am registered to volunteer for the Cardiff and Vale Health Board, but have not yet completed the minimum training. I am an active volunteer at Cardiff Dogs Home.	I have just put the date to the end of the financial year, but expected this volunteering to be ongoing.
1	Hopkin, Mrs. Deborah Christine (Debbie)	Officer	Financial interests	Clinical private practice	Private Secretary to Professor Dolwani	
1	Hoskins, Dr Mathew David	Consultant	Financial interests	Clinical private practice	I am a co-founder of the Cardiff Cannabis Clinic and currently work around 15 minutes per week to discuss new patient referrals at a rate of £100/hour. I have no other stake in the business and currently I do not undertake any additional private work.	
1	Hourihan, Dr Margaret Denise	Consultant	Non-financial personal interests	; Hospitality	; I have no conflicts of interest.; Taken out to dinner by PENUMBRA a device company, to welcome a new colleague.	; I do not use any devices. I do not carry out interventional neuroradiology procedures. No business was discussed at the dinner.
1	Howells, Dr Amy Elizabeth	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Work in private services offering clinical psychology assessment and therapy.	
1	Hughes, Mrs. Tracey Joanne	Clerical Worker	Financial interests	Outside employment	Phoenix casting Agency The Bottleyard Studios Bristol BS14 0BH The Casting Collective Ltd Gensurco House Spafield House London EC1R 4QB; Phoenix Casting Agency The Bottleyard Studios Whitchurch Lane Bristol BS14 0BH and Casting Collective Ltd 3-5 Spafield Street London EC1R 4QB	I am a member of these two agencies, for ad hoc filming days. I have been with Casting Collective for approx 8 years and Phoenix for the past 2 years.
1	Humphreys, Mrs. Rachael Katherine	Specialist Nurse Practitioner; Staff Nurse	Non-financial personal interests	Outside employment	I am a Trustee for the charity Behcet's UK, which is a voluntary position.	
1	Humphry, Dr Nia Angharad	Consultant	Financial interests	Outside employment	Cardiff University employment 0.1 WTE	Started prior to current consultant post, substantive post. Does not affect NHS working days
1	Hunt, Miss Andrea Louise	Counsellor	Non-financial professional interest	Clinical private practice	I am working for the Primary Care Counselling Service part time on Mondays and Wednesdays. I now have a small private practice on a Tuesday that allows me to accrue hours towards my PGDip in Gestalt Psychotherapy.. I am declaring this and it does not conflict with my role as a Primary Care Counsellor.	If you need any further information please do get in touch.
1	Hunt, Miss Rachel Leanne	Manager	Financial interests	Hospitality	I was invited to attend the Wales versus Ireland rugby union match at the Principality Stadium on 4th February as a guest of Perkin Elmer. This invitation was given to a number of NHS scientists within the UHB who are collaborating with Perkin Elmer on a number of Newborn screening and genomics projects.	
1	Hussein, Mrs. Najia Jan	Healthcare Science Assistant	Financial interests	Outside employment	Permanent 7.5 hours per week. On Sunday's every week as Administration- referral and booking centre in Aneurin Bevan UHB	
1	Hutchinson, Dr Nicola Jan Xan (Nicola)	Consultant	Financial interests	; Hospitality	; Winter British Thoracic Society Conference fees and hotel paid for by Boehringer Ingelheim	
1	Ingletor, Ms. Louise	Staff Nurse	Non-financial professional interest	Sponsored events	ADHD Conference attended - organised by Flynnpharma Conference dates May 4th and 15th 2022 in Berlin. Flights and hotel financed by Flynnpharma. No personal financial gain	

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1	Ingram, Dr John Robert	Consultant	Financial interests;Non-financial professional interest	Loyalty interests;Patents;Shareholdings and other ownership interests	;Co-copyright holder of HISQOL, HS-IGA, and HS-PGA, instruments to measure hidradenitis suppurativa (HS) severity.;Consultant and/or advisory board member for Abbvie, Boehringer Ingelheim, Cantargia, ChemoCentryx, Citryll, Engitix, Incyte, Insmed, Kymera Therapeutics, MoonLake, Novartis, UCB Pharma, UNION Therapeutics, and Vela Bio. Co-copyright holder of HISQOL, Investigator Global Assessment and Patient Global Assessment instruments for HS. Department receives income from copyright of the Dermatology Life Quality Instrument (DLQI) and related instruments. Dr Ingram receives an authorship honorarium from UpToDate.;Editor-in-Chief of British Journal of Dermatology;Officer of British Association of Dermatologists	;Co-director of Xavier Jade Limited, a medical consultancy and publishing company.;Editorial stipend;Honoraria.;Unpaid.
2	Ingram, Dr Wendy	Consultant	Financial interests	Hospitality;Outside employment;Sponsored events	Advisor board member for the following companies Swedish Orphan Bio Incyte Novartis Roche Synaigen;Advisory board meetings for the following companies Incyte Takeda;Novartis advisory board meeting;Swedish Orphan Biovitrum advisory board meeting;Takeda sponsored attendance at virtual conference - American Society Haematology Annual Conference;Takeda sponsored educational event - invited speaker;Takeda sponsored my attendance at the MDS international Congress - Virtual,Travel and Registration at international conference;Virtual congress registration access to EHA congress	;Medacpharma;Novartis sponsorship
1	Ivins-Doonan, Miss Hannah	Officer	Financial interests	Clinical private practice		
1	James, Mrs. Danielle Louise	Senior Manager	Financial interests	Gifts	Handed a card from a relative after dealing with a concern. Expectation that it was a thank you card. Gift voucher included. Gift voucher used for biscuits etc for the department.	
1	Jeans, Dr Zoe Rachel	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Since september 2023 I have started my own private practice . Currently I provide psychological assessments / interventions that are commissioned by Solicitors following a legal claim.	
1	Jelley, Dr Benjamin James (Ben)	Consultant	Financial interests;Non-financial professional interest	Outside employment	I am an Associate Editor for the Age and Ageing journal;I am the chair of the Welsh Stroke Conference organising committee.;I am the treasurer for the Welsh Stroke Conference organising committee.;I have a substantive contract with Cardiff University for 1 session per week to deliver an MSc in Clinical Geriatrics;I have a substantive contract with Cardiff University for 4 sessions per week as Programme Director of an MSc in Clinical Geriatrics	
1	Jenkins, Miss Bethan	Applied Psychologist - Counselling	Financial interests	Outside employment	Agency work for the national autistic society roughly 1 Saturday every 2-3 months	
1	John, Miss Emily Mai	Staff Nurse	Financial interests	Sponsored events	Have been asked to provide CAR-T education. This will be paid to the value of £140. This will be undertaken in my personal time and not within my working hours.	
1	John, Mrs. Michaela Louise	Senior Manager	Non-financial personal interests;Non-financial professional interest	Hospitality;Outside employment	Attended an evening meal provided by Amazon web Services at St. David's Hotel, Cardiff on Monday 22nd January 2024 - value £25 per person;I am a trustee for a charity THE MARGARET BELL SCHOOL (charity number - 1151747)	;I do not receive any financial employment for this role;I do not receive any financial payment for this role;I do not receive any financial reward for this role
1	Johnson, Miss Rachel Emma	Assistant Psychologist	Non-financial professional interest	Outside employment	I am a qualified yoga teacher and teach weekly outside of work. I receive no payment for this but receive a gym membership for free in return.	
1	Johnston, Dr Emma Catherine	Applied Psychologist - Clinical	Financial interests	;Outside employment	;4 hours a week working with CPC	;I am employed by the charity CPC as a consultant to their work embedding psychological practices and thinking within the team and supporting the families and children indirectly
1	Jomanis, Mrs. Danielle	Staff Nurse	Financial interests	Sponsored events	Catch course	
1	Jones, Dr Adam Vincent	Consultant	Financial interests	;Gifts	;Received a book voucher (value £250) on the 6th March 2024 from Elsevier following an invitation to publish a review article in Diagnostic Histopathology. The articles title was ‘Inflammatory conditions of the oral mucosa’. The voucher was used to purchase a diagnostic pathology textbook for my office ‘Lymph Nodes and Extranodal Lymphomas’.	;The voucher was used to purchase the diagnostic book for my office on the 7th March and received around the 15th March 2024
1	Jones, Dr Amy	Consultant	Non-financial professional interest	;Outside employment;Sponsored events	;Committee role within the British Geriatric Society on the Cardiovascular Specialist Interest Group. The role involves planning educational meetings, which usually have sponsorship as a contributor to running costs but delegates also pay conference fees to attend. Travel and accommodation expenses are provided for committee members who are moderating sessions at the conferences.;I am on the British Geriatrics Society Cardiovascular committee - a specialist interest group within the BGS. The BGS is a charity and professional organisation, I am not paid by them for my role. For our annual conference I attend the event free of charge as a member of the organising committee. We have a hybrid meeting in London in September 2022 so I will receive one night's accommodation free of charge too. The Cardiovascular group participated in the autumn meeting held in November 2021 by organising one day of the 3 day conference. I had an organising role and moderated a session. For this I attended the virtual 3 day conference free of charge.;Sponsored dinner and update talk on new heart failure medications. I was approached by a cardiology colleague who has invited our consultant group to attend this educational update and sponsored dinner on 29th March - AstraZeneca. I have helped to organise the event by distributing the information to colleagues and confirming attendance.	;17th May 2023 is when the national conference is being held, and committee roles will be reapplied for.;Ongoing role within the committee which will continue for the foreseeable future
1	Jones, Dr Nia Russat (Nia Jones)	Specialist Clinical Scientist	Financial interests	Clinical private practice;Sponsored events	;I undertake some consulting work on behalf of industry. This may involve consulting on product development of novel therapies or presenting at conferences. I'm generally paid an honorarium for my time along with travel expenses.	
1	Jones, Dr Sara Lisa (Lisa)	Applied Psychologist - Clinical	Indirect interests	Clinical private practice	I work outside NHS in private practice - Self-employed Nature / Type of Business: Neuropsychology input Number of hours worked per week in other employment: 2-22.5 hours per month Please outline your work pattern in other employment (e.g. days worked, shift pattern): Ad hoc –evenings or non-working days Will you be working more than 48 hours per week in total or more than 12 hours in any one 24 hour period as a result of your combined employment? No Any other relevant information you wish to disclose: I never provide any private input to my NHS patients or to those who are eligible for input from my NHS service	
1	Jones, Dr Sharon Mary	Consultant	Financial interests;Non-financial professional interest	Clinical private practice;Hospitality;Sponsored events	Meal out in evening at BSR 24th April with UCB pharmaceutical company for Welsh attendees of BSR;One evening private practice clinic - 2 clinics per month at Spire Cardiff;Private practice clinics approximately 3 per month;Sponsored study leave at Euler meeting in 2022 by ucb;Weekly clinic at Spire Cardiff on evening outside or contracted nhs hours	;Continuing I try to ensure it does not in any way conflict with nhs work I cancelled the clinics when too busy in nhs;Cpd very useful;During cpd funded by study leave plus some self funding;Weekly some Wednesday evenings
1	Jones, Miss Greta	Occupational Therapist	Financial interests	Gifts	Good morning, I am currently fundraising for Mind, running the half marathon. One of my community patients was aware of this and wanted to donate to the charity and was very insistent that I accepted the money. She donated £20, I haven't deposited it on my Just Giving page yet as I thought I should declare it first. But once I've declared it I will be able to evidence this. Would you be able to send me a form for me to complete please to declare this. Many thanks Greta	
1	Jones, Miss Megan Hannah	Staff Nurse	Non-financial professional interest	Sponsored events	Pharmaceutical event sponsored by SOBI	
1	Jones, Mr. Andrew Brian	Director of Nursing	Non-financial personal interests	;Outside employment	;I am a deacon/trustee in Heath Evangelical church which is a registered charity;I am a trustee for two registered charities both Christian organisations with no links to health. Heath evangelical church - Whitchurch road Cardiff Donauaur fellowship - London	;I am a trustee of a registered charity - Heath evangelical church, Cardiff;Trustee of Heath Evangelical Church, Whitchurch road, Cardiff (Registered charity) with nil financial benefits derived

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1	Jones, Mr. Mark	Manager	Indirect interests;Non-financial professional interest	Loyalty interests;Outside employment	I'm a Board Member with the registered charity Re-live. This is an Arts in Health charity.;My wife is a Board Member with the registered charity Wish Upon a Star. This is a charity providing bereavement support.;My wife is a Director at the Ty Hafan Children's Hospice, Sully, Vale of Glamorgan. This is a registered charity.	
1	Jones, Mr. Stephen Austin	Consultant	Financial interests	Clinical private practice;Outside employment	I perform private practice at the Nuffield Cardiff & Vale Hospital My scope of practice completely mirrors my NHS practice This is performed outside of my NHS timetable/job plan;In my annual appraisal each year I fully disclose relationships that I have with orthopaedic implant manufactures I have had these paper/hard copy declarations signed by my line manager & I have emailed to UHB governance including any in-year changes if they have occurred These are consultant agreements are with - Zimmer Biomet Smith & Nephew Orthofix Depuy Lima Adler Any work undertaken occurs outside of my NHS timetable/job plan or on annual leave In addition I also hold royalty agreements with - Zimmer Biomet Smith & Nephew Lima Adler ;No change from previous disclosure;On-going as previously declared	;On-going;On-going I received a generic request to up date annual disclosures;These are update annually Majority have been in place for between 5-10 years
1	Jones, Mrs. Amy Clare	Dietitian Manager	Financial interests;Non-financial professional interest	Clinical private practice;Outside employment;Sponsored events	Available to do bank hours for a hospital in Brighton (0 hours contract as bank worker);I am going to undertake some locum work on my days off.;Nutricia have sponsored me to stay in a hotel the night before their conference in London;Working for a GP in Cowbridge minimum 1 day per week	;0 hours contract no set hours days or times;Ongoing;The conference is a free event to attend. My train fare has been paid by work.
1	Jones, Ms. Jennifer Enid	Staff Nurse	Financial interests	Outside employment	I work very occasionally for HIW as part of their inspection teams but never in Cardiff and Vale UHB.	
1	Joshi, Dr Anurag	Consultant	Financial interests	Clinical private practice	Cases referred to AWLP from Spire Hospital Cardiff- I report these when these are allocated to me.	No active coronial work No crem form duties No regular private work
1	Junglee, Dr Naushad Ali (Naushad)	Consultant	Financial interests;Indirect interests	Clinical private practice;Outside employment	Resource Editor for Nephrology SCE for Learna LTD;Work at Spire Cardiff as a Consultant Nephrologist holding fortnightly clinics Provide occasional medicolegal reports	;Ongoing
1	Kamath, Dr Sridhar	Consultant	Financial interests	Clinical private practice	I have practising privileges at Spire cardiff Nuffield cardiff Nuffield Tees Alliance medical open scanner cardiff St Josephs hospital Newport;I have private practising privileges at Spire cardiff Nuffield Cardiff St Joseph's hospital Newport Nuffield Tees;I have private practising privileges at Spire Cardiff hospital Nuffield Cardiff hospital St Josephs hospital Newport European scanning centre Cardiff	;No change
1	Kavanagh, Mrs. Janice Mary	Staff Nurse	Financial interests	Gifts	M & S GIFT VOUCHER OF £50.00 RECIEVED FROM PATIENT RELATIVE	Manager informed of gift from patient relative and completing declaration of interest form to note the gift received. The voucher will be used to support staff wellbeing of members of the MDT and not individual use.
1	Kefalas, Mr. Dimitrios (Dimi)	Specialist Healthcare Science Practitioner	Financial interests;Non-financial professional interest	Clinical private practice;Outside employment;Shareholdings and other ownership interests	Owner and director of Atlas Neuromonitoring ltd.;Volunteering for professional and scientific societies, organisations, and journals	I am the owner and director of Atlas Neuromonitoring ltd. Atlas Neuromonitoring ltd provides intraoperative neuromonitoring services on behalf of other providers/companies, training and consultancy for companies in the field of intraoperative neurophysiology.;I occasionally volunteer for: 1. International Society of Intraoperative Neurophysiology 2. Association of Neurophysiological Scientists 3. Health Research Authority 4. Health Education England 5. Scientific journals
1	Kell, Dr William Jonathan (Jonathan)	Consultant	Non-financial professional interest	Outside employment	Occasional paid work as clinical expert for select pharmaceutical companies, or for NICE. Less than £5k income pa.	No changes to declare as at 25 March 24.
1	Kelly, Miss Gayle Allison	Staff Nurse	Financial interests	;Sponsored events	;Contemporary care course	;Course £850 and accomodation £188
1	Kennedy, Mrs. Louise Catherine (Lou)	Physiotherapist	Non-financial personal interests	Shareholdings and other ownership interests	I am an unpaid director of Seren Dwt CIC. We provide welcome boxes to families of babies with Down Syndrome born in Wales funded by fundraising efforts	No end time that I will be director
1	Kent, Mr. Russell	Senior Manager	Financial interests	;Hospitality	;Attended the Hewlett Packard Discover "The edge-to-cloud" Conference 7th - 8th December 2022 This invitation includes transport costs and overnight accommodation . This came from Trustco PLC in conjunction with HPE Marketing.	;Registered as Hospitality, although more related to learning and technology market research.
1	Kenward, Miss Sarah Elizabeth	Technician	Indirect interests	Clinical private practice	I have a second job role for Rowan Tree Therapy Services as an Occupational Therapy Technician. I am paid an hourly rate an work between 3 and 6 hours extra per week. This is during term time only.	I completed a declaration of interest form when I started the job which was sent to my Head OT at the time (Christine Cheetham). Rowan Tree Therapy Services is a private Occupational Therapy company and the work I do is with young adults who have acquired brain injuries. I do not feel it would be appropriate for this to be published within the trust directory 1. without permission from the company director and 2. in case it raised issues of confidentiality.
1	Ketchell, Mr. Robert Ian	Consultant	Financial interests	Clinical private practice	I am the Director of Ketchell Medical Limited I use this for my private practice based at the Spire Cardiff Hospital and also any medico-legal work that I carry out.	
1	Kidd, Mr. Robert Thomas	Applied Psychologist - Clinical	Financial interests;Indirect interests;Non-financial personal interests;Non-financial professional interest	Clinical private practice;Loyalty interests;Outside employment	I act as an external examiner for Birmingham University;I have honorary appointments to Nottingham University and Cardiff University;my wife is a senior consultant in the uhb;very limited medicolegal reports for crown court proceedings	;about one day a year
1	Kilmister, Miss Amy Louise	Health Care Support Worker	Financial interests	Outside employment	Self employed, working for a music library (Pocket Publications, Penarth) - usually two days a week.	

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1	Kinsella, Mrs. Victoria Louise	Radiographer - Diagnostic, Manager	Financial interests	;Outside employment	Intelligent Ultrasound Employed on a zero hours contract as a medical advisor;Sonographer advisor for DDH scanning for NIPE Cymru;Teaching on the Graff DDH course. Annual course.	;Continual. Non paid.;On going employment
1	Kirby, Miss Roisin Caitlin (Rosh)	Senior Manager	Financial interests	Outside employment	I hold the Treasurer position at the Cardiff and Vale Health Branch of UNISON, for which I receive a tax deductible Honoraria payment annually.	
1	Kirwan, Mrs. Caroline Rebecca	Counsellor	Financial interests	Clinical private practice	Intermittent private genetic counselling work linking with Innermost Healthcare.	Ongoing
1	Kitchen, Dr Thomas Lancaster	Consultant	Financial interests	Outside employment	Deputy Director of Canopi (Cardiff University);Senior Lecturer Cardiff University	Fixed term contract - 4 session/week;Substantive post, 2session / week commitment
1	Knapper, Dr Steven	Consultant	Financial interests	Outside employment	I have participated in advisory boards with Novartis, Astellas, Servier, Pfizer. Received honoraria from Novartis, Astellas. Support for conference attendance from Servier. Research funding from Novartis.	
1	Knight, Mrs. Rhian Catherine	High Intensity Therapist	Financial interests	Outside employment	I am work occasionally as a radiographer at North Bristol Trust in order to maintain my HCPC registration. I am employed as a member of the bank team with NBT Extra at North Bristol NHS Trust.	
1	Knowles, Mrs. Sarah Louise	Staff Nurse	Financial interests	Outside employment	I also occasionally bank as a bank nurse for Elysium Healthcare on the weekends - maybe 1-2 times a month/sometimes not at all. My bank work base is Aberbeeg hospital - this is a forensic low and medium secure male hospital	
1	Komarzynska, Dr Kinga	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I am providing EMDR supervision sessions and I am seeing a couple of private clients for therapy.	
1	Kontos, Dr Katina	Consultant	Financial interests	Clinical private practice	private practice. 1 clinic per week during eve non nhs work time	
1	Kuczynska, Dr Anna-Maria	Consultant	Non-financial professional interest	Outside employment	Salaried GP in a CAV GMS practice	ongoing
1	Kukuczka, Mr. Bartomiej Lukasz (Bart)	Healthcare Science Practitioner	Financial interests	Shareholdings and other ownership interests	I have recently established a property management business and I am making this declaration to ensure transparency and avoid any potential conflicts of interest.	
1	Kumwena, Miss Clarisse	Staff Nurse	Indirect interests	Outside employment	I have been taking outside employment, doing agency work.	This does not interfered with my employment with the trust and I will continue to do my job to the best of my ability.
1	Labanca, Mr. Alessio	Healthcare Science Practitioner	Financial interests	Shareholdings and other ownership interests	I am one of the two Directors of Newtown Scents Ltd., a candle-making company.	
1	Lane, Mrs. Kate Elizabeth	Occupational Therapist	Financial interests	Clinical private practice	I have applied for and been accepted to be an "Associate" of The Rehab Team. The Rehab Team is a private rehab company that provides Occupational Therapy Assessments and Treatments for Clients in the Private Sector and in their own homes.	I intend to perform any work I am instructed on on my non-working days, and I do not feel that this will impact my work within the NHS.
1	Lang, Mrs. Emma Jane	Community Practitioner	Indirect interests	Clinical private practice	I have recently set up an aesthetics business part time and fit this in around my NHS off duty. I have completed the necessary aesthetics training and am fully insured independently	
1	Lawrence, Dr Mary Susan	Consultant	Financial interests	Clinical private practice	I complete occasional medical reports for which I am paid. These are completed outside of my normal working hours.;I have in the past received payment for completion of forms and reports instructed by solicitors, employers, DVLA and insurance companies. I have not undertaken any such work in the last 12 months but may do so again in the future. If I do this would be completed in my own time.	
1	Lawson, Dr Thomas Muir	Consultant	Indirect interests	Outside employment	employed 4 days week by Health Education and Improvement Wales	
1	Le Vasseur Dit Durell, Dr Lynda Jane (Lynda Durell)	Applied Psychologist - Clinical	Non-financial personal interests	Shareholdings and other ownership interests	Director of a not-for-profit Company Limited by guarantee "Coedwig Creu Ltd"	The company facilitates Arts, Conservation and Wellbeing events in Cardiff and Vale.
1	Lea-Davies, Miss Mari Rhiannon	Pharmacist	Financial interests	Outside employment	Facilitated a training session run by HEIW for the foundation pharmacist programme on respiratory therapeutics.	2 hour session on 4/10/21 and 2 hour session on 5/10/21. Annual leave taken, and hence the training sessions were undertaken in my own time.
1	Lee, Dr Rachel Catherine	Consultant	Non-financial personal interests;Non-financial professional interest	Outside employment	Director of the SW Cluster CIC;GP partner in Woodlands Medical Centre,	
1	Lemaitre, Mr. Sherard	Clinical Director - Medical	Non-financial professional interest	Outside employment	Gp Partner Oak Tree Surgery	
1	Leong, Dr Fong Tat	Consultant	Financial interests	Clinical private practice	Rhythmus Cordis Ltd.	I am a company director of the above. It is solely related to my clinical private practice.
1	Letchford, Dr Robert Howard (Rob)	Physiotherapist Consultant	Non-financial professional interest	Clinical private practice	I and my wife are Directors of Pobren well being PLC. this is a small scale lifestyle well being company that runs yoga, meditation session and well being retreats. We use some of our professional skills in delivering this small scale venture	
1	Lewis, Dr Aled Gethin	Consultant	Indirect interests	Shareholdings and other ownership interests	My wife is joint owner/director in private physiotherapy company specialising in exercise/rehabilitation for Parkinson's disease. I have no direct interests in this company.	
1	Lewis, Miss Rhian Cerys	Nurse Manager	Financial interests	Outside employment	Employed as Associate Lecturer / Practice Tutor for Open University on BSc nursing programmes.	Ongoing (4 years)
1	Littler, Dr Kate Elinor	Applied Psychologist - Clinical	Non-financial personal interests	Clinical private practice	I currently have a small private practice where I see individuals for psychological therapy. This is completely separate from my NHS role.	

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1	Liu, Dr Andrea Cze	Consultant	Financial interests	Clinical private practice	Teleradiology	
1	Llewellyn-Mortimer, Miss Robyn Kirsty Drew	Staff Nurse	Financial interests	Clinical private practice	Attending paid product development day with SALTS healthcare. Day is aimed at the development of stoma products for paediatric patients	Attended in own time
1	Lloyd-Jones, Mrs. Rachel Anne	Staff Nurse	Indirect interests	Outside employment	Occasional Nursing agency work	
1	Lloyd-Lewis, Miss Laura Jane Elizabeth	Officer	Financial interests	Outside employment	Support of school governing bodies. Consultancy work - disclosed to Management Board on 29.11.2023 verbally and via email.	Work undertaken during own time.
1	Lloyd-Selby, Mrs. Susan	Non-Executive Director	Financial interests	Outside employment	Elected Member Vale of Glamorgan Council	05.05.22 - Ongoing
			Non-financial professional interest	Loyalty interests	South East Wales Corporate Joint Committee- Scrutiny & oversight committee member	17.10.23 - Ongoing
			Non-financial professional interest	Loyalty interests	Chair of Trustees Coastlands CIO- Vale Foodbank	17.11.20 - Ongoing
1	Logan, Mrs. Hazel	Senior Manager	Financial interests	;Hospitality	;Accepted accommodation and meals for the Excellence in Healthcare Conference in Daventry on Novemeber 23/24 2022	
1	Long, Miss Holly Louise	Staff Nurse	Financial interests	Outside employment	Bank Nurse at Bristol Children's Hospital	
1	Long, Miss Rachel Ella	Senior Manager	Indirect interests	Outside employment	Sit as Magistrate on Cardiff Bench	Updated 27/04/2023
1	Long, Mrs. Helen Jane	Dietitian Manager	Financial interests	Outside employment	I delivered a presentation to Jazz Pharmaceuticals representatives regarding "Nutrition in Stem Cell transplant Patients" and was paid £340 on 9/11/22	
1	Loxton, Mrs. Julie Ann	Nurse - Advanced Practitioner	Financial interests;Non-financial personal interests	Clinical private practice;Outside employment	I work and live in the same area where I practice, the potential is I can have patients booked in that I know professionally or personally in some cases this unavoidable. I pass patients on to colleague if conflict of interest..private practice	chosen outside employment as nothing else in drop menu applies;I can locum in the area of where I work, this is separate to employment and declared tax wise to the inland revenue under self employment. Although not regular I still would like to declare this. I have declare this on excel form every year but nothing seems to be on ESR.
1	MacFarlane, Miss Fiona Claire	Staff Nurse	Financial interests	Outside employment	My husband is a medical rep for vascular perspectives. This is a company that the cardiac catheter theatres orders places regularly. My husband receives commission payments from his company for items sold. This is not something that I have any influence over. The department goes through a tender process regularly lead by procurement and a Consultant Cardiologist.	
1	Maclean, Dr Drew	Consultant	Financial interests	Clinical private practice	2 sessions of reporting for medica each week.	
1	Maggs, Mr. Roger Gwyn	Manager	Financial interests	;Shareholdings and other ownership interests	;Director of a private business out side of the NHS	
1	Maguire, Miss Edwina	Occupational Therapist	Financial interests	Clinical private practice	work privately for OT practice	
1	Main, Miss Claire Asmarina	Non-Executive Director	Non-financial professional interest	Outside employment	I am an executive member of Association of Nephrology Nursing UK. I receive no remuneration for this and attend educational meetings that may be sponsored by companies but will be declared separately	
1	Manuel, Dr Naomi Pheona	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Plan to take on some clinical private practice (ad hoc, max 3 hours a week but likely less overall) within a privately-run residential home for adults with neurological conditions/ brain injury in Newport. I will be working weekends only and therefore this will not impact on my time commitment to my NHS post. First planned date of private practice is 09/09/2023.	
1	Marin, Dr Aleksander	Consultant	Financial interests	Clinical private practice	1. Spire Hospital Cardiff Reporting Radiologist 2. Director in Cardiothoracic Imaging Ltd 3. Reporting Radiologist Heart and Lung Imaging Limited	
1	Marshall, Dr Carys Sarah	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Clinical Private Practice (between 3 and 6 hours per week)	
1	Martey, Mr. Christopher James (Chris)	Senior Manager	Financial interests	Outside employment	As a clinical specialist Physiotherapist in Rheumatic and Musculoskeletal Diseases, I have worked (freelance) as an educator/instructor for Physiopedia UK (Charity number: 1173185) developing/delivering online content/webinars to support the education, training and continuous professional development (CPD) of Physiotherapists and Rehabilitation Professionals. This work is remunerated.;As of 14 August 2023, I have begun sessional work with Versus Arthritis (Charity Number 207711) as a 'Musculoskeletal Core Skills Trainer'. I have an agreement to deliver at least 2x educational sessions within a 1-year period which usually take place across a half-day or full-day period. This involves delivering/teaching pre-set educational materials from Versus Arthritis, either online (digital) or in-person as a 'workshop', to clinicians in primary care, most often GPs/Doctors and Physiotherapists.	
1	Mattar, Dr Gaith	Consultant	Financial interests	Sponsored events	Attendance at an aneurysm treatment workshop at Pitié-Salpêtrière Hospital with travel, one night accommodation and evening meal sponsored by Medtronic. Medical device training (Silk Vista workshop) in Birmingham sponsored by Balt, with course lunch provided. New device training (BMX) with evening meal sponsored by Penumbra. Attendance at a neurointerventional conference (BRAIN) with course fees, travel and accommodation provided through an educational grant by the Europa group with sponsorship from Stryker. Factory visit to Microport factory in Shanghai with travel, accommodation, lunch and dinner sponsored by Microport. Educational presentation on "Distal flow diversion" delivered to Phenox sales/marketing teams - consulting fee paid by Phenox. Attendance at a neurointerventional conference (ESMINT) with course fees, travel and accommodation provided through an educational grant by the Europa group with sponsorship from Stryker.	
1	McCarthy, Mr. Matthew	Senior Manager	Financial interests;Non-financial professional interest	Hospitality;Outside employment	As part of work with Care UK on falls reduction in care homes, I have been invited to attend a catered preview event at Care UK's newly opening Llys Herbert care home. The event takes place outside of normal working hours.;Bank work for Welsh Risk Pool (part of NWSSP) as a Safety and Learning Advisor	
1	McCarthy, Mr. Michael John	Consultant	Indirect interests	Outside employment	I have an ad hoc educational contract with Globus Medical. I get paid to teach on courses once to twice a year teaching other doctors. I take annual leave during this time.	At present there are no defined dates / it is indefinite

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1	McDonald, Ms. Rhiannon Gwentlian	Senior Manager	Financial interests	;Outside employment	;Clinical Dietitian role to commence on the 3rd June 2024 within CTM UHB.	
1	McLaren, Mrs. Jenna Frances	Nurse Manager	Financial interests	Outside employment	I work for Trauma Nursing Limited, this is a non-for-profit limited company that delivers the Trauma Nursing Core Course (TNCC) - a Level 2 Major Trauma course designed for nurses. The courses are delivered on a weekend and are run across the UK and Ireland. I have been an instructor since April 2022. I sat on the TNL Board as a co-opted member - this started in August 2023 and finished on 30th November 2024. On the 30th November 2024, I was offered and accepted a director role for the board, Cardiff and Vale UHB do send candidates on the course once a year. However, at no point am I involved in the payment or decision processes for the staff members.	
1	McLean, Mrs. Annette Laura	Dietitian	Financial interests	Clinical private practice	Freelance ad hoc work including: medico legal work, clinical work and teaching	I do not see clients from Cardiff and Vale area that could otherwise access NHS services.
1	McMillan, Mrs. Sarah Elizabeth	Staff Nurse	Financial interests	Outside employment	I am starting a 30 hour contract with the Welsh Renal Clinical Network, as of the 17th April, but will be retaining 7.5 hours within Cardiff and the Vale NHS Trust.	This is an on going contract.
1	Meades, Dr Peter Caleb	Counsellor	Financial interests	Clinical private practice	a have a small private psychotherapy practice seeing a few private clients in the late evenings.	
1	Melhuish, Mrs. Naomi Anne	Occupational Therapist	Non-financial personal interests	Gifts	I was given a box of Thorntons chocolates, by a patients husband, to share with the team	
1	Mends, Mrs. Tracy Anne	Clerical Worker;Officer	Non-financial professional interest	;Hospitality	;Invite to Welsh Pharmacy Awards held at Vale Hotel on 25th September 2024 to include dinner and awards ceremony http://welshpharmacyawards.info/	;Invite from Kyrion Media - organiser of the annual event. Shortlisted nominee for an award. Loyalty Interest http://welshpharmacyawards.info/
1	Miles, Dr Tamsin Louise	Applied Psychologist - Clinical;Applied Psychologist - Neuropsychologist	Financial interests	;Clinical private practice	;Limited private practice as a Clinical Psychologist (maximum 3 hours per week) for therapy and neuropsychological assessment. No clients would be eligible for support within my NHS practice and are instead referred through independent case managers.	;No conflict of interest anticipated
1	Moakes, Miss Hannah Jayne	Applied Psychologist - Clinical	Non-financial professional interest	Clinical private practice	Private clinical work	
1	Moat, Professor Stuart James	Consultant Clinical Scientist	Non-financial personal interests	Hospitality	I was invited to attend the Wales versus Ireland rugby union match at the Principality Stadium on 4th February as a guest of Perkin Elmer. I have been invited as part of a team of NHS scientists who are collaborating with Perkin Elmer on a number of scientific innovation programmes including genomics and newborn screening.	
1	Mohamed, Mr. Amr	Consultant	Financial interests	Outside employment	I am a tutor for the post-graduate diploma in Neurosurgery course that is rewarded by the University of Buckingham. I teach on the course 8 weeks a year for which I am paid. The tutoring is online and done over the weekends and in the evening after work.	I am a tutor for the post-graduate diploma in Neurosurgery course that is rewarded by the University of Buckingham. I teach on the course 8 weeks a year for which I am paid. The tutoring is online and done over the weekends and in the evening after work. This tutoring is done for 6 weeks only in a year.
1	Moore, Mr. Lewis	Physiotherapist	Financial interests	Clinical private practice	3 hours private physiotherapy per monday morning.	
1	Moore, Mrs. Kathleen Anne	Staff Nurse	Financial interests	;Sponsored events	;Sponsored to attend World Federation of Haemophilia conference - registration fee - Octapharma.	
1	Morgan, Dr Matthew Philip	Consultant	Financial interests;Indirect interests;Non-financial professional interest	Donations;Hospitality; Outside employment;Sponsored events	- I am an Ambassador for the charity 2Wish Upon A Star Charity and donate to a number of others. - I am an adjunct professor for Curtin University and honorary Visiting Professor, Cardiff University. - I am part of the BMJ commission on the future of the NHS - I am part of the memorandum of understanding for organ donation in the Commonwealth and The Humanitarian Trust including attending the House of Lords. - I am helping with the play Nye about the life of Aneurin Bevan - I contribute to a number of unpaid public events, media interviews, book festivals, conferences talks and others. - I am writing a third book about patients who survive cardiac arrest. - I have also applied to be a non-exec board member for the MPS although my application is pending;Clinical Editor for BMJ - I do work for the education website BMJ Director of Matt PG Morgan Limited: - This income include books / writing / script work / theatre work / media work / patient advocacy / legal work / healthcare advisory / education. This includes work for Liaison Group. - I have previously been asked to do patient advocacy and engagement work with Hugh James Solicitors. This is unrelated to any ongoing work with Cardiff and Vale. It will involve producing content for their website to help support patients, meeting families who are going through a legal process and helping them run their conferences including work with the Headway charity. Clinical Editor for BMJ - Exam revision resource oversight and other related activities External online medical surveys - I have also applied to be a non-exec board member for the MPS although my application is pending ;I have donated £5000 to the 2 Wish Upon a Star charity and £200 to the C&V Health Charity.;I was invite to watch a sporting match by a legal firm that founded a Brain Injury Charity. This included food and hospitality.;Over the last 5 years, I have previously been involved with education workshops, online surveys and other events for organisations including: - I participated in a Sobi scientific meeting about the use of immunosuppression in critical illness. - I am talking at Hugh James Trauma study day. They are a legal firm that represent patients with traumatic brain injuries. - Teaching on the use of surface cooling after cardiac arrest by BD. - A number of online surveys	
1	Morgan, Dr Paul (Paul)	Consultant	Financial interests	Outside employment	I have taught on surgical training courses for Doctors Academy for several years now, earning modest sums of money (typically around £900 - £1000 per annum. This work takes place in my own time.	As an ad-hoc locum consultant I am continuing to work for Doctors Academy in my own time. There are no new declarations to be made.
1	Morgan, Dr Rhiannon Meleri	Consultant	Financial interests	Clinical private practice	Coronial post mortem work	Ongoing activity. Done in NHS mortuary
1	Morgan, Miss Emily Frances	Specialist Clinical Scientist	Financial interests	Clinical private practice	I have just taken up self-employment with Nuffield health.	This is ongoing
1	Morgan, Miss Emma Catherine	Staff Nurse	Financial interests	Outside employment	Foster respite care for a child in foster care	On going on an ad-hoc basis
1	Morgan, Miss Hannah Jayne	Physiotherapist	Financial interests	Outside employment	Currently employed 0.4 WTE by Lewisham and Greenwich NHS Trust in the role of CF Medicines Interventionist	Fixed term post, with view to extend
1	Morgan, Miss Siân Heulwen	Staff Nurse	Financial interests	Clinical private practice	Aesthetics company	

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2	Morgan, Mr. James Edwards	Prof. Hospital Practitioner	Financial interests		<p>I can confirm that I am an unpaid director of the Apperta Foundation. The Foundation is a not for profit CIC and has 2 other directors. I have no financial interest in OpenEyes. Any IP that we have developed has been signed over to the Apperta Foundation. I receive a sessional (£10,000) per year from the Foundation for my work, not as a director but in supervising the design of open eyes (alongside 2 other similarly remunerated consultants in England. The design issues cover work for the NHS in England.</p> <p>Apart from travel expenses I receive no other support from the Foundation.</p> <p>I have confirmed this relationship in my most recent appraisal documentation on Mars.</p> <p>I am also a director of OPFI Ltd. This is currently a non trading entity to hold intellectual property in future that required NDA. It does not hold any assets nor has it traded. OPFI is unrelated to OpenEyes or any work in the HB. I did not return this on my appraisal since it is a dormant company.</p>	I do not undertake any private practice. I provide legal advice as required on matters related to intellectual property (not related to any work with the HB)
1	Morgan, Mrs. Sian Mair	Consultant Clinical Scientist	Financial interests	;Outside employment	<p>;Invitation by Amazon Web Services to attend an evening meal in Cardiff to discuss future business collaborations and opportunities with AWMGS. AWMGS requires to move from PREMS to digital, and AWS recently awarded a procurement award through CAV UHB. Total cost ~£75;Work Order Ms Sian M Morgan 59 St Benedict Crescent Heath Cardiff CF14 4DP United Kingdom This Work Order is made under the Master Services Agreement between Lilly and Ms Sian M Morgan, (the &#220;Agreement"), and is subject to the terms of that Agreement. The Agreement shall remain in full force and effect beyond its Term for the sole purpose of completing the Service described in this Work Order. Lilly wishes to confirm that Ms Sian Morgan ("HCP") will perform the following Service for Eli Lilly and Company Limited. Type of service: Speaking or moderating at a Lilly sponsored promotional meeting Meeting: Lilly UK Affiliate Precision Medicine Webinar Q4 2023 Topic: Pathology and lung cancer. To be the chairperson for this meeting. Preparation hours breakdown: 45 minutes briefing call with Lilly Team 60 minutes dry run with Lilly AV Team and Lilly team Date: 29/11/2023 City: Virtual Meeting The Honoraria for the Services are as follows: Total Final fee: £ 935.00 Pre-meeting preparation, review of relevant materials, meeting participation or answering questions, and post-meeting follow up shall not exceed 4.25 hours of Service. For avoidance of doubt, Lilly will only compensate you for hours of Services actually performed. Lilly will process the payment upon completion of the above Service and will deposit funds to the bank account previously indicated. Please notify Lilly of any changes to your bank account information.;Work Order Ms Sian M Morgan 59 St Benedict Crescent Heath Cardiff CF14 4DP United Kingdom This Work Order is made under the Master Services Agreement between Amgen and Ms Sian M Morgan. The following payment has been processed by accounts payable for the invoices/credit notes listed below: Invoice Number Inv Date Gross Amount Discount Paid Amount PO Number _____01312025 31.01.2025 2,454.59 0.00 2,454.59 Inv: 01312025 Pay Ref: FFS-0026114 SIAN MORGAN Inv: 01312025 Text: *FFS-0026114 Sian Morgan Total:GBP*****2,454.59* AMGEN Accounts Payabl</p>	;I took Annual Leave for the work undertaken within NHS employment hours. Presenting at this conference aligns to the high profile flagship, government-backed life science collaborative programme, to expand liquid biopsy technology across a broader range of cancers which I co-lead. Faster, more precise diagnoses mean better patient outcomes. Be part of a pioneering movement shaping the future of cancer diagnostics. Both magdalena.meissner@wales.nhs.uk and Dr Mick Button co-presented this work at this conference. Travel costs, food etc were paid for by the company. There was no cost incurred to the NHS.;The 4.25hours of work will be undertaken outside NHS employment hours.
1	Morgan, Mrs. Sophie Beryl	Staff Nurse	Non-financial personal interests	Loyalty interests	<p>I have been asked to take on the role of Responsible Individual within a Cylch Meithron Nursery that my daughter attends. The Cylch Meithrin is a registered charity and this role is voluntary and it is not paid. The responsible individual will generally be expected to demonstrate ongoing compliance on behalf of the Cylch Meithrin with CIW regulations with the support of the setting manger. The day to day running of Cylch is carried out by the setting manager and employees. My contact and support is given within my own time outside of employed role within CAV UHB. I have also been asked to act as the Chairperson on The Board of Trustee's for the setting. This is the term used as the governing body, which involved the legal aspects of running the Cylch Meithrin include complying with: Care Inspectorate Wales&#217; National Minimum Standards, Employment law and The Charity Commission regulations.</p>	
1	Morris, Dr Ian Paul	Consultant	Non-financial professional interest	Outside employment	<p>working as programme director for neonatal MSc with Cardiff University.</p>	<p>Working role for 2 years. Cardiff university increased my sessions without expectation of in creased workload to reflect my productivity. All university work is completed at evenings or weekends or on days with no NHS responsibilities. Working time in this role is being reduced with a plan to make me redundant from this role in 2025 due to university finances</p>
1	Morris, Miss Bethan	Pharmacist	Financial interests	Outside employment	<p>- Paid work as a speaker at an event hosted by UCB Pharma Ltd. - Attending EULAR conference June 2025 fully funded by UCB Pharma Ltd.</p>	
1	Morris, Mr. Daniel Simeon	Consultant	Indirect interests	Clinical private practice;Hospitality;Outside employment;Shareholdings and other ownership interests;Sponsored research	<p>Horizon. Tepro study;Member of Nuffield national advisory group with payment at an hourly rate;Nuffield/Spire and Ltd Company;Spire;WRU in exchange for clinical time</p>	
1	Morris, Mrs. Kelly Elizabeth	Physiotherapist	Financial interests	;Gifts	<p>;Given £100 gift voucher for M&S from a patient's family for the care and attention given to the patient throughout his rehabilitation on the spinal unit.</p>	<p>;Aware of UHB policy regarding gifts above £25 being excessive. Gift will not be used personally but will be accepted on behalf of the team / organisation and used to go towards staff wellbeing or equipment.</p>
1	Morris, Mrs. Margaret	Healthcare Science Assistant	Financial interests	Outside employment	<p>Work as a FOH Server at local restaurant</p>	
1	Morrison, Mrs. Zoe Georgina	Staff Nurse	Non-financial professional interest	;Outside employment	<p>;Advisor for Rare Disease Nurse Network Charity.;Not employment but I have been appointed as a clinical ambassador for the charity Medics 4 Rare Diseases (M4RD) and will be an advocate for rare diseases and increasing the awareness and teaching around them.;UK Leader for Global Nursing Network for Rare Disease. Voluntary and unpaid but can provide professional benefit.</p>	
1	Moseley, Ms. Sara	Non-Executive Director	Financial interests;Non financial personal interests	Loyalty interests;Outside employment	<p>Board member, Mind Cymru.;Panel Chair, Health and Care Professions Tribunal Service</p>	<p>Do not sit when the Registrar is employed or has been employed by the Health Board. Potential conflict declared to the HCPTS;Volunteer board member of mental health charity.</p>
1	Motley, Dr Richard John (Richard)	Consultant	Financial interests	;Clinical private practice	<p>I am employed by Hywel Dda University Health Authority to review teledermatology referrals for the Trust;I am self-employed in private practice</p>	<p>;I review a small number of teledermatology referrals and provide remote advice to GPs in the Hywel Dda region</p>
1	Mulhoney, Dr Réfer John	Consultant	Financial interests	Clinical private practice	<p>Perform private practice relevant to my specialist interests at Spire Cardiff Hospital and the Vale clinic Cardiff bay.</p>	
1	Murphy, Dr Rhian Eleri	Applied Psychologist - Clinical	Financial interests;Non financial professional interest	;Outside employment;Sponsored events	<p>;I wasn't sure how to categorise, so the option picked might not fit. Guest Editor for Child Clinical Psychology and Psychiatry Journal. CAPP Editorial Board member;Presentation for Sanofi - not in work time. Payment of £448 received.</p>	<p>;As above. Line manager aware.;Dates approx. CAPP Editorial board member role ongoing. Guest Editor role has now ended.</p>

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1	Murray, Dr Alexandra Juliet (Alex)	Consultant	Financial interests	;Outside employment ;Consultancy for Nuffield Health		;Monthly fee paid by Nuffield Health to be available to give advice to the National Pathology Manager
1	Nambiar, Dr Kate Zoe	Consultant;Specialty Doctor	Financial interests	;Outside employment ;Employed as medical director of Terrence Higgins Trust - registered charity number: 288527. Part time employment - 1 day per week.		
1	Nannapaneni, Mr. Ravindra	Consultant	Financial interests;Indirect interests	Clinical private practice;Outside employment	I am the Regional Officer for Wales for British Mensa;I undertake private practise at Spire Cardiff and St Josephs Newport	
1	Necrews, Mrs. Anna Louise	Specialist Healthcare Science Practitioner	Non-financial personal interests	Outside employment	I volunteer at a local charity, Sunday Circle, which provides a youth service for teenagers and young adults with learning disabilities.	
1	Necrews-Morgan, Mr. Michael James (James)	Staff Nurse	Financial interests	Outside employment	I work as an agency nurse alongside my employment with Cardiff and Vale UHB	
1	Negi, Dr Anurag	Consultant	Non-financial professional interest	Clinical private practice	one sessions per week at Spire Cardiff hospital. this is done outside of NHS contracted hours	on going
1	Newbury, Mrs. Hannah Louise Danielle	Radiographer - Diagnostic	Financial interests	Clinical private practice	Occasional work at First Encounters Ultrasound.	
1	Newman, Mr. Harry Joseph	Officer	Financial interests	Outside employment	bank work in GP Out of Hours	
1	Nicholls, Miss Ashleigh Rachel	Staff Nurse	Financial interests	Clinical private practice	Agency work	
1	Norris, Dr Francesca Louise	Consultant	Financial interests	Clinical private practice	Expert Witness work	Undertaking medicolegal work privately, for expert witness
1	Obasi, Miss Omabe Colette	Staff Nurse	Non-financial personal interests	Outside employment	Volunteer role with the UK Guide Dogs Charity	An unpaid volunteer role which offers respite and dog walking to guide dog owners. I can be asked to provide late notice weekend care for puppies in training.
1	O'Connell, Dr Paul David Godwin	Clinical Director - Medical	Non-financial professional interest	Clinical private practice	Provider of non-surgical aesthetic treatments privately. Also a locum GP (NHS) Brand ambassador role.	
1	O'Leary, Dr Catherine Joanne	Applied Psychologist - Clinical;Home Help	Indirect interests	Clinical private practice	I work part-time in private clinical practice. I occasionally receive honorarium payments from pharmaceutical companies for presentations given outside NHS hours. I am involved as an expert patient with UCB pharmaceuticals.	Ongoing.
1	Oliver, Mr. George Sebastian	Physiotherapist	Indirect interests;Non-financial personal interests	Loyalty interests;Outside employment	I provide voluntary first aid cover for Ty Celyn U9 football team;Wife works as a journalist for BBC Wales. Not employed as a Health Correspondent, but may occasionally cover healthcare stories.	I do not see any clear conflict here, but have applied the if in doubt declare principle;I would declare to my line manager if there was any potential conflict of interest to arise from any healthcare story my wife was directly involved in (I.e. she was reporting on any of the individuals or teams that I directly line manage)
1	Oliver, Mr. Graham Richard	Consultant	Financial interests	Clinical private practice	Salary from clinical practice	
1	Olzewska, Mrs. Kamila Magdalena	Healthcare Science Assistant	Financial interests	Outside employment	Interpreting services for company DA LANGUAGES. Medical & social interpreting ENGLISH/POLISH	ON GOING SERVICE OUTSIDE WORK AS WELL AS DURING UNPAID BREAKS.
1	O'Reilly, Mr. David John	Consultant	Financial interests	Outside employment	PP at Spire Cardiff	
1	Osborne, Dr Claire Louise (Claire Willson)	Applied Psychologist - Clinical	Financial interests	Clinical private practice	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.;Private clinical practice in Neuropsychology;Private neuropsychology service	;I conduct this work outside of my NHS contracted hours. I do not take on any patients where there is a conflict of interest (e.g. on my NHS waiting list, a previous patient or someone who might be referred to me, are pursuing a claim against the UHB).
1	Owen-Jones, Ms. Menai	Chief Operating Officer	Indirect interests	Loyalty interests	Elected Board Member Wales Council for Voluntary Action Elected Board Member of Cardiff Metropolitan University Welsh Parliament Independent Adviser Director of Menai OJ Consultancy Ltd	
1	Owens, Miss Samantha Louise (Sammie)	Healthcare Assistant	Financial interests	Outside employment	Community Dance Tutor - Motion Control Dance, Barry	Thursday evening, Saturday morning, ad-hock rehearsals/shows/competitions/meetings/courses, other
1	Palles, Dr Robert James	Consultant	Indirect interests	Sponsored events	Attended sponsored Educational Events with Boston Scientific and Cook medical. Paid lecturing by Keymed/Olympus (non NHS time, annual leave taken on relevant days)	Sponsored educational events relating to the use of Boston and Cook equipment already ordered by the Health Board. Paid for ERCP/EUS lecturing / course delivery by Keymed/Olympus UK, due processes followed to avoid conflict of interest, non promotion of Olympus products was allowed.

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1	Pandey, Dr Manish	Consultant	Financial interests	Shareholdings and other ownership interests	I am a Director of a company named AV Learning Healthcare LTD through which I provide consultation to software developments and also employ people to develop software solutions. The work is done in my private time.	No financial incentives received yet. I have invested my own personal money as seed fund to develop some bespoke software solutions. I might receive some dividends if company becomes profitable in the future. None of this effects my main job as I do company work in my personal time and not during contracted hours.
1	Parish, Dr Nicole Elizabeth	Applied Psychologist - Clinical; Child and Adolescent Psychotherapist	Financial interests	Outside employment	I deliver teaching days at Plymouth University, for which I am paid privately - usually 2 a year. I take annual leave if I am asked to do this on a day I usually work.	
1	Parry, Mrs. Yvette S	Specialist Biomedical Scientist	Non-financial professional interest	Shareholdings and other ownership interests	Joint director of family business - a consultancy in utilities/energy, which is primarily run by my husband (the other director).	
1	Partridge, Mrs. Lisa Sian	Speech and Language Therapist	Non-financial personal interests	Gifts	I had a bottle of champagne and chocolates gifted by a patient recently discharged from hospital- likely value £15-20	
1	Patel, Mr. Chirag Kantibhai	Consultant	Financial interests	Sponsored events	Paid proctorship for teaching and training on medical courses and conferences with Boston Scientific	
1	Patricolo, Ms. Julietta Joanna	Counsellor	Financial interests	Clinical private practice	I have a small private practice where I supervise counsellor's and other professionals.	
1	Peaker, Mr. James Alec	Consultant Biomedical Scientist	Indirect interests; Non-financial professional interest	; Donations; Loyalty interests; Sponsored research	; I have continued to work with MSD and BMS pharma companies, to ensure that C&V cellpath department can offer PDL1 assessment for Welsh patients, which is a NICE requirement, in order for oesophageal or gastric cancer patients to be offered pembrolizumab or nivolumab immunotherapy.; I was approached by a market research company on behalf of an undisclosed pharmaceutical company, to complete an anonymous question and answer interview session for 35min around my thoughts on the current and future role of biomarkers within UGI adenocarcinomas.; Involvement in a quality in pathology external assurance program reported by a donation from MSD, for the assessment of PDL1 expression in oesophagogastrctomy tumoural samples. This is a external quality assurance program run by the German company QuIP (https://www.qualityinpathology.com/en_GB/)	
1	Pearce, Mr. Timothy Michael	Staff Nurse	Financial interests	Shareholdings and other ownership interests	Money invested in a fund which may include shares in companies that may have dealings with the NHS/CAVUHB; Shares held in Royal Mail Group	; Individual companies in which share holdings are kept is not published by the fund.
1	Pearce, Mrs. Anne Elizabeth	Healthcare Science Associate	Non-financial professional interest	Clinical private practice	Voluntary duties undertaken with St John Ambulance, Welsh cycling and Parkrun.	There is a potential especially in my duties with St John Ambulance, that I may need to treat someone and that person sadly dies. This may lead to them having to have a post mortem with this Health Board and thus becoming a patient of the histology department and in particular the sensitive services section where I am a member of the small team that works on post mortem material.
1	Pearse, Mr. Kevin Simon	Staff Nurse	Non-financial personal interests	Sponsored events	I work as a volunteer for Cruse Bereavement Charity, I support clients who have experienced bereavement and support them via telephone and Zoom online platform. I receive no expenses for providing this service.	I attend free online courses provided by Cruse and occasionally make a donation to Cruse for attending. I receive free monthly supervision provided by Cruse. We also as volunteers have the opportunity to attend conferences, but as of yet I have no interest in attending. Cruse allows me as a volunteer to have access to their online library and resources
1	Peel, Miss Catherine Laura	Senior Manager	Financial interests	Outside employment	I am a serving member of the British Army Reserves.	
1	Pegg, Mrs. Georgina	Nursery Nurse	Financial interests	Outside employment		
1	Pelz, Dr Frauke	Associate Specialist (Closed to new entrants)	Financial interests	Clinical private practice; Shareholdings and other ownership interests	Co-director of private health business; I hold a small private psychotherapy practice, approximately 5h/week, at two evenings/week, after 18:30.	I check for potential conflict of interest with every client. Part of our contract is that I do not work with individuals who are AWMGS patients and that if they become AWMGS patients, our work would cease immediately.; I have been co-director of CFM Cardiac Care Ltd. I have no contact with the private practice patients.
1	Perkins, Miss Elena	Occupational Therapist	Financial interests	Clinical private practice	Private Occupational Therapist providing specialist rehabilitation for a range of neurological conditions in Morello Clinic.	
1	Peters, Miss Amy Claire	Applied Psychologist - Health	Non-financial personal interests	Clinical private practice	I am declaring a conflict of interest as I am going to be commencing in private practice as of March 2025. I will be offering psychological therapy and associated clinical services for adults, specifically but not limited to trauma therapy for Birth Trauma, Baby Loss and the Perinatal Period. I do not foresee any conflict of interest with my current role, however, and conflicts that arise (such as crossing paths with a private client in my clinical role within Goleudy) will be discussed immediately with both my Clinical Supervisor and Line Manager and appropriate action taken.	
1	Phillips, Miss Elizabeth Jane (Liz)	Chiroprapist or Podiatrist	Indirect interests	Outside employment	Nail care technician for Age Connects.	5.5 hours a week
1	Phillips, Miss Sian	Technician	Financial interests	Outside employment	I am a self employed Personal Trainer and run spin classes at the heath sports and social club 3 times a week	

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1	Phillips, Mrs. Catherine Ann	Board Level Director	Non-financial professional interest	Loyalty interests	I am a trustee of HFMA which is the Healthcare Finance Managers association which is a charity which supports and provides learning and development for NHS finance staff. This requires me to attend 4 Trustee meetings per year around the UK to conduct the business on behalf of the association. This is a voluntary post, not financially remunerated, however when attending these meetings or invited events, I received hospitality in the form of food at the locations whilst working and in the evening if staying away and accommodation when appropriate due to the location. The value of this is approx £400 per event (including accommodation) and £1,600 per year. The decision to join events by the Finance team in C&V is made by the team.;I am president of the HFMA Wales Branch from October 2022. I was appointed as a Trustee of the HFMA organisation in January 2023.;I am the HFMA Wales branch president. This role is to provide leadership, role model and advocate for and on behalf of the NHS finance staff in Wales There is no financial reward for this role. There is no hospitality or other financial benefits of this role.	;I undertake this role to role model, represent and advocate for my profession in the NHS.
1	Phillips, Mrs. Joanna Ruth	Physiotherapist	Indirect interests	Outside employment	I have been working as a vaccinator at Bayside and Holm View MVCs.	
1	Phillips, Professor Ceri James	Non-Executive Director	Non-financial professional interest	Loyalty interests	Emeritus Professor Swansea University Honorary Professor Cardiff University;I am Emeritus Professor at Swansea University I am Honorary Professor at Cardiff University	;There are no changes to those reported above
2	Pickersgill, Dr Trevor Paul	Consultant	Financial interests;Non-financial professional interest	Clinical private practice;Outside employment;Sponsored events	I am a Chief Officer and Director of the BMA; and associated am a Director of BMA Charities and BMA Foundation for Research.;I perform Private medical Practice based in Cardiff;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 Cnricht 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 Sero 2005 Thessaloniki Yes Sero 2004 Milan Yes Sero 2004 AAN 2008 Chicago - Biogen	
1	Piggott, Mrs. Han	Counsellor	Financial interests	Gifts	Small house plant and small tin of biscuits - received from a client. Value: £10-£15	
1	Pink, Dr Katie Louise	Consultant	Financial interests	Sponsored events	Attendance at virtual conference (ERS) sept 2021 Honorarium for attendance and involvement in a UK (pharmaceutical sponsored) working group for severe asthma (PRECISION). Honorarium for involvement in a webinar	Attendance at a virtual conference (ERS Sept 2022) and in person attendance at British Thoracic Society conference (Dec 22) Honorarium for presentation paid by a pharmaceutical company Honorarium for attendance and involvement in a UK (pharmaceutical sponsored) working group for severe asthma (PRECISION).
1	Platt, Miss Louise Geradine	Senior Manager	Financial interests	Outside employment	I am a Thermomix advisor, if I sell Thermomix I gain a small commission	
1	Porkertova, Miss Dominika (Nika)	Officer	Non-financial personal interests	Outside employment	Occasionally work in a pub	
1	Porter, Dr Thomas Carr	Consultant	Financial interests	Outside employment	I run QR Cymraeg, an online Welsh/English bilingual QR code generator targeted at business, third sector and public sector organisations in Wales. I am not involved in decisions on communications spend within the Health Board and do not intend to market this to C&V UHB, however as I work closely with the Comms team in my day to day role I am declaring this for full transparency.	
1	Pothecary, Mrs. Steffanie Laura	Senior Manager	Indirect interests	Outside employment	Oncology course administration	
1	Powell, Miss Emma Jayne	Student Health Visitor	Financial interests	Outside employment	Agency district nursing work	
1	Powell, Mrs. Julie Anne	Staff Nurse	Non-financial personal interests	Loyalty interests	My husband is employed within my department. I do not consider it to cause a conflict of interest but was unsure if required to declare it.	
1	Price, Dr Vaughn Alun	Applied Psychologist - Clinical	Non-financial professional interest	Clinical private practice	I am going to begin working privately and therefore might end up seeing people who may have current or previous contact with the Cardiff and Vale University Health Board	
1	Price-Bates, Mrs. Naomi Elten	Midwife	Financial interests	Outside employment	Private antenatal education- non clinical.;Private antenatal education. Non-clinical, purely information giving. 2 hours per week.;Private antenatal educator, out of area.	
1	Price-Smith, Mr. David Edward	Physiotherapist	Financial interests	Clinical private practice	Work once a week as private physiotherapist in clinic outside of cardiff and vale health board	
1	Pruski, Dr Michal	Specialist Clinical Scientist	Non-financial professional interest	Loyalty interests	I am a trustee (volunteer) of the UK Clinical Ethics Network since autumn 2022 I am a council member (volunteer) of the Catholic Medical Association (UK) since spring 2018 I am a co-chair (volunteer) of the Healthcare Science Professional Interest Group at the Faculty of Clinical Informatics since autumn 2022	
1	Pryce, Dr Rebekah Anne	Consultant	Indirect interests	Outside employment	clinical lead for congenital hypothyroidism paid 6 sessions / per year by public health wales - Kyowa Kirin paid conference fees for ICCBH bone conference Ireland July 22 NovoNordisk paid for course fees/ flight and hotel for European Society Paediatric Endocrinology (ESPE) sep 22 Kyowa Kirin due to pay for flights and accommodation for myself and paediatric metabolic bone to attend conference on XLH (X linked hypophosphataemic rickets) in Rotterdam 29/30 June 2023	due to have funding to attend BSPED (manchester nov 23) conference (hotel stay and conference fees) paid by sandoz
1	Pughesley, Mrs. Mannon Fflur	Staff Nurse	Financial interests	Gifts	Relatives of an inpatient gifted a Deliveroo voucher of £60 to the Ward Manager to use for the team.	Voucher used for ward team
1	Quirke, Dr Jessica Ann	Advanced Practitioner	Financial interests	Clinical private practice	I conduct a small amount of medico-legal assessments (approximately one every 1-2 months)	I only see patients who reside outside of my NHS catchment area (CAV and CTM health boards) Updated 30/01/2023 - No changes
1	Radsma, Mrs. Rebecca Louise (Rebecca Barrett)	Staff Nurse	Financial interests	Clinical private practice	Additional work as an independent case manager with a private company on a self-employed basis outside of NHS hours.	
1	Raftery, Dr Ela-Siofhan	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I engage in private practice as a clinical psychologist trading as a sole practitioner under my own name.	Ongoing private work
1	Rajenderkumar, Dr Deepak	Consultant	Indirect interests	Clinical private practice	Private work carried out at UHW premises through the private office of UHW . All paper work with regard to this are upto date with the private office	

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1	Ramaraj, Dr Rajeswari	Consultant	Financial interests	Clinical private practice	Director of a limited company. The company is currently dormant with no income for the last few years. If at all income generated in the future this will be from private endoscopy weekend work. I have previously declared that I am registered to work for a private virtual company called medefor. Though I have not done any work with them recently, I am still registered with them. I am also director of a limited company. I have registered to work for a private endoscopy company and a private virtual consulting company and provide adhoc services over the weekends and in my own personal time. I am also the director for my limited company. Private practice with medefor intermittently on weekends Director of limited company	:My private work is only done out of hours on a weekend or in the evenings and does not impact my clinical work in the nhs;No change from previously;Unchanged from previously
1	Ranasinghe, Dr Dinesh Prasanth	Specialty Doctor	Non-financial professional interest	Sponsored events	Sponsorship was taken to attend ITP day in London on 10.05.2024 which helped to improve patient care	Sponsorship given by Sobi for travel and registration fees.Total cost was £ 84+155=239 I have been managing ITP patients in the UHW since 2023 and it is essential to keep up to date. I do not have a study allowance and this sponsorship helped me to attend the study day
1	Rankin, Mrs. Suzanne Jayne	Chief Executive	Non-financial professional interest	Loyalty interests	Director of Welsh Wound Innovation Initiative Ltd;LAY Member (NHS) Cardiff University Council;Vice Chair, Emergency Ambulance Services Committee (EASC)	;Welsh Wound Innovation Initiative Ltd went into liquidation on 31.5.2024
1	Rees, Dr Dafydd Aled (Aled)	Consultant;Specialty Registrar	Financial interests;Non-financial professional interest	Outside employment	Advisory board and project work with Pfizer Ltd to look at outcomes of UK patients with Acromegaly using CPRD data. I have previously participated in advisory boards and received honoraria from Pfizer, Novartis, Ipsen and HRA Pharma. Lectures delivered at a satellite symposium and webinar for congenital adrenal hyperplasia. Honoraria received from Neurocrine. NICE Topic Adviser for Polycystic Ovary Syndrome;Question writing lead on adrenal and pituitary disease for the Endocrine Society's ESAP programme;Senior Editor of Clinical Endocrinology	
1	Rees, Mrs. Suzanne Marie	Nurse Manager	Financial interests	Outside employment	I hold a contract with Health Inspectorate Wales for secondary employment.	I have discussed this with my line manager Sue Bailey. This is an adhoc paid additional contract with occasional work being undertaken outside of my current role several days per year as a peer reviewer undertaking HIW inspection work. I will also complete and sign an electronic secondary employment form as per CAV policy.
1	Regan, Mr. Paul Vincent	Staff Nurse	Financial interests;Non-financial professional interest	Outside employment	In July 2022 I registered a not for profit, social enterprise, limited by Guarantee business; ‘Stand Tall Strength and Wellbeing Ltd’. We are not currently trading and have no funding other than our own personal funds. We have no current pending applications for funding. We aim to be running courses for men struggling with their mental health in Barry and wider vale. This is no association with my NHS role and potential clients to our service will self-refer and where appropriate any COI will be declared. Myself or colleagues in the Primary Mental Health Service will not signpost or direct potential clients to Stand Tall. If/when funding applications are made that with time could potentially be from NHS, COI will be declared as there could be a financial/non-financial professional interest, for example being a recipient of funds if I were to apply to NHS for funding as a director of Stand Tall Strength and Wellbeing Ltd funds. Also if I were to accessing training through my current NHS role there may be a non-financial professional interest that would also benefit my role as director of Stand Tall Strength and Wellbeing Ltd. We are not currently trading and have no funding other than our own personal funds. We have no current pending applications for funding. We aim to be running courses for men struggling with their mental health in Barry and wider vale. This is no association with my NHS role and potential clients to our service will self-refer and where appropriate any COI will be declared. Myself or colleagues in the Primary Mental Health Service will not signpost or direct potential clients to Stand Tall. If/when funding applications are made that with time could potentially be from NHS, COI will be declared as there could be a financial/non-financial professional interest, for example being a recipient of funds if I were to apply to NHS for funding as a director of Stand Tall Strength and Wellbeing Ltd funds. Also if I were to accessing training through my current NHS role there may be a non-financial professional interest that would also benefit my role as director of Stand Tall Strength and Wellbeing Ltd.	
1	Richards, Mr. Dominic Ian Derek	Radiographer - Diagnostic	Financial interests	Outside employment	I work at the leisure centre based on site at the University Hospital of Wales occasionally. I worked here during University so do it more as a favour. I work one shift every so often. I still work here to date however have not done a shift in the past two months.	I still work here to date however have not done a shift in the past two months.
1	Richards, Mrs. Kate Elizabeth	Multi Therapist Specialist Practitioner	Non-financial professional interest	Clinical private practice	Small business owner of KR Aesthetics. Run part time on side of NHS role. The role will not effect working hours of current position.	Business is ongoing.
1	Richmond, Mrs. Andrea Joanne (Andrea)	Speech and Language Therapist	Indirect interests	Outside employment	I also work part time as a Speech and Language Therapist for Hywel Dda University Health Board.	
1	Riley, Dr Stephen	Home Help	Non-financial professional interest	Outside employment	I am a clinical academic and my substantive employer is Cardiff University. As such there may be joint projects - either research or education related that will be forthcoming. I will declare any interest that has the potential to be an issue.	Please let me know if this is ok.
1	Ritchie, Ms. Gillian	Occupational Therapist	Financial interests	Clinical private practice	I lecture for Swansea University, and have done for the past two years over Oct-Nov for Clinical Scientists and Engineers completing MSc and BSc studies. My role delivers Occupational Therapy practice considerations from referral to community monitoring in the prescription and manufacture of bespoke postural seating systems (Medical Devices Regulation Authority standards). This involves the postural assessment process to include PMH (orthopaedics etc.), and M&H requirements, to sensory integration, person-centred approaches and 'What Else' (So What) for patients with significantly Complex postural, medical, and communication needs. I enjoy providing this role having many examples to share to support learning for other professionals, to apply MDT working in practice. I take approved annual leave for these sessions. My role and clinical competencies are maintained, and wider networking is established with NHS and HE providers.	
1	Roberts, Dr Aled Wyn	Consultant	Financial interests	Clinical private practice	Co-Director - SAGE Roberts Limited	Run a Private Medical Clinic alternate weeks for half a session at Spire Hospital Cardiff.
1	Roberts, Dr Neil Patrick	Applied Psychologist - Clinical	Indirect interests	Clinical private practice	My wife works in the Cardiff area as a private practitioner psychologist.	
1	Roberts, Dr Zoe Jane (Zoe)	Consultant	Financial interests	Outside employment	Reviewer Healthcare Inspectorate Wales Role of HIW: 'Healthcare Inspectorate Wales (HIW) regulates Independent Healthcare providers and inspects NHS Services in Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement	£250 per day, plus travel and subsistence expenses Not yet undertaken any reviews due to pandemic and limitation of reviews Will not be permitted to perform review within own health board
1	Roberts, Mr. Gareth Llewelyn	Consultant	Financial interests	Clinical private practice	Private orthopaedic surgeon	
1	Roberts, Mrs. Lynda Eleri	Nurse Manager	Non-financial professional interest	Outside employment	I m on the list of peer reviewers for Health Inspectorate Wales	
1	Roberts, Mrs. Megan Rose	Staff Nurse	Indirect interests	;Loyalty interests	;I voluntarily run a Baby Bank in Caerphilly. It is a registered charity and I receive no remuneration or benefit from this.	

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1	Robertson, Mr. Angus	Consultant	Financial interests	Clinical private practice;Outside employment	Chief Medical Officer Welsh Netball;Managing Partner Cardiff Sports Orthopaedics LLP ;Paid consultancy services to Ascenti Healthcare	Annual retainer for services provided (clinical). Out-with NHS contracted hours.;NB : Not tendering for NHS work.;Out-with contracted NHS time. Clinical support only - no involvement in contracting / tendering
1	Robertson, Mrs. Natalie	Manager;Physiotherapist	Non-financial professional interest	Loyalty interests	My husband is the Director of Operations for CD&T clinical board. I work within CD&T clinical board.	
1	Robertson, Mrs. Sherree Louise (Sherree)	Assistant	Financial interests	Outside employment	Part time Swimming Instructor and Fitness coach for RCTCBC Part time Slimming World Consultant self employed	ongoing
1	Robinson, Dr Kristina	Consultant	Financial interests	Outside employment	Ad Hoc Locum Work for AB UHB	
1	Roblin, Mr. David Graham (Graham)	Consultant	Indirect interests	Clinical private practice	Have Private practice session	
1	Rodd, Mr. Matthew Jonathan	Specialist Healthcare Science Practitioner	Financial interests	Outside employment	I currently have a second employment with Assured Perfusion Medical Service. It is a service that provides Perfusion services across UK and Ireland	
1	Roe, Mrs. Jennifer Elizabeth	Physiotherapist	Financial interests	Outside employment	Working as a Clinical Associate for Bridges Self Management, a social enterprise. The Clinical Associate co-delivers self management support training sessions to healthcare teams.	
1	Rogers, Mr. Paul John (Paul)	Counsellor	Financial interests	Gifts	I was given a gift by a client of mine of a bottle of whisky. They are a member of staff who came for counselling as part of the employee wellbeing service. They gave it on their way out of the final session.;I was given a gift by a client of mine of a voucher for M+S for £15. They were a member of staff who came for counselling as part of the employee wellbeing service. It was part of a thank you card to me.	
1	Rogers, Mrs. Joanne	Consultant Clinical Scientist	Non-financial professional interest	;Gifts	;Visited instrument vendors during pre market engagement 11.11.24 SCIEX - given Pen and Notebook 13.01.25 WATERS - given drawstring bag containing travel mug, sticky notes, notebook, highlighter 21.01.25 BRUKER - given pen, notebook, 3 in 1 USB C cable, credit card size flat multitool.	
1	Rogers, Mrs. Sheelagh Anne	Consultant	Non-financial professional interest	Clinical private practice	Specialist Practitioner. Cathedral orthodontics; Cardiff Mostly Primary Care NHS contract. 1 day a week	
1	Romain, Mrs. Rebeca Joan	Dietitian	Financial interests	Sponsored events	Committee member of British Dietetic Association Critical Care Specialist Group - BDA CCSG (Events officer). Opportunity for one committee member to attend Critical Care Reviews 2023 conference in Belfast 14th June 2023-16th June 2023 - I was chosen at random. BDA CCSG paid for flights (£168.86), train (£25.77), accommodation (£285.50) and conference (£345). Total = £825.13	
1	Ruck, Miss Susan Ann	Technician	Non-financial professional interest	Sponsored events	Welsh Pharmacy Awards 2022 - Etypharm Management of Substance Dependency in the Community	
1	Rutkowska-Wheelodon, Mrs. Joanna Barbara	Occupational Therapist	Financial interests	Sponsored events	Education session delivered for MS Academy - honorarium £575;Paid £550 honorarium for presenting at Neurology Academy	
1	Saayman, Dr Anton Gerhard	Consultant	Financial interests	Outside employment	I work as Director of Educational Improvement in Health Education & Improvement Wales as 0.6 WTE	This is an ongoing role
1	Sabit, Dr Ramsey Ahmed	Consultant	Financial interests;Non financial professional interest	Clinical private practice;Gifts;Outside employment;Shareholdings and other ownership interests;Sponsored events	I am a Director "Ramsey Sabit limited". This is a limited company through which I pay in my private income earnings;I am course director for the online Respiratory Diploma (LEARN) which is run through the University of South Wales . I will often work as an online tutor for the diploma which occurs in 6 weeks blocks (about 2-3 per year). All work is done online and in my own time in the evening. I have recently been appointed a visiting Professor at USW as a consequence of my involvement in this course.;I do a weekly private clinic in Spire and a clinic every 4 weeks at Nuffield Cardiff Bay. This has been reviewed at every job planning meeting and yearly appraisal;I have received honoraria from Pharmaceutical companies (GSK, AstraZeneca, Glenmark and Chiesi) to present at educational meetings. These meetings are done are in my own time and have no impact on my NHS work or prescribing habits.;I was given a bottle of wine (the value of which was approximately £10) by a patent under my care in clinic in November 2024	
1	Sadiq, Mrs. Sadia	Applied Psychologist - Clinical	Financial interests;Non financial professional interest	Clinical private practice	I provide consultative supervision to volunteers and the manager at CCAWS (Mental health Charity);One client for TY Hafan per week.	This is a voluntary position and my way of giving back to the community.;This is to maintain my own bereavement competencies.
1	Sall, Mrs. Seetal	Manager	Non-financial personal interests	Shareholdings and other ownership interests	I have established a private software company.	I have also notified my Line Manager in accordance with UHB policy. (UHB 472.)
1	Salvatore, Mrs. Rosaleen Lian	Staff Nurse	Financial interests	Outside employment	Bank Nurse	I am looking to work a few bank shifts per month on the childrens ward to help supplement wage
1	Schlaudraff, Dr Annette Caroline	Consultant	Indirect interests	Outside employment	I work as a mobile trainer for Bayer pharmaceuticals outside my NHS contracted hours. I do not make purchasing decisions within the UHB that favour Bayer plc	
1	Schwarz, Dr Stefan Theodor	Consultant	Financial interests;Non financial professional interest	Clinical private practice;Hospitality;Loyalty interests;Outside employment;Sponsored posts	I am a member of the British Society of Neuroradiology academic subcommittee and contribute to the committee by attending meetings supporting the work of the committee.;I continue to exercise private reporting privileges at SPIRE hospital Cardiff;I have a post as an Honorary Senior Clinical Research Fellow, University of Cardiff, Cardiff. I contribute to research grants and studies by helping with data analysis and review. I also provide safety reports on Research studies for which I receive funds that are transferred into to research account.;I have an honorary contract as an Honorary Clinical Associate Professor in Neuroradiology, University of Nottingham, Nottingham. I continue to provide unpaid support and contribute to research work and publications at Radiological Sciences from the University of Nottingham. In the past, I was reimbursed for my activity from a Research Grant by the Michael J Fox Foundation.;I have attended a sponsored meal by Penumbra on 13/8/24.	As above;I continue in my role as above;I continue to be a member of the British Society of Neuroradiology academic subcommittee and contribute to the committee by attending meetings supporting the work of the committee.;The meal was sponsored by Penumbra (an interventional Neuro company). Attending the meal will not affect my practice in any way.
1	Scrivens, Miss Alison Jeanette	Counsellor	Financial interests	Clinical private practice	Private practise counsellor outside of NHS	On going private practice counsellor

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1	Searle, Mr. Mathew (Mathew Price)	Senior Manager	Indirect interests	Gifts	Donation of equipment from Irwin Mitchell Solicitors - total cost for the items £4296 - equipment such as furniture, technology (TV, coffee machine etc.) and accessories such as kitchen appliances, garden games etc. Full list of donations supplied to Aaron Fowler - HEAD OF RISK AND REGULATION	Request from Aaron Fowler to log the donations of equipment for the independent living unit at UHL, Specialist Rehabilitation on ESR, paperwork Declarations Form completed by Angela Chauk and signed by Mr Guy Blackshaw
1	Sekaran, Mr. Prabhu	Consultant	Indirect interests	Clinical private practice	I Have a position as a consultant surgeon at the Spire Cardiff	
1	Sendell-Price, Dr Ashley Thomas	Trainee Clinical Scientist	Financial interests	Shareholdings and other ownership interests	Husband owns shares in Oxford Nanopore Technologies and Oxford Biomedica	
1	Shah, Dr Sagar	Dental Officer	Financial interests	Outside employment	I work 1 day (7.5 hours) per week at NHS Business Services Authority, where I was previously on a secondment as a Clinical Fellow.	I am leaving NHSBSA in July 2022.
1	Shahid, Ms. Sariah	Accountant	Indirect interests	Loyalty interests	To confirm an application has been made for my son Sohail Shahid to undertake an unpaid work experience placement at Cardiff & Vale UHB, Finance Department. Commencing 7th October 2024.	
1	Shanbhag, Dr Swaroop Vasudev (Swaroop)	Consultant	Indirect interests	Clinical private practice	Director in Abergavenny hand surgery.	I have done private work for Insurance Firms.
1	Shand, Mrs. Sally Ann	Counsellor	Indirect interests	Clinical private practice	I work as a private practitioner in Cyncoed Consulting Rooms.	
1	Sharma, Miss Surina	Assistant Psychologist	Financial interests	Outside employment	Have my own very small business selling notebooks that are helpful for trainee clinical psychologists.	
1	Sharp, Mrs. Jacqueline	Physiotherapist Manager	Non-financial professional interest	Clinical private practice	Husband works for private physiotherapy practice, Go Physiotherapy, in Cowbridge Health Centre and is a physiotherapy lecturer in Cardiff University	
1	Shaw, Dr Sophie Louise	Specialist Clinical Scientist	Indirect interests	;Hospitality	;Attended a VIP invite-only dinner hosted by Oxford Nanopore as part of the Oxford Nanopore "What you're missing matters" meeting February 2024.	
1	Shetty, Dr Hamsaraj Gundal MBE	Consultant	Financial interests; Indirect interests	Hospitality; Sponsored events	I have given lectures to GPs and Nurses on Atrial fibrillation & Stroke Prevention in meetings sponsored by Bayer from whom I have received honoraria.; I have received lecture fees from Bayer PLC for delivering educational lectures	;No conflicts of interest.
1	Simpson, Miss Kate Irene	Specialist Nurse Practitioner	Financial interests	Outside employment	I will be in receipt of secondary income from approx. March 2023 from a buy to let property.	
1	Skillem, Mrs. Diane Karan	Officer				
1	Skone, Dr Richard	Consultant	Non-financial personal interests	Loyalty interests	My wife is a consultant paediatrician in CAVUHB	
1	Slade, Mr. Colin John	Clerical Worker	Non-financial professional interest	Outside employment	Tesco 4 hours on a Sunday Morning, wages and Admin	still at Tesco
1	Small, Mrs. Lisa Edwina	Occupational Therapist	Indirect interests	Clinical private practice	I work privately on a Thursday evening, seeing patients that are operated on privately by the surgeons. Additionally, I work as an expert witness for the court. I consult for a company called somek and associates and also do some private hand therapy for the rehab team.	
1	Smee, Mrs. Jacqueline Lovinia (Jacki)	Staff Nurse	Financial interests	Sponsored events	Invited to chair a session at an educational meeting "Nursing at the Limits" in London. Hotel accommodation and travel expenses covered by Novartis pharmaceuticals	Accommodation and travel expenses covered by Novartis. 1 x study leave day given by Health Board (15th Sept) and other day (16th Sept) will be done in my own time
1	Smit, Dr Elisa	Consultant	Non-financial professional interest	Outside employment	Senior Clinical Lecturer Cardiff University since 2015	Permanent contract, no end date
1	Smith, Dr Emma Louise	Applied Psychologist - Clinical	Financial interests	Outside employment	I have been asked to provide clinical supervision to a group of students on the UCL Post Graduate Certificate in Psychosis and Bipolar Disorder. This will require 2 hours per week in term time, as well as additional time for marking assignments. It will not prevent me from working my contracted hours for Cardiff and Vale UHB. It is not a permanent role and I will invoice UCL for my time.	
1	Speakman, Mr. Alexander	Pharmacist Consultant	Financial interests; Indirect interests	Outside employment; Sponsored events	Fresenius Kabi sponsored me to attend the annual BAPEN conference in 2019 (British society of parenteral and enteral nutrition). Fresenius Kabi covered the cost of transport, flights, conference fee and overnight accommodation. They did not have any involvement in the research. ;Led an educational webinar on vitamin K prescribing in PN which included a presentation of my research this was sponsored by B Braun. Received an honoraria for my time (B Braun did not sponsor or have any influence on the research). I took annual leave to present this outside of work.	
1	Spear, Mrs. Marina Louise	Occupational Therapist	Financial interests	Clinical private practice	I currently work with the Wales Mobility and Driving Assessment Service (WMDAS) within my Cardiff and Vale employment. As I have reduced my Cardiff and Vale employment from full time to 3 days a week, I will now be available to support WMDAS for occasional sick and annual leave cover during the 2 days that I am not employed by Cardiff and Vale Health Board.	There is no formal plan or additional contract in place but I have agreed to cover leave on a casual basis when needed.
1	Spillane, Miss Ashleigh	Community Nurse	Financial interests	Outside employment	I am intending to sign up the Nurse bank with the same health board - Cardiff and Vale Health Board to ensure I am developing my clinical skills further and overtime opportunities.	
1	Stafford, Miss Jody Louise	Specialist Healthcare Science Practitioner	Financial interests	Outside employment	I undertake additional work as a service provider- Perfusionist. This work is done through the company APMS- Assured Perfusion Medical Services. I have worked for this company previously (2018), The first shift recently was September 2022. I undertook 13 days of work within that financial year. All work is carried out on days off or annual leave. These shifts are carried out at Kings College Hospital, London.	All remittance advice from this company are submitted directly to HMRC, followed with a self assessment. This work broadens my professional knowledge.
1	Stephens, Mr. Michael Robert	Consultant	Non-financial professional interest	Outside employment	I am a trustee of one Health Care related charity- Kidney Wales Charity	
1	Stevenson, Mrs. Sarah Jane	Staff Nurse	Financial interests	Sponsored events	Chaired Wales and West meeting - paid fee £900; sponsored to attend Promotional event from sobi	
1	Stirk, Dr Steven	Applied Psychologist - Clinical	Financial interests	Clinical private practice; Sponsored events	In addition to my NHS roles, I also practice privately.; Invited speaker at the British Thoracic Society Summer Meeting 2024, where my travel, accommodation and conference fees are paid for. Invited speaker at the MDT Share and Learn Conference 2024, where my travel, accommodation and conference fees are paid for.	
1	Strick, Miss Louise Kathryn	Physiotherapist	Financial interests	Clinical private practice	Infrequent private clinic physiotherapy during weekends or evenings. At present less than one hour per week average.	

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1	Sudheer, Dr Potteth Sukumar	Consultant	Non-financial professional interest	Clinical private practice	Employed by Army Reserves Private Practice Director of Sudheer LTD	
1	Sun, Dr Evan Chung Chergng	Clinical Director - Medical; 'Other' Community Health Service	Non-financial professional interest	Sponsored events	<p>**Conflicts of Interest Statement** I, Dr Evan Sun serve as the Cluster Clinical Director for both the Western Vale Cluster and the Cardiff City & South Cluster. Additionally, I am due to commence a maternity-cover role within Cardiff and Vale University Health Board (CAVUHB) focused on GMS sustainability. In line with principles of good governance, I wish to formally declare my intention to collaborate with the pharmaceutical industry to secure sponsorship for a cluster workshop benefiting both Cardiff City & South and Western Vale Clusters. The rationale for seeking this sponsorship is to enhance clinical engagement by incorporating validated CPD time, while simultaneously alleviating financial pressures on the Health Board in relation to event hire and refreshments. The workshop is intended to foster improved collaboration, understanding, teamwork, and innovation in community working, with the ultimate aim of enhancing patient care and supporting innovative solutions for the sustainability of primary care contractors. I have received full reassurance from the sponsoring representatives that there will be no interference, participation, or access to confidential cluster or Health Board information and GDPR standards upheld. Furthermore, I will ensure that all cluster business, discussions, and workshops remain strictly attended only by cluster members and Health Board employees, without external involvement. The collaboration also includes the provision of a 30&#211;45 minute CPD session delivered by a CAVUHB consultant, Professor Datta, on lipid management in accordance with NICE guidance and local Health Pathways. The representatives' engagement will be strictly limited to an agreed lunchtime interaction with attendees. I will personally oversee the event alongside my cluster team, including Project Manager Sheila Williams and Project Support Officer Monika Hare, to ensure full adherence to Health Board governance, compliance, and protocols. This collaboration aligns with the ABPI Code of Practice, which mandates that the pharmaceutical industry operates in a professional, ethical, and transparent manner, ensuring compliance with self-regulation standards and NHS governance surrounding shared working arrangements. I affirm that my decision to seek sponsorship is solely in the interests of supporting the cluster's objectives&#212;n amely, promoting engagement, collaboration, and shared working while reducing Health Board expenditure. The sponsorship arrangement will be conducted in accordance with established ethical standards, ensuring that education, innovation, and improvement are pursued exclusively for the benefit of patients. I also confirm that this collaboration will not influence clinical decision-making, ensuring that all clinical discussions and recommendations remain aligned with best practice and consensus guidelines. I formally declare that I hold no vested or conflicting financial interests beyond those outlined above. I do not receive any financial or non-financial remuneration, honoraria, or benefits from this process. My role in this initiative is solely to facilitate a pragmatic and mutually beneficial collaboration in the interest of patient care and sustainable primary care services. Dr Evan Sun</p>	
1	Sutak, Dr Judit	Consultant	Financial interests	Clinical private practice	Reporting occasional Spire histology cases.	
1	Talbott, Dr Taryn Angharad	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Independent practice as a Clinical Psychologist in the Bristol area. Mainly working with adults.	This allows me to maintain my clinical skills while working in a largely non-clinical role. I work independently in a different geographical area than my NHS role.
1	Tapper, Mrs. Susan Lesley	Officer/Receptionist	Financial interests	Outside employment	another role within Cardiff and Vale UHB	
1	Taylor, Miss Hannah	Manager	Non-financial professional interest	;Hospitality;Loyalty interests	;Attendance to UK NEQAS Haematology 25th Annual ParticipantsÙ meeting in Birmingham on Tuesday 8th October 2024 including delegate dinner and accommodation for one night.;Membership of UK NEQAS haematology special scientific advisory group	
1	Thakur, Dr Indu Rakesh	Consultant	Financial interests	;Sponsored events	;I was funded an amount of 152.50 towards an academic meeting by Novartis Pharmaceuticals in 2023	
1	Theron, Dr Abraham David (Abrie)	Consultant	Financial interests	Clinical private practice	I provide sedation on private fertility lists in Cardiff and Pencoed +/- twice a month. I provide anaesthesia in Spire Cardiff for an Upper GI surgeon who also works in C&V. Limited other anaesthetic support in Spire.	
1	Thia, Dr Lena Priscilla	Consultant	Non-financial professional interest	Sponsored events	CF workshops free attendance online	
1	Thomas, Dr Benny	Consultant	Financial interests	Clinical private practice;Shareholdings and other ownership interests	Hold shares and partner in Llawncro Care Home situated in Cornwall.;I hold private practice clinics at Spire Cardiff, Nuffield Cardiff and St Joseph's Hospital Newport and operate as Limited Company - NeuroCardiff Ltd	
1	Thomas, Dr David Hywel	Consultant	Financial interests	Clinical private practice	Performing post mortems for HM Coroner.	Ongoing
1	Thomas, Dr Rhian	Non-Executive Director	Financial interests	;Shareholdings and other ownership interests	;Co-owner of The Commercial Toolkit Ltd., - a Commercial Management consultancy business (operating outside Healthcare). (Shareholding) Effective since December 2023: Chair of Cardiff & Vale Credit Union (Voluntary) Non-Executive Director of WGC Hold Co Ltd. (Other Employment)	;Also a Member of Glas Cymru Cyf (Dwr Cymru / Welsh Water). (Voluntary)
1	Thomas, Miss India	Chiropodist or Podiatrist	Non-financial professional interest	Clinical private practice	I work as a Private podiatrist at Agile health group in Cardiff once a week for 3 hours on a Monday evening I work as a private podiatrist at TL Llandaff care home once every 6-8 weeks on a Saturday morning.	
1	Thomas, Mr. Matthew Bernard	Consultant	Financial interests	Clinical private practice	Clinical Private Practice	No longer involved since Feb 2024
1	Thomas, Mr. Richard Edward	Specialist Clinical Scientist	Non-financial professional interest	Gifts	Sales managers at BD Biosciences have provided a number of reagents for the Haematology immunophenotyping laboratory free of charge to develop improved assays as part of service improvement investigations for a staff members Masters project.	
1	Thomas, Mrs. Charlotte Tanwen	Midwife	Financial interests	Outside employment	I am in a business partnership running private antenatal classes in Cardiff. We work not as midwives but as antenatal educators and we do not comment on the individual care of our participants. We have insurance cover, terms and conditions and a privacy policy. We withhold the NMC code at all times and have sought additional support from the RCM. We have made our Head of Midwifery and senior management team aware of our intentions of our business prior to commencing the business and they wished us well.	The additional work I conduct as self employed has no impact on the care I provide as a midwife within the NHS. There is no conflict of interest.
1	Thomas, Mrs. Katie Laura	Pharmacist	Non-financial professional interest	Outside employment	Sit on the college of mental health pharmacy (charity) as a council member	non paid
1	Thomas, Mrs. Lucy Rosemary	Physiotherapist	Financial interests	Clinical private practice	Private practice at Station House Health and Wellbeing, Cowbridge	Wed afternoon clinic weekly

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Declaration of all conflicts and interests
as of 1st May 2025

1	Thomas, Mrs. Mary Annette (Annette)	Consultant Clinical Scientist	Non-financial professional interest	;Outside employment;Sponsored events	;Member of International Federation of Clinical Chemistry & Laboratory Medicine Task Force on Global Quality. The TF remit is to improve the quality of laboratory diagnostics in low and middle income countries. Attended face to face meeting of TF at the IFCC Wordlab Conference in Dubai, 25th to 29th May 2024. Flight and 2 nts accommodation reimbursed by the IFCC.;Member of International Federation of Clinical Chemistry & Laboratory Medicine Task Force on Global Quality. The TF remit is to improve the quality of laboratory diagnostics in low and middle income countries. Attended face to face meeting of TF at the IFCC Wordlab Conference in Rome, May 2023. Flight and accommodation reimbursed by the IFCC.;Member of International Federation of Clinical Chemistry & Laboratory Medicine Task Force on Global Quality. The TF remit is to improve the quality of laboratory diagnostics in low and middle income countries. Attended face to face meeting of TF at the IFCC Wordlab Conference in Seoul in June 2022. Flight and accommodation reimbursed by the IFCC.;Member of International Federation of Clinical Chemistry & Laboratory Medicine Task Force on Global Quality. The TF remit is to improve the quality of laboratory diagnostics in low and middle income countries. Organised workshop and presented at conferences in Peru and Colombia , Nov 25th to 03rd Dec 2023. Flight reimbursed by the IFCC and accommodation provided by the Peruvian and Colombian National Societies . This is voluntary work not employed by the IFCC.;Speaker at conference on Point of Care Testing National Diagnostics Forum, Birmingham 24th April 2024 1 nt Accommodation provided by SBK, conference organisers;Speaker at CPOCT ADLM meeting in San Diego. Registration at meeting, Flights and 3 nights accommodation paid for by ADLM - (American) Association for Diagnostics and Laboratory Medicine, the scientific professional organisation of North America.;Speaker at International Conference on Point of Care testing, Venice 05 to 06/04/ 2024 Flight and accommodation reimbursed by Fonazione Menarini	
1	Thomas-Turner, Mrs. Rhian	Manager	Financial interests	Outside employment	Office Holder at MHRA - Paediatric Medicines Expert Committee	Appointed as a member of the paediatric medicines expert committee. One monthly meeting outside of working hours.
1	Thompson, Mrs. Dilan	Dietitian	Non-financial professional interest	;Sponsored events	;I attended Vitaflo 14th Annual Metabolic Dietitians Meeting which was sponsored by Vitaflo which includes transport, food and one day accommodation.;I attended BIMDG Workshop: "Experiences using Sapropterin in PKU" in Liverpool which was sponsored by Teva. The transport was funded by All Wales Adult IMD services.	
1	Thompson, Professor Andrew Robert	Applied Psychologist - Clinical	Financial interests;Non-financial professional interest	Clinical private practice;Loyalty interests;Sponsored research	Occasional clinical psychology private practice (registered with HMRC as a sole trader) - medico-legal reports, invited talks/workshops/teaching/external examining, very occasional psychological therapy;Occasional payment received for methodological and clinical expertise provided. This includes supporting pharmaceutical or medical appliance companies conducting research into psychological aspects of long-term conditions.;Sponsored research activity funded by cardiff University or grants (part of job role expectations);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, The All Party Parliamentary Group on Skin. All are unpaid occasional activities	
1	Tipping, Mrs. Sarah Elizabeth (Sarah)	Senior Manager	Financial interests	Outside employment	I am a Board Member for Melin Homes - a registered social landlord. I have been a Board Member since January 2019 and receive a salary for the role.	
1	Toghill, Mr. Raymond Dominic (Dominic)	Biomedical Scientist Advanced Practitioner	Indirect interests	Sponsored events	Funded to Travel to Nantes (France) and Present a Poster to the ISLH regarding research produced by the Haematology Laboratory in support of a new analytical platform for Erythrocyte Sedimentation Rate. Includes Travel, Subsistence and registration at the conference. Sponsor - Horiba Medical	Part of an agreed research project the department is undertaking for the manufacturer Analyser Evaluation Report.
2	Torkington, Mr. Jared	Consultant	Financial interests;Indirect interests;Non-financial professional interest	Clinical private practice;Outside employment;Shareholdings and other ownership interests;Sponsored research	Clinical Director Moondance Cancer Initiative - paid a consultancy fee for this work;I am on the trial development group for an international research trial of a new type of mesh by Medtronic PLC This is paid a consultancy fee;My wife is a co-Director of Cardiff Medical Events a company that organises medical meetings in South Wales and Nationally;non-paid Medical Advisory Board member for Bowel Cancer UK charity;Own shares in Alessi Surgical - spin out of Cardiff and Vale - make smoke management system;President of Association of Coloproctology Great Britain and Ireland;Private practice at Spire Cardiff	
1	Townsend, Dr Rebecca Jacqueline	Specialty Doctor	Financial interests	;Clinical private practice	;I have started an aesthetics business as a side project. It does not interfere with my work as I only do it for a few hours at the weekend.	
1	Trickett, Mr. Ryan William	Consultant	Financial interests	Clinical private practice	Vale Hand Surgery ltd	
1	Tucker, Mr. James Richard David	Applied Psychologist - Clinical	Indirect interests	Outside employment	My girlfriend works for the Office of National Statistics, and is involved in the analysis of NHS data (primarily NHS England data) in the mental health domain including IAPT data, for research purposes. I am not involved in any of the procurement of data sources, nor the research directly.	
1	Tucker, Mrs Lani	Associated Board Member	I have no interests to declare		I work for GVS Charity as the Health and Social Care Facilitator. But I am not in the management team so do not have authority. (Paid Employment)	July 2017 - Ongoing
1	Turner, Dr Jeffrey Keith	Consultant	Financial interests	;Sponsored events	;Funding provided by CRUK to attend a cancer conference;Nominated by Medtronic to attend a 2 day clinical course for capsule endoscopy	;Cost of flights/transport and hotel included. I undertake capsule endoscopy as a core part of my clinical role (CPD)
1	Turner, Mrs. Nicola Jennifer (Niki)	Physiotherapist;Senior Manager	Financial interests	Outside employment	In addition to my role as Stroke Service Manager at Cardiff and Vale UHB (0.8 WTE Band 8a), I am employed in a secondment post (0.2 WTE Band 8b) at NHS Wales Executive Stroke Implementation Network as the National Allied Health Professional Lead for Stroke in Wales.	
1	Turton, Dr Jane	Associate Specialist (Closed to new entrants)	Financial interests	Sponsored events	I have received a payment from Amgen pharmaceuticals, speakers fee for a lecture	
1	Twist, Dr Jos	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I work privately as a clinical psychologist in addition to my NHS job	I started working privately in February 2019 and intend to continue to do this. I do not have a fixed date when I intend to stop my private work, thus I have picked an 'end date' several years into the future
1	Tyose, Mrs. Sarah Elizabeth	Physiotherapist	Financial interests	;Outside employment;Sponsored events	;Kyowa Kirin has funded attendance at XLH international meeting and travel and accommodation to attend this. I am attending alongside my metabolic team colleagues - consultant requested whole team attend.;Presentation for kyowa kirin, paid an honourarium	;My husband works in the health board
1	Union, Mr. John	Non-Executive Director	Financial interests	Outside employment	I am a Non Executive Director of Swansea Building Society (November 2017 to date) .	I do not see any conflict with this role and my role as an IM at C&V UHB but add this as my current role as a NED at Swansea Building Society here to ensure this has been declared. John Union. March 2025.

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1	Upadhya, Ms. Rachna	Non-Executive Director	Financial interests	Outside employment	LIFESPANOLOGY	Jan 23 - Ongoing
			Non-financial professional interest	Loyalty interests	TRUSTEE ST GEORGES HOSPITAL CHARITY	Jun 24 - Ongoing
			Financial interests	Outside employment	INDEPENDENT MEMBER OF COUNCIL FOR CRANFIELD UNIVERSITY	Aug 24 - Ongoing
			Financial interests	Outside employment	INDEPENDENT SECTION 12 APPROVED PSYCHIATRIST/ MEDICAL DOCTOR (MENTAL HEALTH ACT ASSESSMENTS)	Aug 15 - Ongoing
1	Usher, Dr Stephen	Consultant	Indirect interests	Clinical private practice	Private practice outside NHS time, as disclosed on job plan to peri-operative directorate.	
1	Varghese, Dr Vinod Chieran	Consultant	Non-financial personal interests	Outside employment	I am one of the Directors of a private limited company - Apps4Medics Limited. I am not paid for this role. This company does not have any business with NHS. I am trustee of Immanuel Mar Thoma Church Cardiff from 2020 - 2023. This is not linked to NHS, and does not do any business with NHS.	
1	Venter, Mrs. Nerine	Applied Psychologist - Clinical	Financial interests	Outside employment	Associate lecturer at Cardiff Metropolitan University. Lectures for around 20 hours per year (usually first semester).	I have been employed by Cardiff Metropolitan University on a part-time basis since 2019 and have informed my line manager when I started employment at the NHS in October 2021. I have not completed one of these declarations before. Please note that the hours I lecture are done in my own time (annual leave), so does not affect my role within the NHS.
1	Vidgen, Dr Andrew	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Provision of supervision to health professionals outside health board - 2 sessions / month.	
1	Vile, Miss Rebecca Catherine	Assistant Psychologist	Indirect interests	Outside employment	I am looking to take on a second employment with an outside employer, Dyfodol (G4S) a substance misuse service in the Criminal Justice System. Work would involve working weekends across the South Wales Police Area in their custody suites (covering Cardiff, Bridgend, Merthyr and Swansea).	
1	Waddington, Dr Louise	Applied Psychologist - Clinical	Non-financial professional interest	Loyalty interests	Trustee for the British Association for Behavioural and Cognitive Psychotherapy	
1	Wadmore, Mrs. Catherine Elizabeth	Staff Nurse	Financial interests	Outside employment	I have a second job in a private clinic one day per week.	
1	Wakeling, Mrs. Kate Elizabeth	Specialist Nurse Practitioner	Non-financial personal interests; Non-financial professional interest	Loyalty interests; Outside employment	I work for PCIC, C&VUHB for 3 days a week. The other 2 days I work for a GP practice in CTM. The practice is Pont Newydd Medical Centre Porth. CF39 0LD. My husband is a GP and works in a practice in Cardiff.	
1	Wallbank, Miss Rachel Heather	Physiotherapist Manager	Non-financial professional interest	Sponsored events	Non- paid member on Advisory Board for a National Sleep Charity. PI for National Research project- paid as part of NHS Role	
1	Wardle, Dr Mark	Consultant	Financial interests	Shareholdings and other ownership interests	Director of Eldrix Ltd.	
1	Warland, Dr Anthony Lawrence	Specialist Healthcare Science Practitioner	Financial interests	Shareholdings and other ownership interests	Oxford Nanopore Technologies Ltd. shareholder.	
1	Waters, Miss Samantha	Chiroprapist or Podiatrist	Indirect interests	; Gifts	; I was gifted 4 bottles of wine by a patient as thank you for the treatment and treatment planning I have been providing for them over a number of weeks. The patient left the bottles of wine with our receptionist and asked her to give them to me after he had gone. I informed my manager on the day of the gift.	
1	Waters, Mrs. Gemma	Medical Secretary	Financial interests	Clinical private practice	I am also private secretary for Mr Sumit Goyal at Spire Hospital.	This is an ongoing role that I do on top of my role within the NHS where I also work for him.
1	Watt, Mrs. Alice Joy	Physiotherapist	Financial interests; Indirect interests	; Clinical private practice; Sponsored events	; £175 award for best presentation at MASCIP conference; My husband has a private physiotherapy practice.	; I do not undertake any work for him.
1	Watts, Mr. Jonathan Roger	Senior Manager	Indirect interests	Loyalty interests	I am a member of Whitchurch Hockey Club (which is part of the wider entity of Whitchurch Sports and Social Club (WSSC) WSSC have an interest in acquiring the land that CAVUHB is disposing of on the Whitchurch Hospital site	
1	Wayling, Mr. David James	Manager	Indirect interests	; Gifts	; I have received an anonymous gift box. It is the kind sent via the company "wellbox" and I estimate the value to be around £89.95 (as advertised on the wellbox website). It contains various "treat" items such as sweets, snacks and other items stated by the wellbox company to promote my wellbeing. I have not been told by any person or vendor that they intended to send this to me and I at no time expressed any desire for such an item. It was addressed incorrectly to the UHB main site and came to me via an internal redirection. The box has no note of its sender or any other identifying mark.	; I would very much like guidance on what I should do with this item, I have retained it but not used it in any way.
1	Webber, Mr. John	Officer	Non-financial personal interests	Outside employment	I volunteer as a leader with a local scout group	
1	Wells, Mr. Stefan Ceri	Staff Nurse	Financial interests	Gifts	Marks & Spencers gift card given by patients family - not accepted personally but accepted on behalf of the Organisation and the value will be held by the spinal cord unit and used for staff wellbeing and/or equipment.	
1	West, Ms. Catherine	Technician	Financial interests	Outside employment	Self employed Pilates class instructor. Working in hotel gyms and community classes.	
1	Westacott, Mrs. Claire Louise	Nursery Nurse	Indirect interests	Outside employment	I work 12 hours a week in an admin role based at home.	

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1	Whalley, Mrs. Helen Marie	Staff Nurse	Financial interests;Non-financial personal interests	Gifts;Outside employment	Gifted a £10 Costa coffee e-voucher 11/12/24 by a family I am providing ongoing bereavement support for. Sent to work email account by service user.;Volunteer Bereavement Support worker for Cruse - the provision of telephone support for individual clients as part of their Virtual Support Service in Wales.	I plan to buy some baked goods and share with the Bereavement / PE team.;This position is unpaid. Hours per week - approximately 1, plus any related CPD sessions. I have the ability to decline clients prior to speaking with them if they are personally or professionally known to me - this has not happened as yet. I have monthly supervision for this position, provided by Cruse. Client sessions are always scheduled for outside of my normal working hours with CAVUHB.
1	Wheeler, Dr Naomi Lucie	Applied Psychologist - Clinical	Non-financial professional interest	Outside employment	I continue to hold another part time clinical position, with The Junction Cardiff, part of the charity Hope Trust Cardiff CIO. This organisation supports those who have experienced perinatal loss. Contracted 7.5 hours per week, normal working day Tuesdays.	
1	White, Dr Richard Douglas	Consultant	Financial interests	Clinical private practice	Director (and spouse is director) of White Imaging Services Ltd. Paid dividends. Consultant Radiologist with 4Ways.	2/2/23 - no changes to the above. 18/3/24 - no changes to the above 3/3/25 - no changes to the above
1	Whitehouse, Miss Kathrin Joanna (Kat)	Consultant	Non-financial professional interest	Loyalty interests;Sponsored events	Assisting RCSEng with census work and website;Council Member for Society of British Neurological Surgeons;I organise a number of educational events that involve sponsorship from companies inc Brainlab and Stryker.;Neurosurgery SAC member	
1	Whiticar, Dr Rebecca Alice	Consultant	Non-financial professional interest	Outside employment	Expert witness Emergency Medicine;Medicolegal Consultant, Medical Protection;Work 1 PA per work as Medical Examiner for NHS Wales Shared Services Partnership	Both line managers, Dr Lyndsey Mcdonald, Clinical Lead EM UHW and Dr Jason Shannon, Lead Medical Examiner for Wales aware of my dual NHS roles and Consultant in EM and Medical Examiner;Work as an independent expert witness in EM Again all my line managers aware that I do this role in my own time Conflict of interest wise I always complete a conflict check prior to being instructed in any specific EM case;Work Wed-Fri as Medicolegal Consultant for Medical Protection (22.5 hours) NHS Roles - consultant in emergency medicine and medical examiner are outside of wed -fri (mon, tuesdays and weekend / nights) All line managers in all 3 employment aware of my roles in the different organisations
1	Wilde, Miss Grace	Clerical Worker	Financial interests	Outside employment		
1	Wilkinson, Dr Nicholas	Consultant	Non-financial personal interests	Loyalty interests	I am patron for a charity CCAA I also work with British Soc Rheum, Versus Arthritis and National rheumatoid Arthritis	I have no financial conflicts of interest
1	Williams, Dr Ian Edward	Staff Nurse	Indirect interests	Clinical private practice;Outside employment	I am also employed by The Open University as a lecturer. This is part time where I run a few tutorials each month. This is in relation to nursing. I run alongside a Community Paediatrician two private clinic session per month which lasts for around 4 hours. This is in my field of practice - Paediatric neurodevelopmental disorders and in particular ADHD.	
1	Williams, Dr Marc Owen	Applied Psychologist - Clinical	Financial interests	Loyalty interests	I have a temporary contract as an external examiner for doctoral clinical psychology theses at the University of Limerick.	
1	Williams, Dr Paul Trevelyan	Specialist Clinical Scientist	Financial interests	Outside employment	Once or twice a year I work for Wessex Diagnostic in the capacity of performing quality assurance services on ultrasound scanners in Bristol and London.	I started working for Wessex Diagnostic on November 2020 and at present continue to offer my services in a QA capacity when needed for hospitals in England.
1	Williams, Miss Emma Louise	Clerical Worker	Indirect interests	Outside employment	Second employment	Second job that I've had since I was 16, I only work 1 5 hour shift a week on a Thursday evening, from 17:30 to 22:30
1	Williams, Mr. Matthew Gareth (Matt)	Nurse Manager	Financial interests;Non-financial personal interests	Clinical private practice;Shareholdings and other ownership interests	Director and Safeguarding Officer of Limited Company - Pencoe Athletic Boys and Girls Club (Local grassroots football club);;Occasional Pitch-side medical cover for Cardiff City Football Club with Lubas Medical	
1	Williams, Mrs. Imogen Sofie	Physiotherapist	Financial interests	Clinical private practice	Commenced paid work in a private physiotherapy practice treating pelvic health patients via patient self-referral.	
1	Williams, Mrs. Joelle Louise	Manager;Specialist Clinical Scientist	Financial interests	Shareholdings and other ownership interests	I have holdings in GSK PLC and HLN PLC.	
1	Williams, Ms. Nicola Jayne	Specialist Nurse Practitioner	Financial interests	Outside employment	I have a second role as a primary care nurse one day a week at Llan healthcare surgery Cardiff. I work every Thursday - 8hours.	As above. This employment is ongoing.
1	Winter, Mrs. Mia Krista-Maria	Applied Psychologist - Clinical	Financial interests;Non-financial professional interest	Clinical private practice;Outside employment;Shareholdings and other ownership interests	I am a director of Orthellius Ltd - a currently dormant company not trading, generating income, or paying salaries.;I am an associate with Halliday Quinn Ltd, but as yet have not undertaken any private work.;I am currently also employed by CTM UHB for 28 hours per week.	
1	Withers, Mrs. Kathleen Louise	Manager	Non-financial professional interest	;Outside employment	;Appointment of director for MRS KATHLEEN LOUISE WITHERS for THE CO-PRODUCTION AND INVOLVEMENT NETWORK FOR WALES LTD (12009551)	
1	Wood, Dr Andrew Mayne	Consultant	Non-financial personal interests	Loyalty interests	Spouse company - EGL design;Treasurer Heart Research Wales - registered charity (no 509427)	Involvement with Orchard project.;Voluntary position

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1	Wray, Miss Clare	Radiographer - Diagnostic Advanced Practitioner	Indirect interests	Outside employment	I run my own business, X-Wray Training Ltd. I deliver applications training, lectures in radiography and radiation protection. I am also training to be a RPA and MPE.;Work ad-hoc shifts at Hywel Dda HB	
1	Wride, Miss Falone Victoria	Technician	Financial interests	Outside employment	Part time employment 2 Saturdays a month - does not conflict with work rota	
1	Wright, Mrs. Natalie Suzanne	Occupational Therapist	Financial interests	Shareholdings and other ownership interests	I have shares in my husbands business	Approx date of 23 May 2022 ongoing
2	Yousef, Professor Zaheer Raza OBE	Consultant	Financial interests;Non financial professional interest	Clinical private practice;Donations;Outside employment;Shareholdings and other ownership interests;Sponsored research	Cardiac screening of elite athletes;Charity Trustee: Heart Research Wales, Africa Empowered;Director ZY Consult Ltd and Osborne Flat management Company;Lecture Fees and Honoraria: Astra Zeneca, Boeringher Ingelheim, Novartis, Pfizer, Servier, Bayer, Lilly, Sanofi, Abbott, Medtronic, Boston Scientific;Private clinical practice at Spire Hospital Cardiff and Cardiff Bay Hospital;Research grants: Medtronic, Abbott, Ceryx medical	Disclosures on ABPI website Updated Feb 25;Offer private medical consultations and treatments in keeping with NHS scope of practice. Updated Feb 25;Updated Feb 25
1	Zaidi, Dr Syed Tatheer Abbas (Abbas)	Consultant	Financial interests	Clinical private practice	Spire Hospital Cardiff.	Private cardiology practice. This is ongoing / indefinite time period. Hence I've entered a date in 2 years time above, because it seems you have to enter an 'end date'. I will update this periodically.

Saunders, Nathan
19/05/2025 13:50:19

Report Title:	Procurement Compliance Report			Agenda Item no.	2.9
Meeting:	Audit Committee	Public	X	Meeting Date:	20 th May 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Procurement Services and Executive Procurement Lead – C&V				

Main Report

Background and current situation:

The UHB's Standing Orders & Standing Financial Instructions require that the purchase of all goods and services be subject to competition in accordance with good procurement practice, making reference to minimum thresholds for quotes and competitive tendering arrangements.

There are some situations where this is not always practical and requests for Single Quotation Actions (SQA) or Single Tender Actions (STA) are made in accordance with the Procedure for the Approval of Single Tender Action. There are sound reasons why STA/SQA's are permitted within the Health Board, these are as follows but not limited to:-

- Sole Supplier of Goods or Services
- Proprietary items, i.e. Trademarked, patented
- Capability with existing equipment or service
- Regulatory, i.e. Human Tissue Act (HTA)
- Urgent Operational Requirement
- Covid-19
- Unforeseen/unplanned circumstances
- Emergencies
- Exemptions

To support the management of STA/SQA requests, an online quotation system was implemented in April 2019, to test the market and promote competition, this should reduce the number of STA/SQA's.

There are also some situations where contracts are extended outside of the original contract scope to ensure patient safety and operational delivery of the Health Board's core services.

Unfortunately, there are times when individuals act outside Procurement Regulations and Standing Financials Instructions which need to be reported as a non-compliant process, which is a direct breach, and could compromise competition and value for money. There are some exemptions within these breaches in relation to unforeseen/unplanned circumstances, emergencies and more recently, Covid-19.

Should Non-Compliant Activity occur a letter from the Director of Finance will be sent to the Clinical Director/Department Head and copied to the relevant Executive Director to seek assurance that measures will be put in place to ensure that a breach does not occur again. If repeated breaches continue this will be escalated to the CEO.

Saunders, Nathan
19/05/2025 13:50:19

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

ASSESSMENT AND ASSURANCE

Non-Compliant Activity (47)

This is activity where departments have engaged suppliers without Procurement involvement and Therefore, have incurred a direct breach of SFI's.

Description Title	Value at Risk Excl VAT	Length at Risk/ Breach	Clinical Board	Reason	Action/Status
Inivoscribe tube labels	£44,115.00	Jan – May 25	AWMGS	No Procurement Involvement	Conversation ongoing with the service to establish a contract - given nature of the reagents and several suppliers on the market a tender exercise will be necessary
Case Note Folders C&V Main	£34,317.00	One off requirement	CD&T	No Procurement Involvement	Monitoring spends to determine any further requirements and looking to put compliance in place.
Payment of invoices for hotel accommodation	£12,722.00	One off requirement	Specialist	No Procurement Involvement	Informed the end user in future if required they need to include procurement for anything over 5k.
Expenditure Statement 7977	£13,125.00	Oct 24 – Dec 24	Specialist	No Procurement Involvement	Service are in discussions with finance due to corporate finance said that going forward for CU staff time we could just give them the information and they would add to the CU recharge payments that go over monthly
Invoice Payment for retrospective admin support to Palliative Care Consultant and Wider Palliative Care Team	£16,295.00	01.04.23 - 31.03.24	Children & Women	No Procurement Involvement	Agreement to be put in place for 2025/26
Clinimacs Prodigy	£20,280.70	One off requirement	CD&T	No Procurement Involvement	Procurement are looking to put a contract in place for orders going forward for related orders via MILTENYI BIOTEC LTD.
Communication Boards	£10,867.28	One off requirement	Children & Women	No Procurement Involvement	Advised Clinical Board to engage earlier with Procurement for all orders over £5k
Diet Book Printing	£5,138.71	One off requirement	Children & Women	No Procurement Involvement	Advised Clinical Board to engage earlier with Procurement for all orders over £5k
Retrospective Debt Collection Services for November 2024 GLA5 129527 and Jan 25 GLA6 131761	£16,255.27	01/11/24-31/01/25	Executives	No Procurement Involvement	Advised Clinical Board to engage earlier with Procurement for all orders over £5k

Course fees - IPC MH TMDP COHORT 4 January	£38,000.00	One off requirement	Mental Health	No Procurement Involvement	Mental health are put on a course from HEIW but have no choice in the course or supplier, HEIW have done the procurement of what course/supplier etc. Contact HEIW and no contract in place - working on a framework for all training. End user or C&V have no control over testing the market as its HEIW training. C&V claim all funding back
Accommodation Internationally educated nurses	£96,040.00	Feb 25 to May 25	Executives	No Procurement Involvement	Liasing with end user to try and see if a bigger contract can be put in place to make some savings and review to see if True Cardiff is the best deal.
Callger IT Scotland CFPU	£7,308.90	One off requirement	Capital Planning Estates and Facilities	No Procurement Involvement	Advised Clinical Board to engage earlier with Procurement for all orders over £5k
UNICEF Baby Friendly Initiative Reassessment	£6,750.00	12 & 13 February 2025	Children & Women	No Procurement Involvement	End Users did not complete SQA form in time and went ahead with the assessment anyway - advised procurement must be involved with enough time to complete relevant documents.
3 Year ECTAS Membership for ECT Team	£7,680.00	01.04.25 to 31.08.28	Mental Health	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
External Quality Assessment Services for Cancer Diagnostics CIC	£7,140.00	One off requirement	CD&T	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Bridges Self-Management Ltd Courses 4 Cohorts	£12,000.00	One off requirement	CD&T	No Procurement Involvement	Understanding of upcoming requirements for training. Once known end users are to inform procurement in the first instance to complete multiquote for requirement
Retrospective Porter Trac Invoice	£5,066.67	One off requirement	Capital Planning Estates and Facilities	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Commissioning of Dialysis units	£11,010.00	One off requirement	Specialist	No Procurement Involvement	ongoing conversations between procurement and the renal network

					to establish future compliance
Venue Hire for Six Goals Conference	£7,770.00	One off requirement	Executives	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Salary Recharge for Dr SB	£12,371.70	One off requirement	Medicine	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
PO to pay online credit	£5,872.50	One off requirement	AWMGS	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Cell Processing Collaboration	£28,220.00	One off requirement	Specialist	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Escape, Foodwise & Aging Well	£18,795.00	01/04/25 - 31/03/26	CD&T	No Procurement Involvement	Work with dept to understand requirement and put compliant contract in place for next year
Kosmos Lexsa Linear Probe for Bridge Part No ECHP006709-008	£6,009.00	One off requirement	CD&T	No Procurement Involvement	In the bi-weekly meetings we will discuss with Clin-Eng on creating complaint contracts for this supplier.
Renewal of NEQAS Scheme for Haematology for UHW 2020 for ISO Accreditation	£5,164.00	April 25 - March 26	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Invoice -Prepare Well Team. April 2025 to March 2026 for Cardiff Leisure Centres.	£14,120.00	April 25 - March 26	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Invoice -Prepare Well Team. April 2025 to March 2026 for Barry Leisure Centres.	£13,777.00	April 25 - March 26	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Payment of Invoice No.: 2054299. TRAK MSK (KB)	£9,719.81	01.07.23 - 30.09.23.	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used

Invoice – Escape Pain, Oak & Neuro Rehab in Cogan LC.	£6,647.00	April 25 - March 26	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Quotation from Veg Power for Growing to Love Programme in Dual Language in Cardiff & Vale Schools (For Food Hour Project)	£24,320.00	April - Sept 25	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Myriad Genetics send out lab testing	£84,150.00	Dec-24 - Mar-25	AWMGS	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Facility Hire for Waiting Well Support Service	£9,750.00	April 25 - March 26	Surgery Services	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Invoice 0008 - LlawYnLlaw Virtual Health Custom Cloud & APP R&D Solution For AFAL	£20,000.00	April 25 - March 26	CD&T	No Procurement Involvement	To be reviewed as part of the 2025/26 financial year plan to discuss future governance if this supplier is to be used
Whole School Approach to Emotional and Mental Wellbeing (WSAEMW) Q4 Salary Costs for LL and Non-Staff Costs (Venue, Refreshments and Supply Costs for Primary Showcase in Feb)	£25,061.65	01/10/24-31/12/25 3 months	Executives	No Procurement Involvement	relates to, contract to currently under review and scoping Please refer to AC (C&V 2023-24) - 149 & AC (CAV 2023-24) - 206
PKG Purchase Agreement - 12 Months, 30 Episodic PKG Reports and 1 PFG @ Home Remote Monitoring System	£6,750.00	April 25 to March 26	Medicine	No Procurement Involvement	Added to the workplan to ensure work is picked up on renewal
The provision of scaffold to gain access to the plantroom roof level and the replacement of ridge sheet profiles to the plantroom roof	£13,824.000	One off requirement	Capital Planning Estates and Facilities	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Hands-free communication solutions for healthcare settings	£26,203.00	April 25 to March 26	Mental Health	No Procurement Involvement	Suggested routes to market and going for a longer term contract. Have reported to audit - will discuss longer term compliant route in 6 months. Have added to WP
Sponsorship of the RCN Wales Nurse of the Year Awards 2025	£5,250.00	One off requirement	Executives	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k

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Invoice 7977 - 517995 Non-invasive brain mapping "SINEMA"	£12,960.06	One off requirement	Specialist	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Send out test - invoice 450197018	£16,500.00	One off requirement	Specialist	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Socotec Building Control - inspector Fee	£5,176.00	One off requirement	Capital Planning Estates and Facilities	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
2025 Surveillance 1 - Main Lab UHW	£8,147.50	One off requirement	CD&T	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Research trials: IRMER and MPE Reports for various Research	£17,005.00	One off requirement	Executives	No Procurement Involvement	this is retrospective work is complete - line has been put in WP for future compliance
Payment of Invoice for Course Rev; 3773059/3773074	£5,600.00	One off requirement	CD&T	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Diploma for Doctor in Toxicology - Cardiff University	£9,450.00	One off requirement	CD&T	No Procurement Involvement	Advised requestor of Standard Financial Instructions and the need for Procurement engagement in requirements over the value of £5k
Refire Funding	£11,680	One off requirement	CD&T	No Procurement Involvement	Funding agreed end of year
Quote ref. 0001015857 Prepare a bespoke medium combustion plant (MCP) permit for 3 X Natural Gas Boilers at UHL	£5,525.00	One off requirement	Capital Planning Estates and Facilities	No Procurement Involvement	Funding agreed end of year

Contracts value breached/ extended at risk as a result of emergency/unforeseen circumstances (3)

Contract Title	Value at Risk Excl VAT	Contract Expiry	Length at risk/Breach	Clinical Board	Reason	Action /Status
Diagnexia Remote Export Pathology	£1,575.00	December 2024	3 months	CD&T	The original contract was overspent due to catching up with Covid backlogs therefore the procurement team has been creating a new contract that was held up by the	This has now been signed, and T&CS are now being reviewed for issue

					supplier due to the DPA not being signed.	
INR EQA Material	£13,400.00	31 st March 2025	3 months	CD&T	Delay in Contract Award due to supplier challenging Terms and Conditions	On the final stages of awarding the contract - once this is awarded the will be no more uncompliant orders processed
Vehicle Leasing	£14,303.28	Dec 2024	3 months	Capital Planning Estates and Facilities	The central management of all lease vehicles was devolved out to clinical boards but there are increasing instances of leases expiring causing contractual breaches	All lease cars are now being centrally managed and worked through to mitigate any leasing expiring without renewal considerations

Other Non-Compliant Activity (21)

This section details activities which were out of the Department/Health Board's control as a result of any of the following;

- Emergency activity
- Unforeseen/Unplanned circumstances
- Exemptions

Title	Value at Risk	Length at Risk/Breach	Clinical Board	Reason	Action /Status
Barristers Chambers Employment Tribunal Invoice case ref no - 868887	£7,200.00	One off requirement	Executives	Exemption	Exempt due to legal barrister appointment
Employment tribunal (Ref AB)	£8,400.00	One off requirement	Executives	Exemption	Exempt due to legal barrister appointment
Employment tribunal (Ref AA)	£7,950.00	One off requirement	Executives	Exemption	Exempt due to legal barrister appointment
Pentyrch transport T&F group survey	£18,500.00	One off requirement	Capital Planning Estates and Facilities	Exemption	Exemption under regulation 12 of the PCR
Provision of Lived experience	£27,632.00	One off requirement	Executives	Unforeseen/Unplanned circumstances	Individuals now moved onto payroll
Payment of Rental Invoice for Unit 1 & 6 from Fisher German	£21,200.74	One off requirement	CD&T	Exemption	Governance exempt, rent for Health Board
Cardiff Medicentre Lease. Invoice for Unit 1,3,	£62,503.03	One off requirement	CD&T	Exemption	Governance exempt, rent for Health Board
Unit 2 Treforest - Annual Rent Oct 2024 - Mar	£160,500.00	Oct 2024 - Mar 2025	Specialist	Exemption	Governance exempt, rent for Health Board

2025 (Unit 1 Proportion - 36.5%) Tenant Ref: 12053/20/SJ October 2024 Renewal					
External Work on Laboratories	£8,497.00	One off requirement	CD&T	Emergency Activity	Essential Emergency external work carried out for the department
BSI - 4 day audit	£5,396.00	One off requirement	Capital Planning Estates and Facilities	Exemption	
Q2 GPN Salary for EC GRANT	£5,162.63	9 months	PCIC	Exemption	The GPN's are employed by the GP Practice and recharge 50% of the salary costs for the 9 month period of the programme. The UHB receive invoices for 50% of the salary and would arrange payment to the practice and then claim a set contribution from HEIW over the duration of the programme.
Q2 GPN TRAINEE SALARY: LH	£6,812.63	9 months	PCIC	Exemption	The GPN's are employed by the GP Practice and recharge 50% of the salary costs for the 9 month period of the programme. The UHB receive invoices for 50% of the salary and would arrange payment to the practice and then claim a set contribution from HEIW over the duration of the programme.
Q2 GPN TRAINEE SALARY: NH	£5,171.51	9 months	PCIC	Exemption	The GPN's are employed by the GP Practice and recharge 50% of the salary costs for the 9 month period of the programme. The UHB receive invoices for 50% of the salary and would arrange payment to the practice and then claim a set contribution from HEIW over the duration of the programme.

Submitted by: Nathan
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Emergency works to CHFV barrier as motor has burnt out	£5,726.74	One off Requirement	Capital Planning Estates and Facilities	Emergency Activity	Emergency works required to be completed so a quote has been sought from the supplier and an order raised due to critical nature of requirement..
Siambrau Iscoed Chambers Employment Tribunal Invoice – (HD) – Court Ref No - 1600763/2024 1600697/2024	£6,000.00	One off requirement	Executives	No Procurement Involvement	N/A - EMPLOYMENT TRIBUNAL INVOICE
IMC - PFI Service Charge St David's Hospital 2025-26	£2,400,173.40	Annual Charge	Capital Planning Estates and Facilities	Exemption	Ongoing Rental Payment
IMC - PFI Unitary Charge St David's Hospital 2025-26	£2,525,891.71	Annual Charge	Capital Planning Estates and Facilities	Exemption	Ongoing Rental Payment
2025 Surveillance 1 - Main Lab UHW	£8,147.50	Annual Charge	CD&T	Exemption	Accreditation Services
Payment of invoice for essential work carried out for the department by HSL	£7,374.00	One off requirement	CD&T	Emergency Activity	Emergency works required to be completed so a quote has been sought from the supplier and an order raised due to critical nature of requirement..
Flexible Mortuary Storage & Cooling Solutions. Flexmort	£47,400.00	One off requirement	CD&T	Emergency Activity	Emergency works required to repair the mortuary coolers that had broken down, quote received from the supplier and an order raised due to critical nature of requirement..
Water damage to Critical Laboratory Equipment	£9,118.09		CD&T	Emergency Activity	Emergency Repairs in Lab due to water damage

It should be noted that Procurement has booked training sessions with areas of high noncompliance on Standing Financial Instructions (SFI's) and Public Contracts Regulations (PCR) to proactively reduce the number of breaches by Clinical Boards.

Report on Single Tender/Quotations Actions

Retrospective – (Nil Return)

The report outlines all SQA/STA (0) requests during the period from the 1st January 2025 to 31st April 2025.

Clinical Board	Supplier	Name of Project	Retrospective Value of Contract Excl VAT	STA Type

Should Retrospective STA/SQA's occur a letter from the Director of Finance will be sent to the Clinical Director/Department Head and copied to the relevant Executive Director to seek assurance that measures will be put in place to ensure that a breach does not occur again. If repeated breaches continue this will be escalated to the CEO.

Prospective (within the permitted guidelines)

The report outlines all SQA/STA (24) requests during the period from the 1st January 2025 to 31st April 2025. The volume processed was higher than normal activity, because of the following: -

1. Bevan Exemplar initiatives – WG approved
2. Year-end Monies/ Capital
3. National Programmes
4. Trials, Testing and Education Programmes
5. Bespoke software support and/or licences
6. Specialist Maintenance and Repairs
7. Partnership Arrangements
8. Compliance / Regulatory Requirements
9. Charitable Funds
10. Standardisation of goods or services
11. Covid-19/ Unforeseen circumstances/Emergencies
12. Exemptions

Clinical Board	Proposed Supplier	Name of Project	Total Value of Contract excl VAT	Type
AWMGS	Genial Genetic Solutions	Shire Maintenance	£55,278.00	Bespoke software support and/or licences
Executives	Apperta Foundation	Apperta Licence for Eye Care Digitalisation	£11,653.85	Bespoke software support and/or licences
CD&T	Manpower UK Ltd	Medical Laboratory Assistant	£11,827.60	Compliance / Regulatory Requirements
Executives	Bridges Self-Management	Clinical Training Courses for Promotion of Healthy Living Strategies	£6,312.00	Compliance / Regulatory Requirements
CD&T	Smartsheets	Smartsheet Subscription	£8,400.00	Bespoke software support and/or licences
Executives	Social Farms and Gardens	Grant Funded	£14,240.00	Charitable Funds
Specialist	Eldrix	Maintenance and Support of Electronic Patient Record System	£36,000.00	Specialist Maintenance and Repairs
CD&T	Kairos Ventures Ltd	Conference Services for AWTTTC Best Practice Day	£5,995.00	Compliance / Regulatory Requirements
CD&T	Phenomenex	Reagents required for assays in the Endocrine Laboratory	£26,890.50	Compliance / Regulatory Requirements
Executives	Matt Appleby	Communication Strategy for Food Cardiff	£7,540.00	Compliance / Regulatory Requirements

Executives	Food Sense Wales	Welsh Veg in Schools Pilot	£5,000.00	
Specialist		Ongoing Maintenance and support for patient care neurosciences systems	£36,000.00	Compliance / Regulatory Requirements
Mental Health		CAVUHB recovery college software	£22,332.75	Standardisation of goods or services
CD&T	Rees Scientific	Temperature Monitoring System	£69,597.36	Bespoke Software Support and/or Licences
CD&T	CoolTherm	CoolTherm Refrigerator	£6,606.00	Bespoke Software Support and/or Licences
CD&T	CBS Butler	Provision of Clinical Coders	£12,859.20	Bespoke Software Support and/or Licences
CD&T	QCI	Provision of Clinical Coders	£26,876.10	Bespoke Software Support and/or Licences
Surgery	THD (UK) Ltd	Capital Purchase – Anal Laser and associated maintenance	£77,760.00	Bespoke Software Support and/or Licences
Surgery	Laborie	Capital Purchase – Manometry Machines and associated maintenance	£75,955.74	Bespoke Software Support and/or Licences
CD&T	AB Sciex Ltd	Maintenance Contract for 6500+ Mass Spectrometer	£39,143.95	Bespoke Software Support and/or Licences
CD&T	J Manny	Roller Shutter Door Replacement and Fire Exits	£8,333.96	Compliance / Regulatory Requirements
Executives	Spaceoasis Ltd	Macmillan Cancer Care Shelving Units	£8,775.00	Compliance / Regulatory Requirements
Executives	C3SC Cardiff Third Sector Council	RPB Partnership Board Coordinate Strategic Planning	£45,000.00	Urgent Operational Requirement
Medicine	Princess Margaret Cancer Centre, Toronto	Personalised Learning Programme – Observership	£24,600	Charitable Funds

Non-Compliant Activity / Contract Breach Summary

The below summary details all Boards who have been reported for non-compliant breaches and exemptions in this period alongside their previous statistics for comparative purposes.

Clinical Board	2023/24 (FY)		2024/25 (FY)		2025/26(YTD)	
	Non-Compliant Breaches	Exemption	Non-Compliant Breaches	Exemption	Non-Compliant Breaches	Exemption
AWMGS	1	0	14	0	1	0
Children and Women	3	0	11	0	0	0
Capital Planning, Estates and Facilities	2	3	17	7	4	2
Clinical, Diagnostics and Therapies	11	4	27	4	8	1
Executives	21	9	35	20	3	0
Medicine	1	0	3	0	1	0
Mental Health	2	1	10	0	1	0
PCIC	2	0	11	0	1	0
Specialist	10	1	11	2	2	0
Surgery and Dental	10	0	8	1	0	0

TOTALS	63	18	147	34	21	3
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STA/SQA's by Department

Clinical Board	2023/24 (FY)		2024/25 (FY)		2025/26(YTD)	
	No. of SQA's/STA's	SQA/STA's Breached	No. of SQA's/STA's	SQA/STA's Breached	No. of SQA's/STA's	SQA/STA's Breached
AWMGS	0	0	6	1	0	0
Children and Women	4	0	2	0	0	0
Capital Planning, Estates and Facilities	2	0	7	0	1	0
Clinical, Diagnostics and Therapies	23	0	34	0	1	0
Executives	13	2	22	2	1	0
Medicine	0	0	3	0	0	0
Mental Health	1	0	3	0	0	0
PCIC	3	0	4	0	0	0
Specialist Services	3	0	5	2	0	0
Surgery Services and Dental	5	1	9	0	0	0
Grand Total	54	3	95	5	3	0





Recommendation:

The Committee are requested to:

- **NOTE** the contents of the Report
- **APPROVE / AGREE** the contents of the Report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	 Providing Outstanding Quality	X
 Delivering in the Right Places	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	Integration	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk:
As outlined in the above section

Safety:
As outlined in the above section

Financial:
As outlined in the above section

Workforce:	
As outlined in the above section	
Legal:	
As outlined in the above section	
Reputational:	
As outlined in the above section	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
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May 2025

Supplementary information for the Director of Finance - Report of Single Tender/Quotations Actions

Category reason for SQA/STA's

1. Bevan Exemplar initiatives – WG approved
2. Year-end Monies/ Capital
3. National Programmes
4. Trials, Testing and Education Programmes
5. Bespoke software support and/or licences
6. Specialist Maintenance and Repairs
7. Partnership Arrangements
8. Compliance / Regulatory Requirements
9. Charitable Funds
10. Standardisation of goods or services
11. Covid-19
12. Unforeseen/unplanned circumstances
13. Emergencies
14. Exemptions

Retrospective – (Nil Return)

The report outlines all retrospective SQA/STA (0) requests during the period the 1st January 2025 to 31st April 2025.

Clinical Board	Proposed Supplier	Name of Project	Total Value of Contract Excl VAT	Type	Reason Detail for STA	Category

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Prospective (within the permitted guidelines)

The report outlines all SQA/STA (24) requests during the period the 1st January 2025 to 31st April 2025.

The volume processed was as a consequence of the following:-

1. Bevan Exemplar initiatives – WG approved
2. Year-end Monies/ Capital
3. National Programmes
4. Trials, Testing and Education Programmes
5. Bespoke software support and/or licences
6. Specialist Maintenance and Repairs
7. Partnership Arrangements
8. Compliance / Regulatory Requirements
9. Charitable Funds
10. Standardisation of goods or services
11. Covid-19
12. Unforeseen/unplanned circumstances
13. Emergencies
14. Exemptions

Clinical Board	Proposed Supplier	Name of Project	Total Value of Contract Excl VAT	Type	Reason Detail for STA	Category
AWMGS	Genial Genetic Solutions	Shire Maintenance	£55,278.00	Bespoke software support and/or licences	Shire Maintenance - Genial are the owner of the software. No 3rd party are able to provide the maintenance support required	5
Executives	Apperta Foundation	Apperta Licence for Eye Care Digitalisation	£11,653.85	Bespoke software support and/or licences	Apperta maintains the global rights for OpenEyes and they also retain the asset as an Open Source application but cover through DCB0124	5
CD&T	Manpower UK Ltd	Medical Laboratory Assistant	£11,827.60	Compliance / Regulatory Requirements	The MLA is needed within WEQAS, which is an independant organisation within CD&T. The supplier providing the agency worker is not on a framework for medical staffing and therefore needed to procure SQA route to support the demand in WEQAS and not interrupt the income.	8

Saunders Nathan
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Executives	Bridges Self-Management	Clinical Training Courses for Promotion of Healthy Living Strategies	£6,312.00	Compliance / Regulatory Requirements	Bridges is the sole provider of this unique, evidence-based approach, which integrates behaviour change techniques, co-production, and self-management principles tailored specifically to healthcare. no alternatives identified through market research for alternative suppliers that could meet the specific requirements of this programme.	8
CD&T	Smartsheets	Smartsheet Subscription	£8,400.00	Bespoke software support and/or licences	This supplier has been used by AW TTC for many years and cannot leave this for an alternative supplier. AW TTC is a standalone part of CD&T that has their own ringfenced pot of spending.	5
Executives	Social Farms and Gardens	Grant Funded	£14,240.00	Charitable Funds		9
Specialist	Eldrix	Maintenance and Support of Electronic Patient Record System	£36,000.00	Specialist Maintenance and Repairs	maintenance of electronic patient record system used across Wales since 2009	6
CD&T	Kairos Ventures Ltd	Conference Services for AW TTC Best Practice Day	£5,995.00	Compliance / Regulatory Requirements	AW TTC event at the All Nations Centre - Provided by Kairos Ventures Ltd. Essential requirements for this annual event AW TTC hosts on behalf of NHS Wales. Funding from Welsh Government.	8
CD&T	Phenomenex	Reagents required for assays in the Endocrine Laboratory	£26,890.50	Compliance / Regulatory Requirements	Replacement of ad-hoc orders with Phenomenex through the year. single supplier for these reagents. These reagents/supplies are used in assays that have gone through validation and verification protocols. This set up of the standing order with this supplier will allow reassurance of the supply of these reagents/supplies to enable a continuous safe service for patients.	8
Executives	Matt Appleby	Communication Strategy for Food Cardiff	£7,540.00	Compliance / Regulatory Requirements		8
Executives	Castell Howell	Food Sense Wales - Welsh Veg in Schools Pilot	£5,000.00	Partnership Arrangements		7
Specialist	Eldrix	Ongoing Maintenance and support for patient care neurosciences systems	£36,000.00	Compliance / Regulatory Requirements	Eldrix is the only company able to make amendments additions to the Patient Care System	8

Mental Health	Action Starter Limited	CAVUHB recovery college software	£22,332.75	Standardisation of goods or services	Bespoke system for CAV RC - previously been non-compliant	10
CD&T	Rees Scientific	Temperature Monitoring System	£69,597.36	Bespoke Software Support and/or Licences	The 12-month contract will enable essential compliance with ISO 15189-2012 accreditation and MHRA regulatory requirements while a full value for money exercise is performed via an open tender which is currently collecting responses.	5
CD&T	CoolTherm	CoolTherm Refrigerator	£6,606.00	Bespoke Software Support and/or Licences		5
CD&T	CBS Butler	Provision of Clinical Coders	£12,859.20	Bespoke Software Support and/or Licences		5
CD&T	QCI	Provision of Clinical Coders	£26,876.10	Bespoke Software Support and/or Licences		5
Surgery	THD (UK) Ltd	Capital Purchase – Anal Laser and associated maintenance	£77,760.00	Bespoke Software Support and/or Licences	Specialist function	5
Surgery	Laborie	Capital Purchase – Manometry Machines and associated maintenance	£75,955.74	Bespoke Software Support and/or Licences	Specialist function	5
CD&T	AB Sciex Ltd	Maintenance Contract for 6500+ Mass Spectrometer	£39,143.95	Bespoke Software Support and/or Licences	Specialist function	5
CD&T	J Manny	Roller Shutter Door Replacement and Fire Exits	£8,333.96	Compliance / Regulatory Requirements	Emergency repairs for the fire exits to be in alignment with health and safety regulations.	8
Executives	Spaceoasis Ltd	Macmillan Cancer Care Shelving Units	£8,775.00	Compliance / Regulatory Requirements		8

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Executives	C3SC Cardiff Third Sector Council	RPB Partnership Board Coordinate Strategic Planning	£45,000.00	Partnership Arrangements		7
Medicine	Princess Margaret Cancer Centre, Toronto	Personalised Learning Programme – Observership	£24,600	Charitable Funds	Received a grant to undertake an Observership in Toronto to learn and try to implement in Wales to improve cancer treatment in older adults	9

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STA/SQA	SQA/STA Number	Contract Folder Number	Procurement Officer	Date Received	Clinical Board Requestor	Clinical Board	Proposed Supplier	Name of Project	Total Value of Contract excl VAT	Annual Value of Contract excl VAT	Retrospective?	Restrospective Value of Contract excl VAT	Start Date of Contract	End Date of Contract	Extension Option	Type	Category of STA/SQA for Audit Paper	Reason Detail for STA	Long Term Solution
CAV	STA	(2024/25)124	MQ153	08/01/2025	Priva Leon	AWMGS Executive	Genial	Shire Maintenance	£55,278.25	£26,965.00	No	£0.00	01/02/2025	£46,053.00	Yes - 12	Sole Supplier of Proprietary Items.	Bespoke software support	Shire Maintenance - Genial are the owner of the	Shire only required for a further
CAV	SQA	(2024/25)124	SP04.04	10/01/2025	Leon	Executive	Apperta	Apperta Licence for Eye Care	£11,653.85	£13,984.62	Yes	£5,250.00	06/01/2024	31/03/2026	N/A	Proprietary Items.	Bespoke software support	Apperta maintains the global rights for OpenEyes and The MA is needed within WEQAS, which is an	Funding dependent at present.
CAV	SQA	(2024/25)124	QU370	15/01/2025	Samanth	CD&T	Manpower	Medical Laboratory Assistant	£11,827.60	£14,193.12	No	N/A	20/01/2025	07/07/2025	N/A	Sole Supplier of	Compliance / Regulatory	WEQAS are looking at	WEQAS are looking at
CAV	SQA	(2024/25)192	QU404	23/01/2025	Jenna McLaren	Executives	Bridges Self Management	Clinical Training Courses for Promotion of Healthy Living Strategies	£6,312.00	£7,574.40	No	N/A	05/03/2025	£45,747.00	N/A	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	Bridges is the sole provider of this unique, evidence-based approach, which integrates behaviour change techniques, co-production, and self-management principles tailored specifically to healthcare. no alternatives identified through market research for alternative suppliers that could meet the specific requirements of this programme.	one off requirement
CAV	SQA	(2024/25)193	QU401	22/01/2025	Ruth Jones	CD&T	Smart Sheets	smartsheet subscription	£8,400.00	£10,080.00	No	N/A	28/01/2025	27/01/2026	N/A	Sole Supplier of Goods or Services	Bespoke software support and/or licences	This supplier has bene used by AWTTTC for many years and cannot leave this for an alternative supplier. AWTTTC is a stand alone part of CD&T that has their own pot of spending.	
CAV	SQA	(2024/25)199	QU394	16/01/2025	Caz Falcon	Executives	Social Farms and Gardens	Grant funded	£14,240.00	£17,088.00	No	N/A	14/02/2025	31/03/2025	N/A	Sole Supplier of Goods or Services	Charitable Funds		Not Applicable
CAV	STA	(2024/25)100	CR556	10/02/2025	Lisa Simm	Specialist	Eldrix	Maintenance and Support of Electronic patient record system	£36,000.00	£43,200.00	No	N/A	01/04/2025	31/03/2028	N/A	Sole Supplier of Goods or Services	Specialist Maintenance and Repairs	maintenance of electronic patient record system used across Wales since 2009	Not Applicable
CAV	SQA	(2024/25)107	QU436	11/02/2025	Ruth Lang	CD&T	Kairos Ventures Ltd	Conference services for AWTTTC Best Practice Day	£5,995.00	£7,194.00	No	N/A	22/02/2025	TBC	N/A	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	AWTTTC event at the All Nations Centre - Provided by Kairos Ventures Ltd. Essential requirement for this annual event AWTTTC hosts on behalf of NHS Wales. Funding from Welsh Government.	Potential renewal following SQA process, will review within contract period.
CAV	STA	(2024/25)109	CR1278	18/02/2025	Rachel Hunt	CD&T	Phenomenix	Reagents required for assays in the Endocrine laboratory	£26,890.50	£32,268.60	No	N/A	TBC	TBC	TBC	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	Replacement of ad-hoc orders with Phenomenex through the year. single supplier for these reagents. These reagents/supplies are used in assays that have gone through validation and verification protocols. This set up of the standing order with this supplier will allow reassurance of the supply of these reagents/supplies to enable a continuous safe service for patients.	Look to set up the annual standing order or other options to continue a suitable supply following the end of the contract
CAV	SQA	(2024/25)110	QU414	20/02/2025	Pearl Costello	Executives	Matt Appleby	Communication Strategy for Food Cardiff	£7,540.00	£9,048.00	No	N/A	27/02/2025	31/03/2025	N/A	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements		
CAV	SQA	(2024/25)113	QU393	16/01/2025	Caz Falcon	Executives	Castell Howell	Food Sense Wales - Welsh Veg in Schools Pilot	£5,000.00	£0.00	No	N/A	27/02/2025	31/03/2025	N/A				
CAV	STA	(2024/25)114	CR556	25/02/2025	Lisa Simm	Specialist	Eldrix	Ongoing Maintenance and support for patient care neurosciences systems	£36,000.00	VAT Exempt	No	N/A	01/04/2025	31/03/2028	N/A	Capability with existing equipment or service	Compliance / Regulatory Requirements	Eldrix is the only company able to make amendments additons to the PatientCare System	
CAV	SQA	(2024/25)118	CM91	30.01.2025	Nigel Payne	Mental Health	Action Starter Limited	CAVUHB recovery college software	£22,332.75	£7,444.25	No	no	01/04/2025	31/03/2028	No	Sole Supplier of Goods or Services	Standardisation of goods or services	Bespoke system for CAV RC - previously been non compliant	Discuss the market and see if any other options available
CAV	STA	(2024/2025)122	CR158	11/03/2025	Rachel Borrell	CD&T	Rees Scientific	Temperature Monitoring System	£69,597.36	£69,597.36	No	N/A	03/04/2025	02/04/2026	N/A	Capability with existing equipment or service	Bespoke software support and/or licences	The 12-month contract will enable essential compliance with ISO 15189-2012 accreditation and MHRA regulatory requirements while a full value for money exercise is performed via an open tender which is currently collecting responses.	Tender for a new system with replacement hardware and service solutions for 5 year period.
CAV	SQA	(2024/2025)124	QU503	07/02/2025	David Duqroc	CD&T	CoolTherm	Cootherm Refrigerator	£6,606.00	£7,927.20	No	N/A	One off	One off	N/A	Sole Supplier of Goods or Services	Bespoke software support and/or licences		
CAV	SQA	(2024/2025)125	CR358.19	07/03/2025	Dan Spiro	CD&T	CBS Butler	The Provision of Clinical Coders	£12,859.20	£15,431.04	No	N/A	01/04/2025	30/09/2025	6 months	Sole Supplier of Goods or Services	Bespoke software support and/or licences		
CAV	STA	(2024/2025)126	CR358.19	07/03/2025	Dan Spiro	CD&T	QCI	The Provision of Clinical Coders	£268,761.60	£322,513.92	No	N/A	01/04/2025	30/09/2025	6 months	Sole Supplier of Goods or Services	Bespoke software support and/or licences		
CAV	STA	(2024/2025)129	CAPSS	10/03/2025	Laura Jones	Surgery	THD UK Ltd	Capital purchase of anual laser and associated maintenance	£77,760.00	£77,760.00	No	N/A	One off	One off	N/A	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	Specialist function	One off capital purchase
CAV	STA	(2024/2025)130	CAPSS	10/03/2025	Laura Jones	Surgery	Laborie	Capital purchase of Manometry Machines associated maintenance	£75,955.74	£77,760.00	No	N/A	One off	One off	N/A	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	Specialist function	One off capital purchase
CAV	STA	(2024/2025)131	CR1317	18/03/2025	Nigel Roberts	CD&T	AB Sciex UK Limited	Maintenance contract for 6500+ QTRAP Mass spectrometer	£39,143.95	£46,972.74	No	N/A	30/04/2025	£46,141.00	N/A	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	Specialist function	
CAV	SQA	(2024/2025)134	QU510	18/03/2025	David Duqroc	CD&T	J Manny	Roller Shutter Door replacement and Fire Exits	£8,333.96	£10,000.75	No	N/A	One Time purchase	One Time purchase	One Time purchase	Sole Supplier of Goods or Services	Compliance / Regulatory Requirements	Emergency repairs for the fire exits to be in alignment with health ans safety regulations.	

CAV	SQA	CAV SQA (2024/2025) 135	QU445	25/02/2025	Michelle Fowler	Executives	Spaceoasis .td	Macmillan Cancer Care shelving units	£8,775.00	£10,530.00	No	N/A	One Time purchase	One Time purchase	One Time purchase	Sole Supplier of Goods or Services	Charitable Funds	
CAV	STA	CAV STA (2024/25) 139	CR1308	25/02/2025	Alison Law	Executives	C3SC Cardiff Third Sector Council	RPB Partnership Board Coordinate Strategic Planning	£45,000.00	£54,000.00	No	N/A		One Off	One Off	n/a	Urgent Operational Requirement	
CAV	SQA	CAV-SQA (2024-25) 149	CR1322	14/03/2025	Dr Juliette Lewis-Jones	Medicine	Princess Margaret Cancer Centre, Toronto	Personalised Learning Program - Observership	\$24600		No	N/A	22/03/2025	15/06/2025	N/A	Sole Supplier of Goods or Services	Charitable Funds	Recieved a grant to undertsake an observaship in toronto to learn and try to implement in wales to improve cancer treatment in older adults

Saunders Nathan
19/05/2025 13:50:19

Report Title:	Report of the Losses and Special Payments Panel	Agenda Item no.	3.1
Meeting:	Audit and Assurance Committee	Public	X
		Private	
Meeting Date:			20 th May 2025
Status <i>(please tick one only):</i>	Assurance	Approval	X
Information			
Lead Executive:	Executive Director of Finance		
Report Author (Title):	Head of Financial Accounting and Services		

Main Report

Background and current situation:

As defined in the Standing Financial Instructions, the Audit and Assurance Committee is required to approve the write off of all losses and special payments within the delegated limits determined by the Welsh Government. To assist the Audit and Assurance Committee with this task, the UHB has established a Losses and Special Payments Panel, under the chairmanship of the Director of Finance (delegated to the Deputy Director of Finance). This panel meets twice yearly and is tasked with considering the circumstances around all such cases and to make appropriate recommendations to the Committee.

The work of the panel supports the UHB's sustainability and ensures that we make the best use of the resources that we have.

The Losses and Special Payments Panel met on 26th November 2024 to consider the period 1st April 2024 to 30th September 2024. The recommendations of that Panel were approved at the Audit & Assurance Committee on 4th February 2025.

This report informs the Audit and Assurance Committee of the items considered at the last meeting of the Losses & Special Payments Panel held on 13th May 2025.

The minutes of the Panel meeting are attached as Appendix 1. The minutes give more detail about the issues discussed at the meeting, including those items that have been recommended to the Audit Committee for approval for the period 1st October 2024 to 31st March 2025 and those items for the period 1st April 2024 to 31st March 2025.

This will complete the approval of all Losses & Special Payments to be written off in the year 2024/2025 that are included within the draft Cardiff & Vale UHB Annual Accounts submission.

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

These losses and special payments need to be considered and approved by the Audit and Assurance Committee.

The following losses have been identified for write off;

- Clinical Negligence claims of £26.725m and Personal Injury claims of £0.185m for the period 1st October 2024 to 31st March 2025;
- Bad Debt write-offs of £39,556 for the period 1st October 2024 to 31st March 2025;
- Ex gratia and other losses of £8,114 for the period 1st October 2024 to 31st March 2025;
- Small Claims losses of £20,889 for the period 1st October 2024 to 31st March 2025;
- Employment Tribunal losses of £37,000 for the period 1st October 2024 to 31st March 2025;

- Permanent Injury claims of £361,418 for the period 1st April 2024 to 31st March 2025;
- Stock losses of £516,173 for the period 1st April 2024 to 31st March 2025.

Recommendation:

The Board / Committee are requested to:

- **APPROVE** the write offs outlined in the period outlined in the Opinion and Key Issues Section of this report as recommended by the Looses and Special Payments Panel held on 13th May 2025.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First		 Providing Outstanding Quality	
 Delivering in the Right Places	X	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No
Safety: No
Financial: Yes - This completes the summarized record of the losses incurred by the UHB in 2024-25
Workforce: No
Legal: No
Reputational: Yes - This completes the summarized record of the losses incurred by the UHB in 2024-25
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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19/05/2024 15:50:19

MINUTES OF THE MEETING OF THE LOSSES AND SPECIAL PAYMENTS PANEL HELD ON 13th May 2025

PRESENT: Robert Mahoney (RM) – Deputy Director of Finance (Chair)
Helen Lawrence (HL) – Head of Financial Accounting & Services
Steve Monk (SM) – Losses Accountant
Rebecca Holliday (RH) – Head of Financial Services
Leanne Morris LM (LM) – Head of People Services

APOLOGIES: Henry Bales (HB) – Counter Fraud Manager
Karen Lewis (KL) – Head of Personal Injury and Small Claims
Andrew Crook (AC) – Head of People Assurance & Experience
Suzanne Wicks (SW) – Head of Clinical Negligence Claims

1. Minutes of Last Meeting

The minutes of the last meeting were reviewed for accuracy and the group endorsed the minutes as an accurate record. There were no matters arising which were not covered elsewhere on the agenda.

2. Clinical Negligence and Personal Injury Losses

SM presented the financial report on Clinical Negligence and Personal Injury losses for the financial year 2024/2025. He stated that the **first part** of the report was to note the Income & Expenditure (I&E) impact of CN & PI for the full year and the **second part** was to report the finalised claims for the period 1st October 2024 to 31st March 2025 (**the finalised claims for the period 1st April 2024 to 30th September 2024 were reported to the November Panel**).

First Part - Summary of Losses

	2024/2025 £'000	2023/2024 £'000
Clinical Negligence	-18,838	40,692
Personal Injury	514	940
Total Loss	-18,324	41,632
Less WRP Receipts Due	20,318	-39,555
Total Net Cost to the UHB	1,994	2,077

Appendix 1

SM advised that the gross I&E cost for all new, closed and ongoing **Clinical Negligence** claims was a reduction of -£18.838m for the year. He advised that there were a number of key factors for this decrease;
2 high value cases where the outstanding gross provision of -£20.888m has been transferred to the WRP who are responsible for making annual payments in respect of Periodical Payment Orders;

2 claims settled in year for significantly below the brought forward provision, -£14.397m;

The Personal Injury Discount Rate (PIDR) changed in January 2025 from -0.25% to +0.5%. This reduces the quantum for high value cases thereby lowering the provision for future payments. The Welsh Risk Pool provided a figure of -£6.210m to reduce the gross provision and this has been reflected in the draft 2024/2025 Annual Accounts. The methodology for this adjustment had been agreed with Audit Wales.

Combined with the movement in existing cases and new cases of £22.657m, the overall gross I&E impact is -£18.838m.

The number of new claims that the UHB received was comparable with the previous year, however, the value of the new claims is significantly lower than in 2023/2024.

The number and value of claims received under PTR remains consistent with previous financial years. It should be noted that WRP will fully reimburse the damages and defence costs incurred on all PTR cases, however, the UHB will bear the costs of the Claimants legal fees, which under PTR are capped at £1,920.00.

SM advised that the gross I&E cost of all new, closed and ongoing **Personal Injury** claims was £0.514m. The number of claims is broadly in line with the previous year 2023/2024. The UHB continues to consider a small number of claims through the Alternative Compensation Scheme which is an in house scheme which provides redress to injured individuals without the need for costly litigation. Improvements in working practice, safety at work and investigative processes has resulted in individuals being dissuaded from seeking legal advice to pursue potential claims.

Recommendation

The Panel recommended that the Audit and Assurance Committee note that the net cost of Clinical Negligence & Personal Injury claims for the full year was £1.994m. This figure is included within Note 3.4 of the draft 2024/2025 Annual Accounts.

Second Part - Finalised Claims

Clinical Negligence

During the six month period 1st October 2024 to 31st March 2025, there were 50 claims (where liability had been conceded and settlements paid) which had concluded at a total settlement cost of £26.725m (which is treated as a loss for write off). The UHB had also incurred £0.785m in defence fees and was successful in recovering £26.419m from the Welsh Risk Pool for these claims, resulting in a net cost to the UHB of £1.091m.

Personal Injury

During the six month period 1st October 2024 to 31st March 2025, there were 14 claims (where liability had been conceded and settlements paid) which had concluded at a total settlement cost of £0.185m (which is treated as a loss for write off). The UHB had also incurred £0.050m in defence fees and was successful in recovering £0.057m from the WRP for these claims, resulting in a net cost to the UHB of £0.178m.

The panel were advised that expenditure on defence fees on Clinical Negligence and Personal Injury cases was not treated as a loss and also that that all costs are accrued over the lifetime of a claim which can span many years.

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 50 Clinical Negligence claims totalling £26.725m and 14 Personal Injury claims totalling £0.185m for the period 1st October 2024 to 31st March 2025.

3. Debt Write Offs

RH presented a report on proposed invoice write offs for the period 1st October 2024 to 31st March 2025. These were as follows;

Period 7-12 2024/2025	Value	Number
Payroll	13,972.14	25
Private Patients	740.00	2
Overseas Patients	8,275.85	6
Miscellaneous	16,568.31	47
	<hr/>	
	39,556.30	80

Appendix 1

RH advised that as in previous years the overpayment of salary for those employees who have terminated continues to prove difficult to collect. We continue to refer overdue invoices that we have been unable to collect to CCI Credit Management. The value of payroll write offs has decreased due to change in process and actively referring non payers to CCI for Legal Action.

All Overseas and Private Patient debts were referred to CCI but they were unable to collect and advised against taking legal action as it would prove to be uneconomical for the Health Board.

The miscellaneous debts were referred to CCI where applicable but they were unable to collect and advised against taking legal action as it would prove to be uneconomical for the Health Board. Some were also at the request of the referring department.

For comparison RH presented a table to highlight the number and value of write offs actioned in the previous 5 financial years;

months 1-12	2019/20		2020/21		2021/22		2022/23		2023/24		2024/25	
	Value	No	Value	No	Value	No	Value	No	Value	No	Value	No
Accommodation	£ 1,222.00	1	£ 297.01	2	£ 300.00	1	£ 6,825.00	22	£ 93.72	1	£ -	0
Dental	£ 164.40	10	£ -	0	£ -	0	£ -	0	£ -	0	£ -	0
Medical Records	£ 70.00	4	£ -	0	£ -	0	£ -	0	£ -	0	£ -	0
Payroll	£ 21,732.58	67	£ 15,469.41	69	£ 52,907.14	90	£ 82,761.05	132	£ 17,012.67	63	£ 20,060.07	53
Private Patients	£ 16,047.87	27	£ 3,928.00	3	£ 2,151.00	12	£ 428.65	4	£ 1,456.07	2	£ 1,599.00	5
O/Seas Patients	£ 76,414.74	20	£ 58,886.33	9	£ 28,335.56	25	£ 28,430.01	16	£ 9,890.91	6	£ 17,528.24	12
IVF Wales	£ -	0	£ -	0	£ -	0	£ -	0	£ -	0	£ -	0
Misc	£ 18,264.60	89	£ 13,880.86	104	£ 116,107.65	78	£ 15,237.98	86	£ 17,877.53	91	£ 17,632.24	73
	£ 133,916.19	218	£ 92,461.61	187	£ 199,801.35	206	£ 133,682.69	260	£ 46,330.90	179	£ 56,819.55	143

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 80 Bad Debts totalling £39,556.30 for the period 1st October 2024 to 31st March 2025

4. Ex Gratia and Other Losses

SM presented a report on the ex-gratia losses for the period 1st October 2024 to 31st March 2025. There had been 11 losses totalling £8,114.98 made. There were 5 payments as a result of complaints made against Cardiff & Vale where, following investigations, the Public Services Ombudsman for Wales (PSOW) made recommendation to the UHB to compensate the claimants. There was 1 payment made to HM Revenue & Customs for interest charged on a VAT repayment. Following a year end audit of the UHB's petty cash and floats, discrepancies were discovered totalling £425.50 with Catering floats, Dental Clinic and Llandough Petty cash. Finally, there were 4 instances where forged notes were received through the various catering outlets.

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 11 Ex Gratia & Other Losses totalling £8,114.98 for the period 1st October 2024 to 31st March 2025.

5. Small Claims Losses

KL was unable to attend the meeting but had presented SM with a report on the small claims for the period 1st October 2024 to 31st March 2025. During the period 36 claims had been settled at a total cost of £20,889.06. A breakdown of the cases were as follows;

Breakdown of 36 cases:

Loss/Damage Clothing – 7 Claims = £779.41
Loss of Money – 7 Claims = £216.70
Loss of Spectacles – 2 Claims = £430.00
Loss of Dentures – 5 Claims = £5,500.00
Loss of Hearing Aids – 1 Claim = £3,245.00
Damage to Vehicles – 1 Claim = £790.00
Loss of Personal Possessions – 9 Claims = £1,192.95
Loss of Jewellery – 4 Claims = £8,735.00

Claims by Clinical Board and location:

Adult Mental Health - 9 Claims
Medicine – 20 Claims
Surgery – 6 Claims
Estates – 1 Claim

SM advised that since the last period, there has been a slight increase in the reimbursement of small claims submitted compensated. There has been 36 small claims compared to the 33 in the last reporting period. All Small claims are challenged to ensure evidence of a receipt or proof of purchase for any compensation claims made, as proof of the correct full value of any items damaged or lost.

The highest value claim this period was for loss of Jewellery that went missing on the Lakeside Wing at UHW. The total claim was for £4,800 the patient had completed a property list from admission but the jewellery had gone missing on the ward and initially there was some dispute about the number of rings but this was later confirmed by a statement from a member of staff. The Claimant obtained receipts for the jewellery prior to the claim being agreed.

Appendix 1

The second highest value claim was also for the loss of jewellery on a Care of the Elderly Mental Health Ward at UHL, similarly these items had gone missing following the completion of a property list.

We continue to advise patients to hand over any personal items to relatives / friends. This is difficult with items such as wedding and engagement rings particularly during emergency admission.

Posters around the hospital remain, to highlight and remind staff, patients and visitors, of the procedures they should follow to avoid missing property and claims being submitted.

For comparison a table highlighting the full year claims and values for the previous 4 years was provided;

2020/2021		2021/2022		2022/2023		2023/2024		2024/2025	
Number	Value	Number	Value	Number	Value	Number	Value	Number	Value
63	39,845	76	25,119	75	48,209	67	33,484	69	37,933

Recommendation

The Panel recommended that the Audit & Assurance Committee approve the write off of 36 Small Claims totalling £20,889.06 for the period 1st October 2024 to 31st March 2025.

6. Employment Tribunal Costs

LM presented a report outlining the claims and costs for the period 1st October 2024 to 31st March 2025. During the period, Cardiff and Vale University Health Board had been involved with 11 Employment Tribunal claims. 1 claim had been withdrawn, 3 claims had been settled for a total of £37,000 and 1 claim had been settled with no monetary value. 6 claims remained open.

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 3 Employment Tribunal cases totalling £37,000 for the period 1st October 2024 to 31st March 2025.

7. Permanent Injury

SM presented a report on Permanent Injury costs for the period 1st April 2024 to 31st March 2025. SM explained that permanent injury benefit allowances were approved by the NHS Pensions Agency and the long term costs were picked up by the UHB. The costs must be treated as losses and should be noted by the Panel. The UHB made payments on a quarterly basis to the Pensions Agency based on bills received from them.

SM advised that there were payments made of £241k in respect of 23 cases. The I&E impact in year is driven by the Post Employment Benefit discount rates issued by HM Treasury in November 2024 changing from 2.45% to 2.40%, change in life expectancy, annual uplift and cases concluding. The full year impact was minimal at £10k.

There were 3 cases during the period where the claimants had passed away and we have therefore closed the cases. Furthermore, we now write off the total expenditure incurred on the 3 cases to date of £156k, £74k and £131k. 20 cases remained open.

Recommendation

The Panel noted the I&E impact of £10,022 and recommended that the Audit & Assurance Committee approve the write off of 3 Permanent Injury cases totalling £361,418 for the period 1st April 2024 to 31st March 2025.

8. Stock Write Offs

HL presented a report in respect of stock losses identified during the period 1st April 2024 to 31st March 2025. A complete stock take was undertaken at the year end across all stock control areas. As part of the year end stock take, budget holders are asked to identify stock which has become obsolete or been lost/damaged during the year. There were 23 write offs with a total of £352k of obsolete stock and £164k of lost/damaged stock identified.

For comparison a table to compare the previous 5 financial years was presented;

2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Total	Total	Total	Total	Total	Total
258,794	347,350	438,456	630,679	223,004	516,173

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the 23 Stock Write Offs totalling £516,173.01 for the period 1st April 2024 to 31st March 2025.

9. Counter Fraud

HB was unable to attend the meeting but had presented SM with a report for the period 1st October 2024 to 31st March 2025. At the start of the period there were 8 investigations that were open and continuing, 16 new cases had commenced during the period and 11 cases had closed. There remained 13 ongoing investigations.

There was £19,358.59 of Non Fraud (eg Theft) Losses identified, this amount has been recovered by way of civil recovery or by agreement with the individuals to repay the money. There were no proven unrecovered losses to write off for the period.

Recommendation

The Panel noted the contents of the report. As there had been no cases closed during the period which had resulted in a loss there were no cases to be approved for write off for the period 1st October 2024 to 31st March 2025.

AOB

The next meeting of the panel would be in November 2025.

Report Title:	Counter Fraud Annual Report 2024-25			Agenda Item no.	3.2	
Meeting:	Audit Committee – Working Group	Public	✓	Meeting Date:	20 th May 2025	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval	✓	Information	✓
Lead Executive:	Catherine Phillips					
Report Author (Title):	Henry Bales Counter Fraud Manager					

Main Report

Background and current situation:

In January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services. The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government’s commitment to fighting fraud against the public sector.

This annual report will highlight the activities undertaken by the LCFS team, and demonstrate how they have delivered their counter fraud, bribery and corruption activities. Additionally, in compliance with the NHSCFA’s standards for providers, this annual report will also document and present the following details,

- Days used to deliver counter fraud, bribery and corruption work
- The cost of counter fraud, bribery and corruption work carried out during the year
- Details of any risk based proactive exercises conducted during the year
- The number of incident reports and cases recorded on the NHSCFA Case management system
- Number and type of sanctions imposed, including recoveries made.

The report also highlights how LCFS’ has demonstrated compliance towards the recognised standards, with some of the key aspects summarised. The NHS CFA measures compliance as follows: **Green – fully compliant; Amber – partially compliant; Red – non-compliant.**

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

Agreed and approved by Executive Director Finance.

At the start of the year 480 days were planned for. 457 days have been provided to Cardiff and Vale UHB in this fiscal year. The reduction in these days has been the result of the department being understaffed for one quarter by one member of staff, whilst the recruitment process was ongoing. The burden of this was shared across the five organisations covered by the department (CAVUHB, DHCW, HEIW, Velindre, PHW). Whilst this did have an impact on resources a risk based approach was taken for allocation during this time and the impact was minimised.

Whilst the amount of time available to the CAVUHB Counter Fraud provision has not met that planned for, assurance can be provided as to the standard of service that has been measured against NHS Counter Fraud functional standards. This measurement of compliance is provided in the main body of the report. A functional standard return will also be provided to the NHS CFA who may choose to quality assess the contents of the report against work undertaken.





The Audit and Assurance Committee are asked to review and approve this report as it is used along with other documents to inform upon the quality and success of the Counter Fraud provision supplied for the year.

Recommendation:

The Board / Committee are requested to: **approve** the report as an accurate assessment of the work undertaken during the year and a measure of compliance with the standards set out by the NHS CFA.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First		 Providing Outstanding Quality	X
 Delivering in the Right Places	X	 Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	✓	Long term	✓	Integration		Collaboration	✓	Involvement	✓
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Loss of public funds which has an effect on patient care

Safety: No

Financial: Yes

Loss of public funds which has an effect on patient care

Workforce: Yes

Reduction of available staff during investigations and sanctions; demotivation

Legal: Yes

Use Statutory legislation to conduct investigations

Reputational: Yes

All negative publicity undermines public confidence

Socio Economic: Yes/No

N/A

Equality and Health: No

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Annual Counter Fraud Report
01/04/2024 - 31/03/2025

HENRY BALES
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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Appendices

1. Performance Charts

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1. Introduction

This Counter Fraud Annual Report has been written in accordance with Welsh Government Directions on Fraud, Bribery and Corruption, which requires Local Counter Fraud Specialists (LCFS') to provide a written report at least annually to Cardiff and Vale University Health Board (CAVUHB). All NHS organisations, in compliance to their service conditions of their NHS standard contract, must comply with the NHS Counter Fraud Authority's (NHSCFA's) fraud, bribery and corruption standards for providers.

This annual report will highlight the activities undertaken by the LCFS team, and demonstrate how they have delivered their counter fraud, bribery and corruption activities. Additionally, in compliance to the NHSCFA's standards for providers, this annual report will also document and present the following details,

- Days used to deliver counter fraud, bribery and corruption work
- The cost of counter fraud, bribery and corruption work carried out during the year
- Details of any risk based proactive exercises conducted during the year
- The number of incident reports and cases recorded on the NHSCFA Case management system
- Number and type of sanctions imposed, including recoveries made.

In addition, at Appendix 1, a breakdown of the activities of the Counter Fraud Team for the financial year is provided, along with benchmarking data from the previous two years. The aim of this is to provide relevant data to identify areas of strength and areas of need. This data is then used to inform the workplan for the coming year.

This report has been complimented throughout the year with detailed progress reports presented to the Audit and Assurance Committee and additional briefings being presented to the Executive Director of Finance. This Counter Fraud Annual Report will also be distributed to the NHS Counter Fraud Service (Wales) and be made available to the NHSCFA Quality Assurance and compliance team for review if requested.

For the purposes of this report, the term 'fraud' refers to a range of economic crimes, such as fraud, bribery and corruption or any other illegal acts committed by an individual or group to make a financial or professional gain, or to cause an economic loss.

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(The NHSCFA is a Special Health Authority charged with identifying, investigating and preventing fraud within the NHS and the wider health groups. The legislation which created the NHSCFA transferred all functions and powers from NHS Protect to the NHSCFA. The NHSCFA is independent from other NHS bodies and is directly accountable to the Department of Health and Social Care).

2. Summary of Compliance

In January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the Government Functional Standard GovS 013: Counter Fraud. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services. The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The final engagement which sealed the implementation of the Government Functional Standard GovS 013: Counter Fraud occurred at the All Wales Directors of Finance meeting on 19th February 2021.

The section below highlights how LCFS' has demonstrated compliance towards the recognised standards, with some of the key aspects summarised. The NHS CFA measures compliance as follows: **Green – fully compliant**; **Amber – partially compliant**; **Red – non-compliant**.

(A similar breakdown of the actions undertaken by the LCFS team in direct measurement against the Standard requirements for 2024-2025 will be recorded in the NHS CFA Functional Standard Return. This is due for completion by 31st May 2025. This document will be completed by the Counter Fraud Manager and is required to be submitted to the Director of Finance and the Audit Committee Chair for sign-off prior to submission to the NHS CFA.)

■ Requirement 1: Accountable Individual and Audit Assurance

Overall governance of Counter Fraud is led by the Executive Director of Finance (EDoF). The Local Counter Fraud Specialist (LCFS) has ensured to notify the EDoF of any referrals received and regular updates are provided throughout the investigation process. Additionally, the LCFS has extended this exchange of information to ensure that where appropriate, senior people services members have been briefed where aspects of a Counter Fraud investigation may overlap with that of a disciplinary concern. During the course

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of the year regular updates and meetings have taken place between the LCFS and EDoF, Head of Internal Audit, the Counter Fraud Champion and other senior managers.

The LCFS is an invited member of the Audit and Assurance Committee and has presented regular progress reports to them throughout the year. All progress reports have been provided to committee in a timely manner in order that they are appraised prior to the meetings. The LCFS has attended as required any Audit Committee pre-meetings with the Independent Members, Internal Audit and Audit Wales. The Annual Plan has now been completed and has received approval from Director of Finance and has been submitted to the Audit and Assurance Committee for approval. The Govt. Standard 013; NHS Requirements Functional return will be completed and submitted to the NHS Counter Fraud Authority Compliance Team prior to the closing date of 31/05/2025 following sign off from the EDoF and the Audit and Assurance Committee Chair.

GREEN

- Requirement 2: Counter Fraud Bribery and Corruption Strategy

The organisation has a Counter Fraud, Bribery and Corruption Policy. This was reviewed and updated in 2023 to ensure accuracy and that it remained consistent with current legislation and practice and was fully aligned to the NHS CFA strategy. The policy is available to staff via the Intranet and has been promoted through fraud awareness work throughout the year. Further work will be carried out in the year ahead to ascertain if possible to make the relevant documents more visible. The LCFS team this year has ensured to align its counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption requirements.

GREEN

- Requirement 3: Fraud, Bribery and Corruption Risk Assessment

The LCFS' team have continued to effectively work across the service to share expertise and guidance around fraud proofing, risks and vulnerability. Counter Fraud maintain a direct review and input role in relation to policy changes and updates which aims to strengthen the wider practices of the organisation in reducing the risk of fraud through poor policy or governance controls. Throughout the year the team has carried out risk profiling work in relation to the organisation. Over one hundred and fifty inherent fraud risks to all NHS

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Organisations have thus far been identified by the NHS Counter Fraud Authority. These are not all relevant to all organisations. Twenty-Seven (27) inherent fraud risks have been identified as being directly relevant to Cardiff and Vale UHB. Work has continued in carrying out comprehensive fraud risk assessments into these areas. The Organisational Fraud Risk Profile will remain a 'living' document. Further to the inherent risks known, specific risks are also added to the profile as they arise as a result of investigation or external reporting e.g. Thematic Exercise, Fraud Prevention Notice, Local Intelligence Report. Where local risks have been identified, assessment work has been carried out accordingly.

All fraud risk work is reported on the CLUE case management system and each report remains open with a review date placed upon it. This is to ensure that fraud risks remain under constant review and that risks are identified to the NHS CFA in order that they can be shared outside of the organisation where the need arises. Every fraud risk that is assessed is reported to relevant stakeholders. Requests are then made for this risk to be added to the local risk register. All fraud risk assessment work is reported to the Audit Committee by. Further in-house training has been provided to counter fraud staff to ensure consistency in approach.

Following meetings with corporate governance team a process was devised to allow for risks assessments to be escalated should a response not be received or if the risk is not added to the risk register as detailed in the risk management policy. Following this improvement work the rating has been changed from 'amber' to 'green'.

GREEN

- Requirement 4: Policy and Response Plan

The Health Board has a Counter Fraud Policy in place, which promotes the NHSCFA Fraud and Corruption Reporting Line and online reporting tool. The Counter Fraud Policy is supported by the Counter Fraud Procedure and response plan providing relevant information to all members of the organisation of the routes to take when reporting and investigating fraud and the responsibilities of the relevant stakeholders involved in the process. This is further supported by the Welsh Government Directions that provide a legal basis for the Counter Fraud provision to the organisation. Issues relating to bribery and fraud are also referenced within the Standards of Behaviour Framework Policy. Staff awareness is monitored through the use of staff survey.

GREEN

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- Requirement 5: Annual Action Plan

An annual action plan has been completed for the year ahead that has been produced in direct alignment to the new Government Standard 13. This document has approval / agreement and sign off from the EDoF and has been submitted to Audit and Assurance Committee for approval. Progress of the LCFS teams work will be reported periodically at the Audit and Assurance Committee. Due to the nature of Counter Fraud work the plan remains flexible and subject to change throughout the year as new risks and requirements are identified, and investigation referrals received.

GREEN

- Requirement 6: Outcome Based Metrics

Throughout the year the locally managed data systems introduced in 2022 have been maintained and updated in order to provide accurate measurement of all work carried out by the department. These new systems supplement existing systems such as ESR, CLUE case management, NFI, and all Wales statistical reporting. These are constantly reviewed and statistics produced (examples are shown at Appendix 1). Review and measurement has taken place in areas including, awareness and promotion, investigation and referral, risk, joint working, strategic planning, sanctioning, and financial loss and recovery. The system introduced has been successful in documenting results that inform direction and, where necessary, modifying work streams throughout the year. The collection and review of these figures identifies areas of work that are proving effective and areas that may require improvement. The data collection also aims to identify areas of emerging risk that require immediate focus and action.

GREEN

- Requirement 7: Reporting Routes

Staff and contractors have been made aware throughout the year of the reporting routes available to them. In the last year these included direct contact with the team via email, phone and in person, the use of the online NHS CFA reporting tool and the National Reporting Hotline maintained by Crime stoppers. These are further supported by the maintenance and promotion of local tools including QR coding, generic email address and Interactive Referral forms. They have been publicised by way of the Counter Fraud Intranet Site, placement of posters at key venues, Fraud Pop Up stalls, screen saver

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messaging and via awareness sessions. This will continue throughout the upcoming year.

All instances of fraud reporting have been initially assessed and those that are furthered to formal investigation have been recorded on the case management system (CLUE) and reviewed accordingly.

GREEN

- **Requirement 8: Reporting Identified Loss**

The Counter Fraud team has reported all incidents of suspected fraud and financial crime using the CLUE case management system. This reporting tool is used to record all investigations, sanctions, financial recoveries and losses and preventions and also has a mechanism to record system weakness and Local Proactive Exercise work. This system is supervised by NHS CFA and all information has been used to inform progress reporting to Audit and Assurance Committee and CFS Wales. All identified loss to fraud is reported within this Annual report and in the Functional Return submitted to the NHS CFA.

GREEN

- **Requirement 9: Access to trained investigators**

At the time of reporting the team is fully staffed. The team is made up of a Counter Fraud Manager who acts as the Senior Investigating Officer; a Deputy Counter Fraud Manager; and, two Local Counter Fraud Specialists. All are experienced criminal investigators joining the organisation from a policing background. The manager, deputy and one LCFS have are Accredited Counter Fraud Specialists (ACFS). The final LCFS joined the department in January 2025 and is due to complete their ACFS course in May 2025. The absence of this does not impair their ability to conduct investigation and assist the accredited staff as their previous police investigation qualifications are directly applicable. For one quarter of the financial year (2024-25) the department was understaffed by one member of staff (25%) due to staff leaving and recruitment timescales. This did not significantly impact the access to trained investigators. The department is now fully staffed.

GREEN

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- Requirement 10: Undertake Detection Activity

Where anomalies have been identified through counter fraud work e.g. investigations, the counter fraud team strives to carry out proactive activity to assess whether there are any weaknesses present and remedial action required. A number of Local Proactive Exercises (LPE) have been undertaken this year with a view to detecting offences or identify process and/or system weakness. (More information provided at Section 8)

A PPV programme is undertaken by the organisation and the Counter Fraud Manager attends quarterly meetings. Direct reports are submitted to counter fraud, and where appropriate an investigation/local proactive action will be started in relation to outlier information. Data mining has also been undertaken within the context of the NFI database and all investigations carried out in relation to the 2022-2023 exercise have now been opened and successfully closed and work has commenced on the new 2024/25 exercise. The team have responded to all fraud prevention notices and Intelligence bulletins issued by the NHS CFA and local bulletins issued by other external bodies. The Counter Fraud Team also attends each Local Intelligence Network (LIN) meeting to keep apprised of emerging trends in relation to drug misuse activity in the community that may have an impact on the organisation. All referrals to the team have been fully investigated. All actions taken by the Counter Fraud team in relation to work in this area have been reported accordingly on CLUE inclusive of any recoveries/preventions made.

GREEN

- Requirement 11: Access to and Completion of Training

All wales fraud awareness training has remained available to all staff throughout the year via ESR. This module remains non-mandatory training.

Regular awareness sessions are provided to all new starters via Corporate Induction and at the request of departments. A counter fraud newsletter has been published regularly in order to keep staff apprised.

Counter Fraud team staff have attended all sessions of formal training provided by NHS CFA and CFS Wales and a number of webinars from NHS CFA have also been attended. An accreditation courses is currently being undertaken by one LCFS.

GREEN

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- Policies and Registers for Gifts and Hospitality and Conflicts of Interest

The organisation has in place policies and registers in compliance with this requirement. The register of Conflicts / Declarations is managed by the Director of Corporate Governance and where appropriate liaison with Counter Fraud can be sought. Counter Fraud has access to the register for the purposes of investigation.

GREEN

3. Allocation of Resources

At 31st March 2025 **457 days** of Counter Fraud work have been completed against the agreed 480 days in the Counter Fraud Annual Work-Plan for the 2023/24 financial year as shown below. The days have been used investigating allegations of fraud; interviewing witnesses; preparing, delivering and analysing the feedback from the fraud awareness presentations; preparing quarterly and annual reports for, and attending, the organisation’s audit committee meetings; interviewing suspects; preparing case files for the Crown Prosecution Service and maintaining the Fraud Risk provision. The days provided are less than planned. This has been due to under staffing for a period of time the overall days available to the organisation being reduced as a result.

Strategic Requirements 50 Days

(inclusive of governance activity, attendance of departmental team at staff training events, report writing, planning and attendance all wales meetings.)

Proactive Work 150 Days

(inclusive of fraud awareness and promotion activity, digital platform support work, detection work including PPV review, system weakness reviews and reporting, local proactive work, and National Fraud Initiative work.)

Reactive Work 257 Days

(inclusive of the investigation of all referrals, attendance at court hearings, preparation of reports for disciplinary processes, preparation of reports for professional body investigations.)

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4. Summary of Costs

Total Costs	£ 144,032
--------------------	------------------

5. Breakdown of Investigative work areas

At 1st April 2024 a total of **15** investigations (carried over from 2023-24) were open and being investigated by the team.

During the course of this financial year a total of **144** new referrals have been received by the team. A total of **42** cases were promoted to formal investigation. A breakdown of areas of referral and investigation is provided at Appendix 1.

At 31st March 2024 **13** investigations remained open and have been carried over to the 2025-26 year.

Where formal outcomes have occurred in the closed cases these are summarised below.

6. Sanctions and Recoveries

During the financial year the the following sanctions and recoveries have taken place.

Disciplinary Sanctions	5
Criminal Sanctions	1
Professional Sanction	0 (1 ongoing)
Financial loss attributed to fraud related activity	£570.23
Financial Recoveries attributed to fraud related activity	£570.23
Financial Prevention attributed to fraud related activity *	£72,518.81
Financial Loss attributed to non-fraud related activity (e.g. Theft)	£56,602.97
Financial Recovery attributed to non-fraud related activity (e.g. Theft)	£56,602.97
Financial Prevention attributed to non-fraud related activity (e.g. Theft)*	£24,372.40

*as defined by NHS CFA formula

7. Fraud Awareness

During the course of 2024-25 fraud awareness sessions have taken place at 3 corporate inductions reaching 75 staff. Counter Fraud are scheduled to attend all future corporate induction sessions.

During the course of the year 10 fraud alerts and 5 newsletters/digital bulletins have been produced, distributed and promoted.

These offerings are supported by the opportunity for staff to undertake the E learning module on ESR and the SharePoint digital Counter Fraud site.

End of year figures are not available for ESR eLearning uptake at time of reporting.

8. Fraud Risk Assessments

During the course of the year a Fraud Risk Profile has been maintained for the organisation. It is intended to be a live document subject to review. As it develops, it will inform future detection and compliance activity via the use of Local Proactive Exercise. The Fraud Risk Profile details the risks identified as inherent to the organisation as identified by the NHS Counter Fraud Authority and the local counter fraud team. Locally identified and emerging risks will be added to the profile as they arise. These will be informed externally by Fraud Prevention Notices, and intelligence from other agencies and organisations; and, internally, from identified system weakness reporting post/during investigation work.

During this reporting period the following subject areas have been subject to Fraud risk assessment work by the team:

- Procurement – Due Diligence (National Proactive Exercise)
- Procurement – Contract Management (National Proactive Exercise)
- Optometry Claims
- CPD Claims for Primary Care Contractors.
- System Weakness Report into Shift Allocation

During the year intelligence and fraud prevention notices were received from a number of sources, Local Proactive Exercises were conducted into each of these to ensure that the organisation had not been affected by the reported incidents (in this year no issues were identified when investigating the intelligence received) and also preventative measures were taken e.g. Alerts being circulated. A list of areas covered is below:

CFS Scotland Alert	- Email Spoofing Report
NHS Wales Fraud Alert	- Phishing Email Report
IBURN-2024-04-001	- Potential Certificates of Sponsorship fraud
DHSC Alert - 2024-001	- Recruitment Concerns
NHS CFA Alert	- Indicators of Compromise Cyber Security Alert
CFS Scotland Alert	- Data Breach Notification
IBURN-24-10-001	- Worker potentially falsifying accreditation
CFS Scotland Alert	- Email Spoofing
NHS Wales Fraud Alert	- Credit Card Terminal Scam
IBURN-2025-02-001	- Agency ID Concerns
NHS Wales Fraud Alert	- WhatsApp Impersonation Fraud

9. Lines of Reporting

CEO – Suzanne Rankin
Executive Director of Finance – Catherine Phillips
Counter Fraud Manager – Henry Bales
Deputy Counter Fraud Manager – Steven Betty
LCFS – Jacob Parkinson
LCFS – Rhidian McCann

10. Declaration

I declare that the Counter Fraud work carried out on behalf of Velindre UNHST for the year 2024/2025 has been reviewed against the NHSCFA requirements (as stipulated in the Government Functional Standard 13). The ratings that have been achieved are reported above and meet that standards set as shown.

Henry Bales
Counter Fraud Manager



Date: 30/04/2024

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Annual Counter Fraud Report

01/04/2024 - 31/03/2025

APPENDIX 1

Performance Charts

HENRY BALES
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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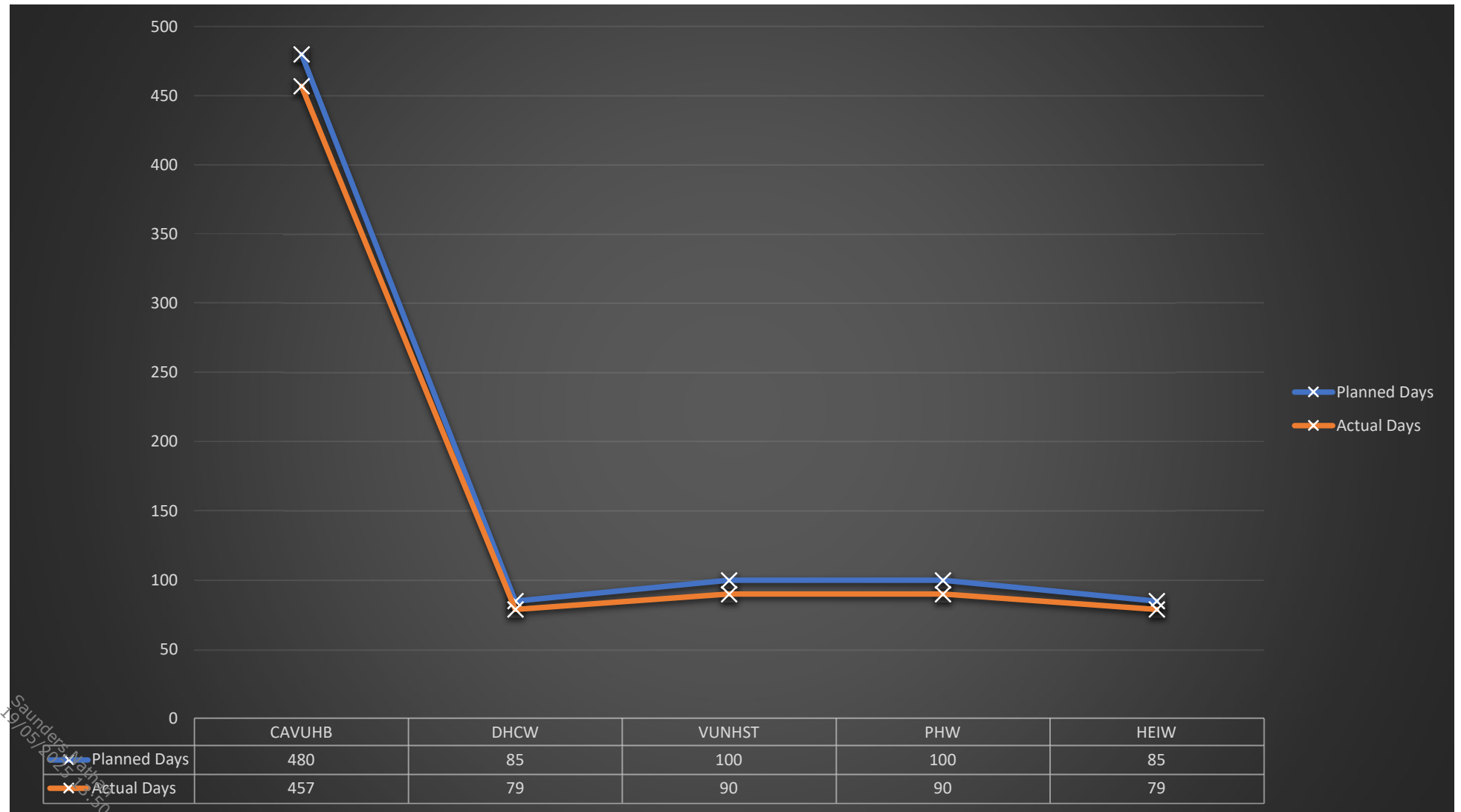
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Figure 3 – All Organisations - Referrals and Investigations Year on Year	5
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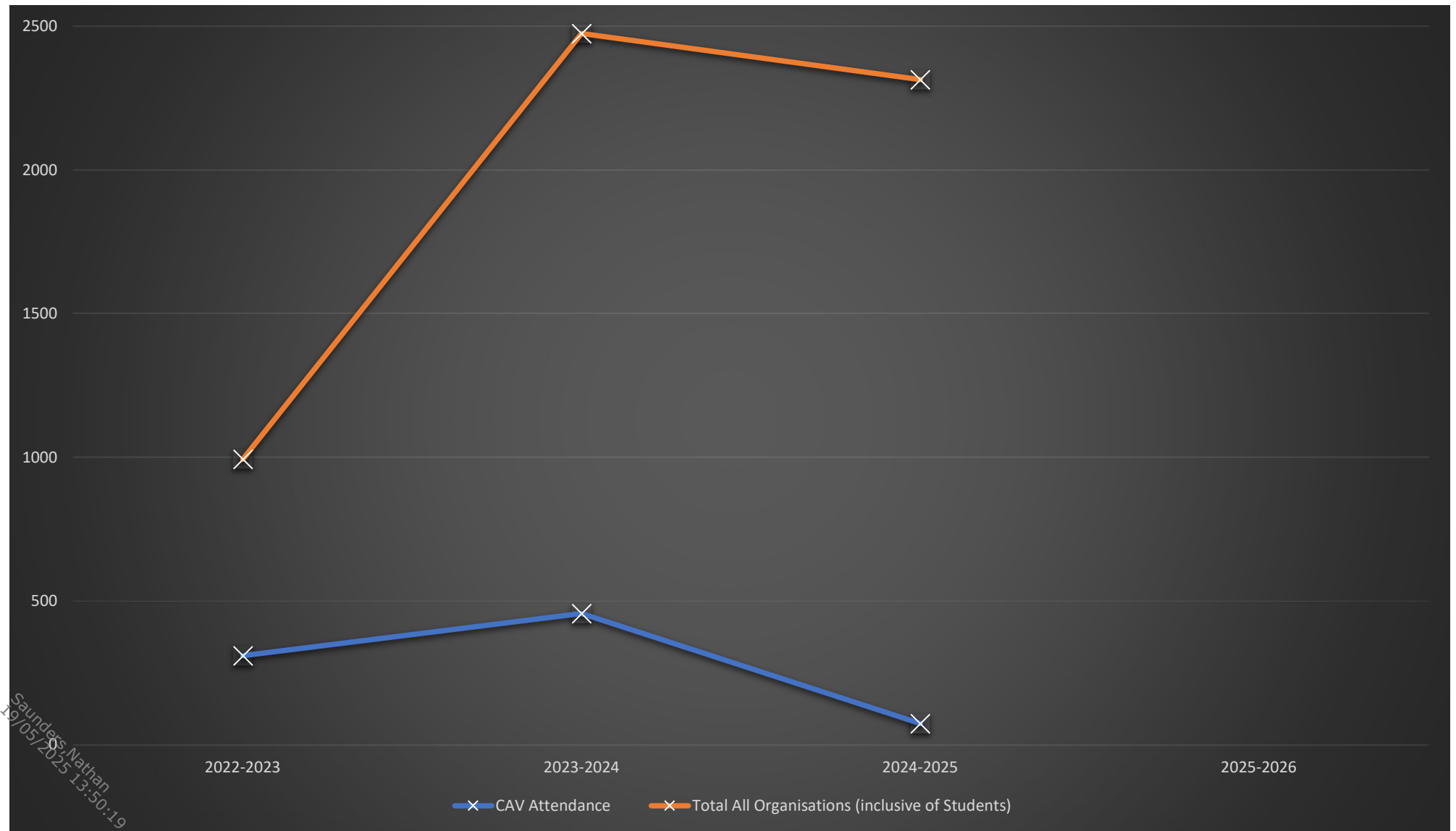
NOTE: Reference to "All Organisations" in these charts related to all organisations covered by this Counter Fraud Department (CAVUHB, VUNHST, DHCW, HEIW, PHW)

Figure 1 – Planned Days vs Actual Days Provided by Counter Fraud Team – 2024-25 (All Organisations)



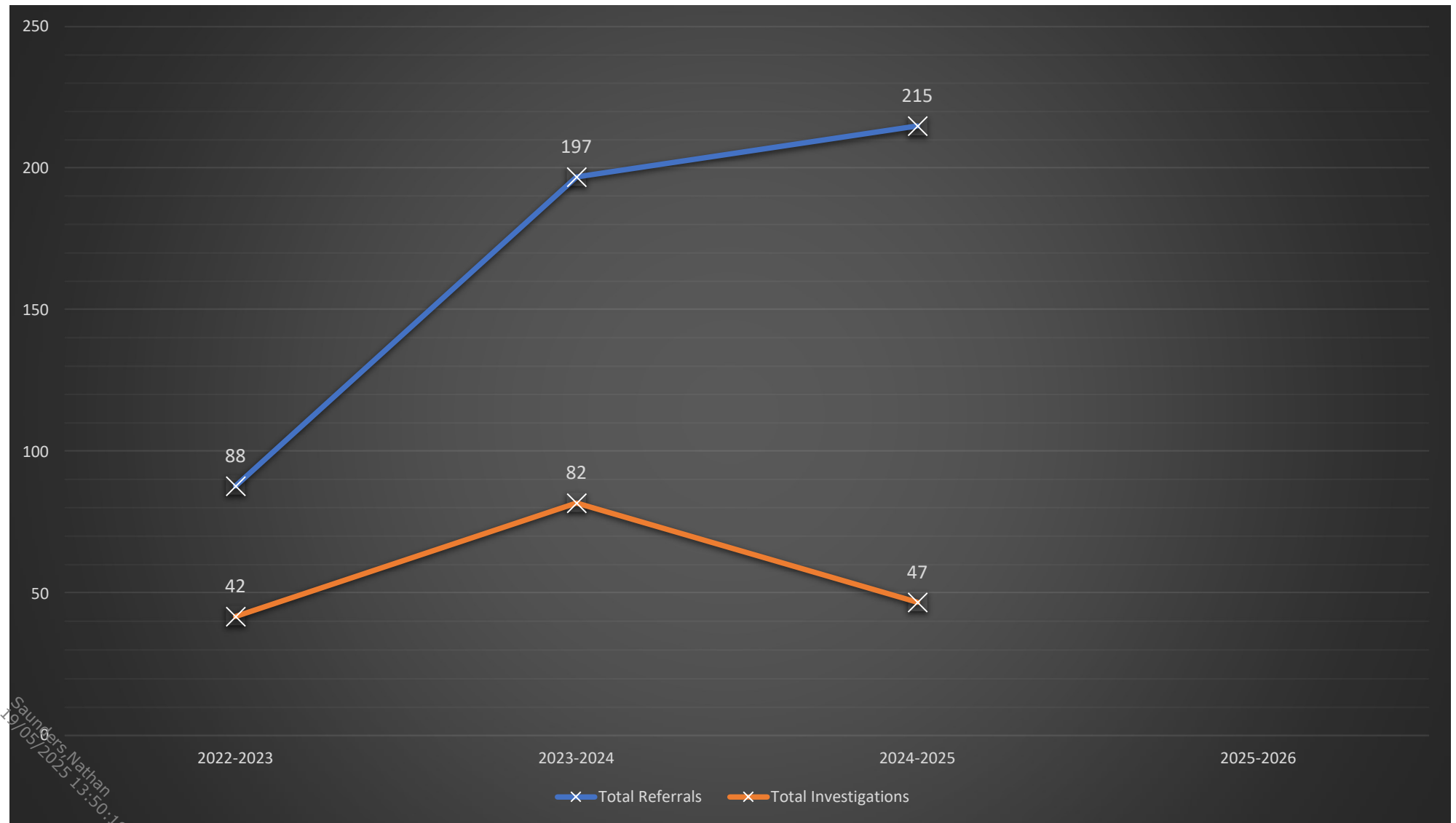
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Figure 2 – Attendance at Awareness Sessions Year on Year



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Figure 3 – All Organisations - Referrals and Investigations Year on Year



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Figure 4 – CAV - Referrals and Investigations Year on Year

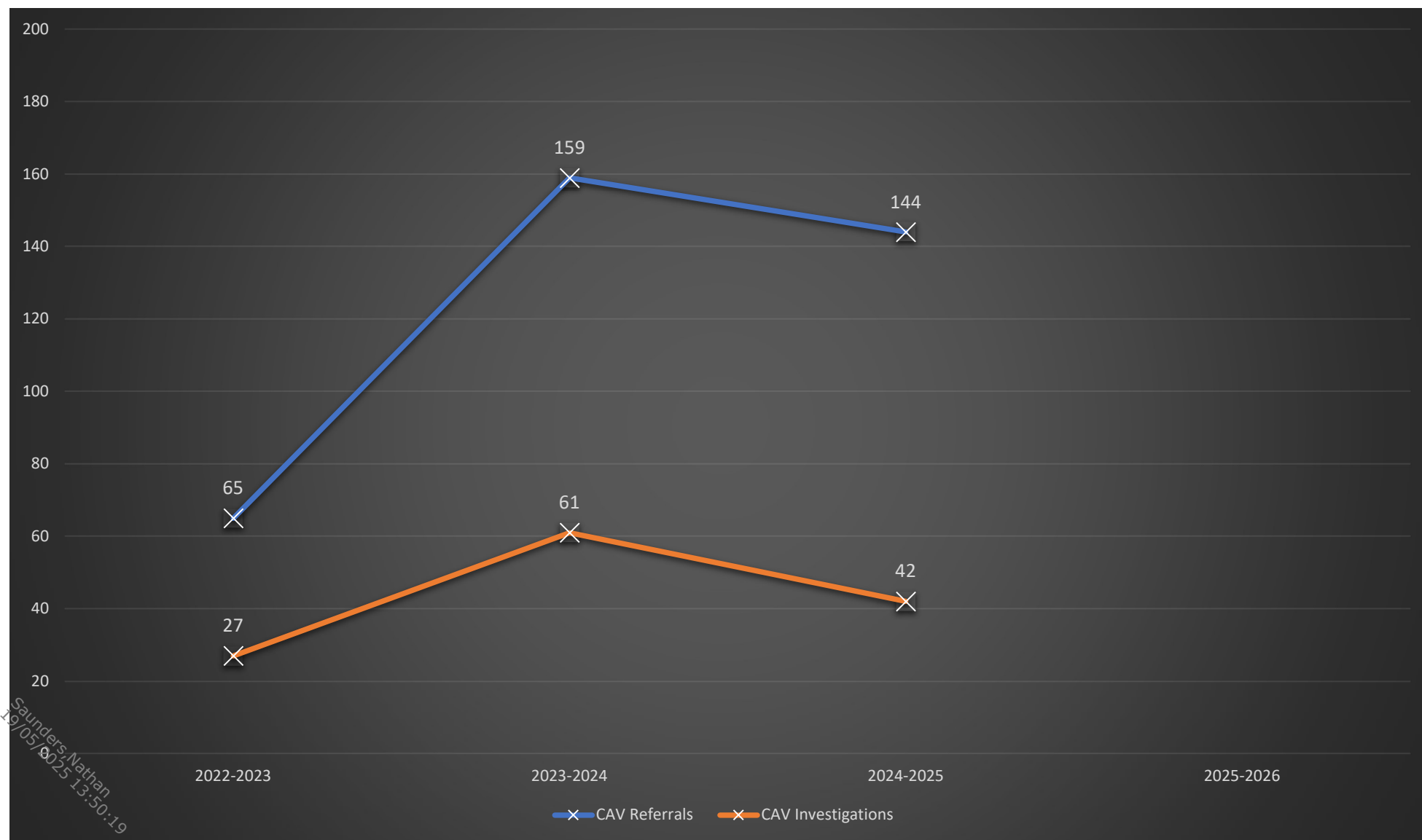
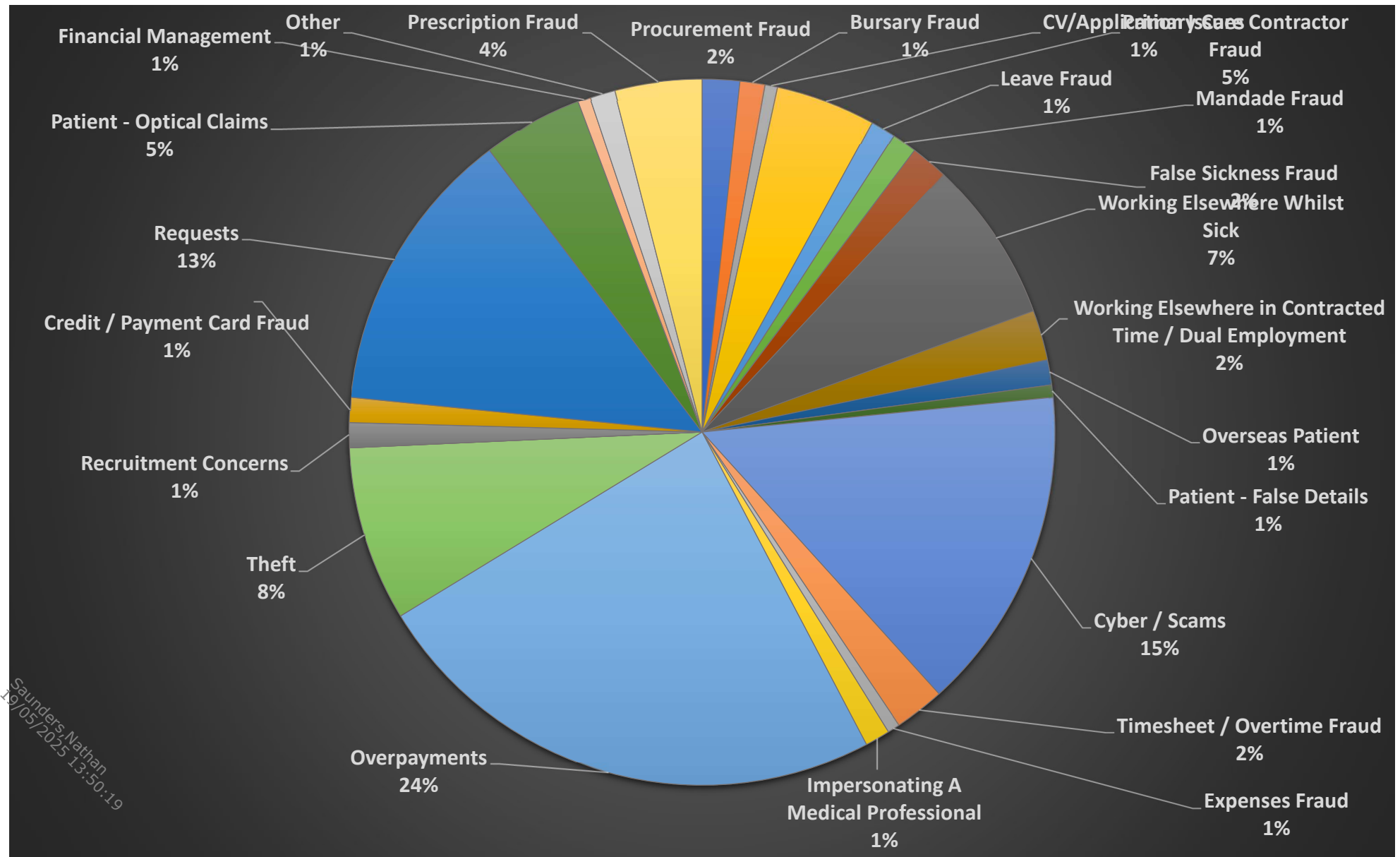


Figure 6 – Thematic Areas of Referral (All Organisations) 2024-25



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Figure 7 – Table to show Key changes (% Change) in types of referrals between 2023-24 and 2024-25 for CAV and All organisations

	CAV	All Organisations
Working Elsewhere Whilst Sick	-45%	-50%
Cyber / Scams	+120%	+160%
Timesheet / Overtime Fraud	-82%	-67%
Overpayments	-34%	-32%
Theft	+67%	+133%
Requests	+29%	+35%
Primary Care Contractor Fraud	+60%	N/A
Patient Optical Claims	+700%	N/A

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Figure 8 – Thematic Areas of Investigation CAVUHB 2024-25

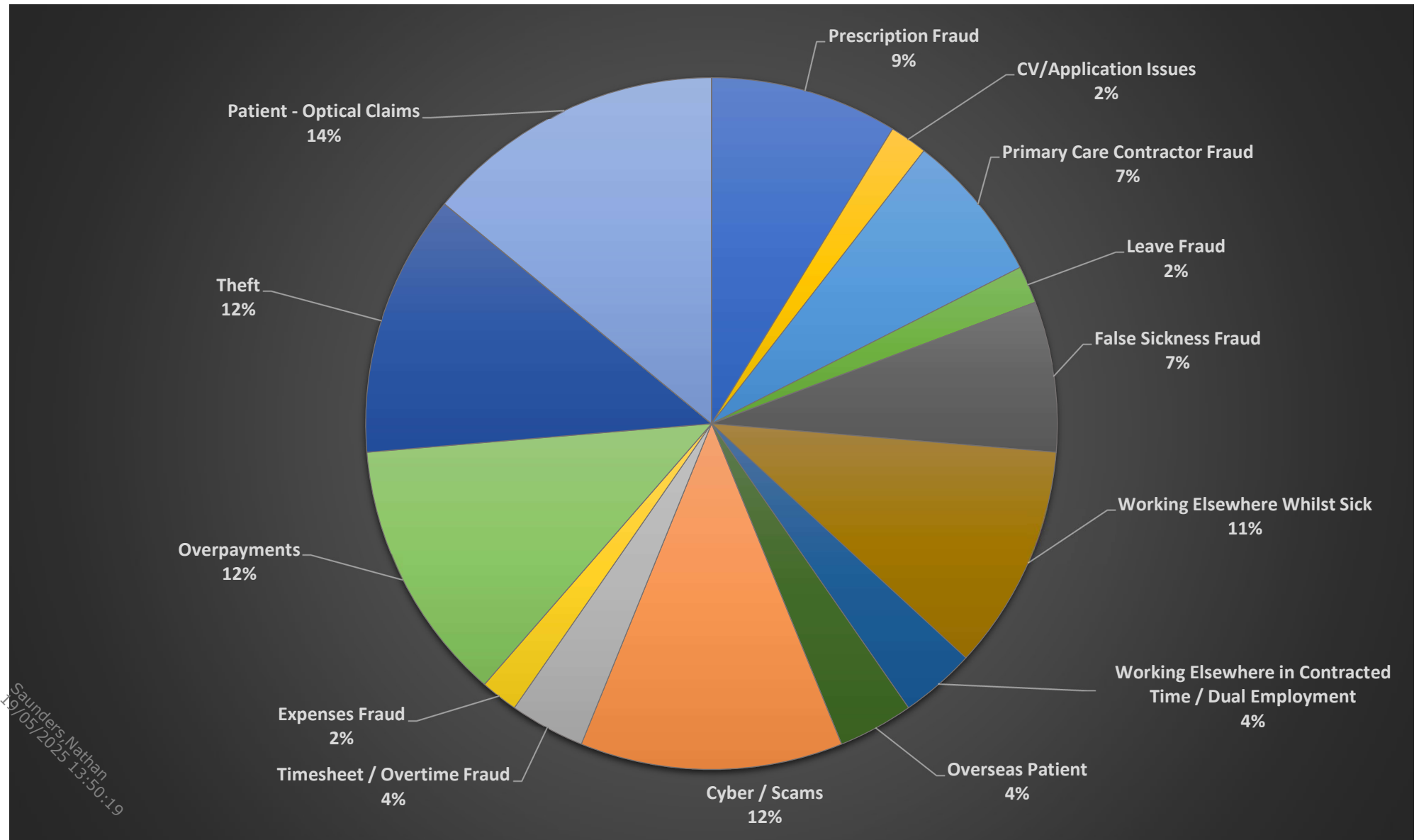
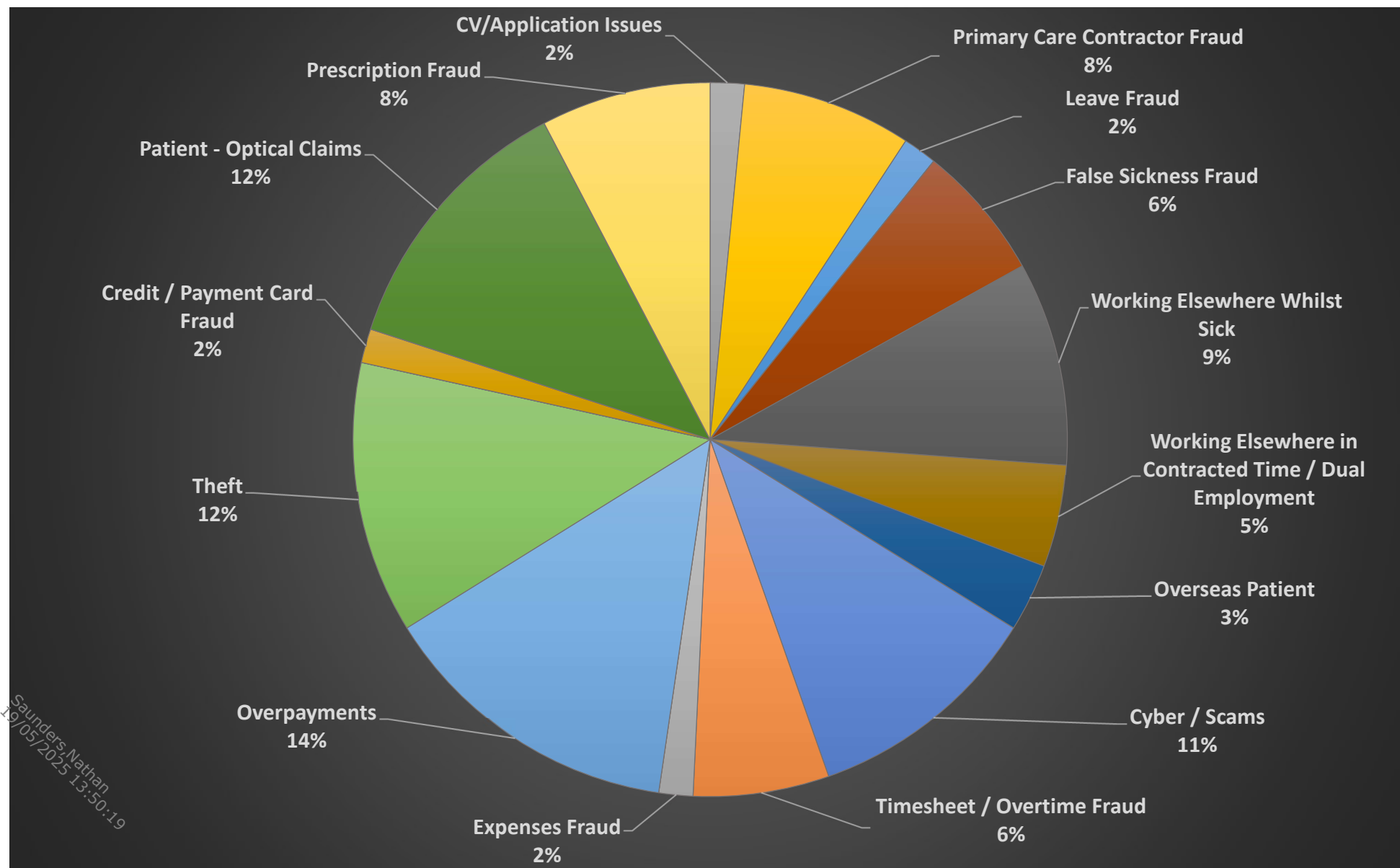


Figure 9 – Thematic Areas of Investigation (All Organisations) 2024-25



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Figure 10 – Table to show Key changes (% Change) in types of investigation between 2023-24 and 2024-25 for CAV and All organisations

	CAV	All Organisations
Working Elsewhere Whilst Sick	-45%	-60%
Cyber / Scams	[From 0 to 7 investigations]	[From 0 to 7 investigations]
Timesheet / Overtime Fraud	-33%	-69%
Overpayments	-65%	-61%
Theft	+17%	+33%
Primary Care Contractor Fraud	+100%	N/A
Patient Optical Claims	+167%	N/A

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Report Title:	Counter Fraud Progress Report			Agenda Item no.	4.1
Meeting:	Audit & Assurance Committee	Public	x	Meeting Date:	20/05/2025
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive:	Catherine Phillips				
Report Author (Title):	Henry Bales				

Main Report

Background and current situation:

The Counter Fraud Progress report seeks to provide assurance to members of the Audit Committee that the Counter Fraud work being undertaken is satisfactory, robust and compliant with NHS Counter Fraud Authority requirements.

The report provides information around key areas of work including, fraud awareness and learning, proactive, investigation and reactive work, and promotional activity.

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




Progress made against the Annual Counter Fraud Plan
 Promotional /Educational Activity
 Summary of Investigations
 Prevention activity
 National Fraud Initiative
 Salary Overpayments

Recommendation:

The Board / Committee are requested to: note the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	X	 Providing Outstanding Quality	X
 Delivering in the Right Places		 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Fraud is a risk to all organizations. Within the NHS should fraud occur then this can have financial and reputational impacts and ultimately negatively affect patient care.

Safety: Yes/No

Financial: Yes/ No	
All fraud occurring in the organization has a financial loss to the organization.	
Workforce: Yes/ No	
Reduction of available staff during investigations and sanctions; demotivation	
Legal: Yes/No	
Reputational: Yes/ No	
Fraud is a risk to all organizations. Within the NHS should fraud occur then this can have financial and reputational impacts and ultimately negatively affect patient care.	
Socio Economic: Yes /No	
Equality and Health: Yes /No	
Decarbonisation: Yes /No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Catherine Phillips	

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Counter Fraud Progress Report

23/01/2025 – 02/05/2025

Public

HENRY BALES
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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1. Introduction

In compliance with the Secretary of State for Health's Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the Cardiff and Vale University Health Board's Local Counter Fraud Specialists on behalf of the Health Board.

This report relates to activity for the reporting period 23/01/2025 – 02/05/2025.

2. Progress

Infrastructure/Annual Plan

Work has continued in maintaining the Counter Fraud infrastructure in order to maintain compliance with the Counter Fraud Plan for 2024-2025 and for the beginning of the 2025-2026 plan, and the NHS CFA functional standards. The below activity has taken place -

- i. Continued maintenance and development of a comprehensive local activity database which is vital in maintaining a detailed and accurate record of work undertaken and activity reported in order to inform areas of future work.
- ii. Continued maintenance of Counter Fraud digital platform – **Members of the Audit and Assurance Committee are encouraged to visit the site at the link/QR code here**

[Counter Fraud - Home \(sharepoint.com\)](#)



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Promotion and Awareness and Educational Activity

Newsletter – A counter fraud newsletter was created, circulated and publicised in March. You can view the newsletter by following this link [March 2025 - Counter Fraud Newsletter](#) (you will need to log in to your NHS Microsoft account to view).

E-Learning Awareness Sessions – The ESR E-Learning package remains available for staff to access and is promoted through the Counter Fraud SharePoint page and our other publications.

Awareness Sessions – Counter Fraud continue to participate in corporate induction events for new starters. During this period one of these sessions has taken place with 6 ‘mini’ talks being given to a total of 30 staff members.

Prevention

Local Bulletins/Alerts – (1)

An alert was circulated regarding WhatsApp Impersonation fraud, given recent intelligence within NHS Wales. You can view the alert here: [Beware: CEO Impersonation Fraud on WhatsApp - How Scammers Are Targeting You](#) (you will need to log in to your NHS Microsoft account to view).

IBURN (intelligence bulletin) – (3)

IBURN Received regarding concerns raised over an NHS supplier by counter fraud services in England. Checks completed and the company is not listed on Oracle and no invoices linked to the company. NWSSP procurement have been made aware.

Fraud intelligence received regarding an impersonation fraud and false invoices. Checks made on a national basis by NWSSP no issues identified for NHS Wales.

Intelligence received regarding suspected incidents of an individual impersonating a registered nurse using their passport for ID. Checks conducted and identified no link with DHCW for the individual or agency.

National Fraud Initiative

The first release of data matches in the 2024-25 NFI programme has been received there are 456 matches for CAVUHB across the various reports investigated by the counter fraud department.

Work has commenced on the checks with no issues identified to date. Work continues and the initial focus is on the high-risk scoring matches.

Referrals

During this reporting period there have been a total of 33 referrals made to the team. 8 of these referrals have been promoted to investigations (detailed in next section). 3 referrals remain in initial assessment stage. The remaining referrals have all been closed.

Investigations

During this period there have been 8 new investigations commenced by the counter fraud team. There have been 5 investigations that have been concluded and closed on the system. This means that there are currently 14 investigations open with the at the time of this report. Summaries of the opened, closed and currently open cases are shown below.

Investigations of note will be subject to update in private session.

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Investigations opened in the period

Investigation Number	Investigation Subject	Date Opened	Date Closed	Outcome
INV/25/00253	Working elsewhere in contracted hours	29/01/2025		
INV/25/00286	Taking study leave not entitled to	03/02/2025		
INV/25/00473	Overseas Patient	18/02/2025	11/03/2025	Unable to identify individuals from information available
INV/25/00720	Theft of Cash and Drugs	11/03/2025		
INV/25/00913	Altered date on prescription	25/03/2025	25/03/2025	No gain made, subject has been warned, suitable outcome.
INV/25/01029	Patient attending using false details at A&E	02/04/2025	08/04/2025	Prevention alert circulated. Unable to identify suspect.
INV/25/01055	Working Elsewhere whilst sick	07/04/2025	29/04/2025	No offence shown, advice given on procedural matters.
INV/25/01136	Working elsewhere whilst sick	15/04/2025		

Investigations Closed in this period

Investigation Number	Investigation Subject	Date Opened	Date Closed	Outcome
INV/24/00336	Overpayment	CARRIED OVER - 09/02/2024	14/02/2025	No fraud identified; Subject is repaying overpayment
INV/25/00473	Overseas Patient	18/02/2025	11/03/2025	Unable to identify individuals from information available
INV/25/00913	Altered date on prescription	25/03/2025	25/03/2025	No gain made, subject has been warned, suitable outcome.
INV/25/01029	Patient attending using false details at A&E	02/04/2025	08/04/2025	Prevention alert circulated. Unable to identify suspect.
INV/25/01055	Working Elsewhere whilst sick	07/04/2025	29/04/2025	No offence shown, advice given on procedural matters.

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Investigations that remain open

Investigation Number	Investigation Subject	Date Opened	Date Closed	Outcome
INV/23/00825	Salary Overpayment for Sick Pay	CARRIED OVER - 02/05/2023		
INV/23/01634	Salary Sacrifice Vehicle - Payments not made	CARRIED OVER - 03/08/2023		
INV/23/02002	Theft of Controlled Drugs	CARRIED OVER - 15/09/2023		
INV/24/00462	Working elsewhere whilst sick	CARRIED OVER - 21/02/2024		
INV/24/01972	Inflated travel expenses claims	CARRIED OVER - 02/08/2024		
INV/24/02795	False Sick Notes	CARRIED OVER - 04/11/2024		
INV/24/03059	Theft of Medication	CARRIED OVER - 29/11/2024		
INV/24/03132	Prescription Anomalies	CARRIED OVER - 06/12/2024		
INV/24/03145	Theft of Controlled Drugs	CARRIED OVER - 09/12/2024		
INV/25/00121	Accessing records	CARRIED OVER - 15/01/2025		
INV/25/00253	Working elsewhere in contracted hours	CARRIED OVER - 29/01/2025		
INV/25/00286	Taking study leave not entitled to	CARRIED OVER - 03/02/2025		
INV/25/00720	Theft of Cash and Drugs	CARRIED OVER - 11/03/2025		
INV/25/01136	Working elsewhere whilst sick	15/04/2025		

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3. Significant Salary Overpayments

There have been 3 significant salary overpayments reported for this period. All of these have been reviewed by the counter fraud team and none have required escalation to formal criminal investigations.

NB. The new All Wales Salary Overpayments Policy requires that the Counter Fraud team review all significant salary overpayments prior the employee being informed of the issue. The Counter Fraud team have a five-day window to carry out an initial assessment of the surrounding circumstances and decide whether the matter will be formally investigated as a financial crime.

A digital dashboard has been developed and implemented to assist with the monitoring of salary overpayments, their causes and the departments where they occur. This dashboard is accessible to the Finance and Counter Fraud teams and should assist in providing timely and accurate data in relation to any problem areas.

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Report Title:	Counter Fraud Annual Plan 2025-26			Agenda Item no.	4.2
Meeting:	Audit Committee – Working Group	Public	✓	Meeting Date:	20 th May 2025
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	✓	Information
Lead Executive:	Catherine Phillips				
Report Author (Title):	Henry Bales Counter Fraud Manager				

Main Report

Background and current situation:

1. SITUATION

The NHS Counter Fraud Authority requires that an Annual work plan is created in relation to the counter fraud work to be carried out by counter fraud teams for their organisations. The workplan must directly align with Government Functional Standard GovS 013: Counter Fraud. This plan adheres to that principle and provides an overview of the areas of work that will be carried out on behalf of the organisation for 2024/2025.

2. BACKGROUND

On 29th January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services. The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government’s commitment to fighting fraud against the public sector. The NHSCFA is responsible for leading and influencing the improvement of counter fraud standards across the NHS and has a duty to ensure the effective implementation of the NHS Counter Fraud Requirements. Local Counter Fraud Teams must adhere to these requirements and report their work against them. As a result, an Annual Workplan identifying how these requirements will be met is produced and submitted to DoF and Audit Committee for their approval.

The proposal is that the report is reviewed and approved.

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

The plan has been approved and agreed by Executive Director Finance. Audit committee members are asked to review and approve the report.

Recommendation:

The Board / Committee are requested to: Review, discuss and approve the Plan.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	 Providing Outstanding Quality
 Delivering in the Right Places	 Acting for the Future

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	✓	Long term	✓	Integration		Collaboration	✓	Involvement	✓
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Loss of public funds which has an effect on patient care

Safety: No

Financial: Yes

Loss of public funds which has an effect on patient care

Workforce: Yes

Reduction of available staff during investigations and sanctions; demotivation

Legal: Yes

Use Statutory legislation to conduct investigations

Reputational: Yes

All negative publicity undermines public confidence

Socio Economic: Yes/No

N/A

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Catherine Phillips	17/03/2025

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GIG
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NHS
WALES

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

NHS WALES CARDIFF AND VALE UNIVERSITY HEALTH BOARD

COUNTER FRAUD PLAN 2025/2026

Henry Bales
Manager Counter Fraud
Cardiff and Vale UHB

This document is prepared by the Cardiff and Vale University Health Board Counter Fraud Team in order to comply with Government Functional Standards and the recommendations of the NHS Counter Fraud Authority for NHS Bodies (Wales) and has been approved by the Director of Finance as below.

Workplan prepared by:

Counter Fraud Manager – Henry Bales

Workplan agreed by:

Executive Director of Finance – Catherine Phillips

Date: 17/03/2025

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WORKPLAN 2025-2026

Background

On 29th January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services (those receiving partial or full NHS funding). The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The final engagement which sealed the implementation of the Government Functional Standard GovS 013: Counter Fraud occurred at the All Wales DoF's meeting on 19th February 2021.

The NHSCFA is responsible for leading and influencing the improvement of counter fraud standards across the NHS and has a duty to ensure the effective implementation of the NHS Counter Fraud Requirements. The NHSCFA is required to provide assurance to the Cabinet Office of NHS compliance with the Functional Standard. This will be accomplished by the receipt and validation by the NHSCFA of the Counter Fraud Functional Standard Return submitted by organisations providing any NHS funded services. Deadline for submission of this document in relation to this plan is 31/05/2026. The NHSCFA Quality Assurance Programme will enable the analysis of performance of the Counter Fraud team against each requirement. The Counter Fraud manager will provide a grading of compliance in relation to all areas of the functional standards through self-assessment. (Green, Amber or Red). This will be supported internally with the completion of the Annual Report that will align with the same methodology. The Counter Fraud Manager will complete these reports and they will be shared with the Executive Director of Finance and the Audit and Assurance committee.

In order to achieve the standard set by the NHSCFA, Cardiff and Vale University Health Board adheres to the Welsh Government Directions on Countering Fraud, Bribery and Corruption within the NHS in Wales. These directions require that each NHS body employs a dedicated, professionally accredited team of NHS Local Counter Fraud Specialists (LCFS). To ensure that the Health Board's resources remain resilient to the risk of fraud, bribery and corruption, an Annual Work-Plan is compiled by the Counter Fraud Manager that is agreed by Executive Director of Finance and submitted to the Audit Committee for approval at the commencement of each financial year. The Workplan provided below formulates Local Counter Fraud arrangements for Cardiff and Vale University Health Board for 2025-2026. The tasks outlined will be considered and reviewed throughout the year as the need arises. The plan is

intended to provide targets for the year but due to the nature of the work in countering fraud it will remain a living document and subject to change. The effectiveness of the plan will be reported in the end of year Annual Report to Audit Committee and in the NHSCFA Functional Return as referred to above.

This organisation's Work-Plan will directly mirror GovS:13 Standard (Counter Fraud) in order to maintain consistency with the NHSCFA Counter Fraud Bribery and Corruption Strategy and other NHS bodies. This in turn supports the objectives set by the Welsh Government.

Taking a risk-based approach to planning local counter fraud work

Locally, investigators are in the best position to identify and understand the counter fraud requirements for their organisation. Successful implementation of counter fraud policy relies on the work of the Local Counter fraud Specialist (LCFS). The counter fraud work-plan should be tailor-made and specific to the NHS organisation, for example, carrying out local proactive exercises identified in the course of investigations, or analysis of referrals may show the need for more work on preventing fraud or highlight that awareness is needed in a particular department or staff group.

Any fraud risks which are identified by the LCFS will be recorded in line with the local Risk Management Policy and nationally via the CLUE case management system, and, where appropriate, they will be shared with the Internal Audit department and reported to the Director of Finance and Audit Committee. The aim is to provide assurance that the fraud risk is being suitably managed and is **owned by the appropriate department**. While every effort will be made to identify local risks, it is important that information from outside the organisation is also considered; for example, NHS CFA fraud alerts, and fraud prevention notices, together with identified **inherent** risks to all NHS organisations. Information received from external sources will be assessed and investigated and any risks identified as pertinent to the organisation will be subject to formal assessment and any necessary remedial action. To help organisations take a risk-based approach to counter fraud work and planning, the NHSCFA has issued up to date risk assessment advice and training. A dedicated risk matrix scoring system and template have been designed and implemented that comply with Cabinet Office methodology for the purpose of recording and reporting upon fraud risk.

Outcomes/Results

Accurate records of counter fraud work are crucial. They inform upon the effectiveness of work undertaken, assist in the planning of future work and help to identify strengths and weaknesses within the organisation. Accurate records of all work undertaken by the

Counter Fraud team for this upcoming year will be kept and updated. These results will be reflected in the quarterly progress reports and end of year annual report.

The Counter Fraud team are aware of the importance of liaison with external auditors when planning local counter fraud work in order to prevent duplication of effort. There are some elements of the Counter-Fraud Work-Plan which external auditors may review on a risk basis as part of their own reviews of Governance Arrangements, e.g., Whistle-Blowing arrangements, Declaration of Interests, Gifts and Hospitality. External Auditors will certainly be seeking to gain assurance that Counter Fraud arrangements are robust and the Cardiff and Vale UHB Counter Fraud team will maintain a close working relationship with Audit Wales as required.

Resource Provision

Resource Provision for CAVUHB	Days Planned 25 / 26
Counter Fraud Manager directly employed by Organisation	100
LCFS directly employed by Organisation	405
Total	505

Resource by Activity

Activity	Days Planned 25 / 26
Proactive	252.5
Reactive	252.5
Total	505

With the move to the GovS:13 (NHS Requirements) taking place and old 4 standards of Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account now obsolete, the methodology to be adopted in planning resource time by activity area is simplified into Proactive and Reactive areas. Generally *Proactive* work will involve activities such as fraud awareness, corporate induction, creating e-learning modules, local proactive exercises, and risk assessment. Reactive work will involve formal investigation into referrals received.

NHSCFA states that Proactive work should not be absorbed by Reactive activity or *vice versa* and to this end NHSCFA strongly encourages Proactive work to be 'ring-fenced'. However due to the dynamic nature of the Counter Fraud environment the plan is intended to be flexible to the needs of the service, so may be subject to review and change where service priorities and risk require. If this occurs then careful consideration will be given to any changes made and this will be reported in progress reports to the Director of Finance and the Audit Committee. Any changes to the overall days provided or in regard to the areas planned for will be reported in the end of year report.

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Work Plan Objectives

A work plan with matching tasks/objectives is set out below for each NHS requirement area. Each task/objective relates to a specific standard of compliance or fraud risk area; the work plan has been formulated to support the mitigation of the risk of fraud to the organisation and to ensure compliance with the NHSCFA/Gov requirements.

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>1: Accountable individual</p> <p>NHS Requirement 1A: A member of the executive board or equivalent body is accountable for provision of strategic management of all counter fraud, bribery and corruption work within the organisation. The accountable board member is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.</p> <p>The accountable board member is responsible for ensuring that nominations to the NHSCFA for the accountable board member, audit committee chair and counter fraud champion are accurate.</p>	<p>Counter Fraud Manager (CFM) to hold regular scheduled meetings with Director of Finance (DoF) - objectives to be reviewed and work to date evaluated. During these meetings ongoing work involving investigations, the promotion of fraud awareness, fraud proofing and risk assessments, policy considerations and Counter Fraud communication strategy to be discussed.</p> <p>Checks to be carried out by CFM that nominations to NHSCFA are correct, up to date and in order.</p>	<p>Q1/2/3/4</p> <p>Q1</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>NHS Requirement 1B:</p> <p>The organisation's non-executive directors, counter fraud champion or lay members and board/governing body level senior management are accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation.</p> <p>The counter fraud champion understands the threat posed and promotes awareness of fraud, bribery and corruption within the organisation.</p> <p>Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented. Where recommendations have been made by NHSCFA following an engagement, it is the responsibility of the accountable board member to provide</p>	<p>CFM to produce the Cardiff and Vale University Health Board (CAVUHB) Counter Fraud Annual Workplan which is to be agreed with the DoF and ratified by the Audit Committee.</p> <p>CFM to provide quarterly progress reports to Dof and Audit Committee.</p> <p>Where necessary and appropriate Counter Fraud Manager (CFM) will seek to hold regular one to one meetings with the Audit Committee Chairperson, Independent members and the Counter Fraud Champion.</p> <p>Counter Fraud to remain a standing agenda item at Audit Committee. Counter Fraud Manager to provide written and oral reports to this forum, annually and progressively throughout the year.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>As required</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>assurance to the board surrounding the progress of their implementation.</p> <p>The organisation reports annually on how it has met the standards set by NHSCFA in relation to counter fraud, bribery and corruption work, and details corrective action where standards have not been met.</p>	<p>Counter Fraud Manager (CFM) will address and report to Director of Finance (DoF) and Audit Committee any matters arising from NHSCFA in relation to thematic assessment exercises, matters arising out of Fraud Prevention Notices and national exercises.</p> <p>CFM to liaise with internal partners, such as Internal Audit, HR, Communication Department to develop and maintain fit for purpose infrastructure providing a firm foundation for the Counter Fraud provision.</p> <p>CFM to complete annual report and submit to Audit Committee. CFM to complete NHSCFA Functional Standard return. CFM to ensure that Audit Committee Chair and Director of Finance have oversight of the CF Functional return in order to provide assurance that it aligns with the information reported within the Annual Report.</p>	<p>As required</p> <p>Q1</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>2: Counter fraud bribery and corruption strategy</p> <p>NHS Requirement 2:</p> <p>The organisation aligns counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy. This is documented in the organisational counter fraud, bribery and corruption policy, and is submitted upon request. The counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks.</p>	<p>CFM to ensure that work planned for in the Annual Counter Fraud Plan and that work carried out is aligned to the NHS CFA strategy and that the objectives are being met.</p> <p>CFM to provide assurance that counter fraud provision is resourced by way of qualified, nominated and accredited Counter Fraud Specialists and to ensure that this is maintained.</p> <p>The Counter Fraud Policy is in place. Review to be undertaken.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>3: Fraud bribery and corruption risk assessment</p> <p>NHS Requirement 3:</p> <p>The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology and is recorded and managed in line with the organisation's risk management policy and included on the appropriate risk registers, and the risk assessment is submitted upon request. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).</p>	<p>Counter Fraud Department to carry out risk analysis in line with the Government Counter Fraud Profession (GCFP) fraud risk methodology. All risks identified to be assessed and remedial action taken and reported to key stakeholders. All matters arising to be reported to DoF and AC by way of periodic counter fraud progress reporting. If immediate action is required due to the nature and impact of the identified risk then this will be undertaken and reported to DoF as necessary.</p> <p>Fraud Risk Assessment profile to be maintained targeting areas of inherent Fraud Risk to the organisation. Counter Fraud department to continue to build upon the fraud risk profile (live document) both locally and on the CLUE case management system in order to effectively evaluate, evidence and measure the effectiveness of counter fraud risk assessment work.</p>	<p>Throughout the year and dynamically as the needs arise</p> <p>Q1/2/3/4</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>For NHS organisations the fraud risk assessments should also consider the fraud risks within any associated sub company of the NHS organisation.</p>	<p>Local Proactive exercises to be undertaken by LCFS as the need arises throughout the year informed by post-investigation work, local risk assessment and CFA Fraud Prevention Notices and national exercises.</p> <p>Areas identified as priorities for LPE work to be carried out in 2025/26:</p> <ol style="list-style-type: none"> 1. Nurse rostering 2. Doctors rostering / job planning <p>All risk work undertaken will aim to comply with the local risk management policy and the Counter Fraud Manager will request to have identified fraud risk added to local risk registers throughout the organisation.</p> <p>The CF team will assist and action any NHSCFA thematic exercises in relation to risk as they arise and report outcomes to DoF and Audit Committee.</p>	<p>Q1/2/3/4</p> <p>Q1/2 Q3/4</p> <p>Q1/2/3/4</p> <p>As required</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>4: Policy and response plan</p> <p>NHS Requirement 4:</p> <p>The organisation has a counter fraud, bribery and corruption policy and response plan (the policy and plan) that follows NHSCFA's strategic guidance and has been approved by the executive body or senior management team.</p>	<p>Counter Fraud Policy was updated in 23/24 and remains in date. Interim review to be undertaken.</p> <p>Counter Fraud team to promote awareness of the policy at presentations and through newsletters.</p> <p>CF team to utilise staff surveys to evaluate if staff are aware of the policy and how and where to locate it. Also establish that they are aware of the correct procedures associated with reporting fraud, bribery and corruption.</p>	<p>Q1</p> <p>Q1/2/3/4</p> <p>Q3</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>5: Annual action plan</p> <p>NHS Requirement 5:</p> <p>The organisation maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessment identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the audit committee (or equivalent body).</p>	<p>CF Manager to complete annual Counter Fraud workplan detailing planned actions for the coming year. Where possible actions to be given a proposed time period.</p> <p>CF Manager to ensure the plan is agreed by DoF, ratified by Audit Committee.</p> <p>CF manager to provide quarterly reports to Audit Committee.</p> <p>CF manager to provide quarterly statistics to Counter Fraud Service Wales to appraise Welsh Government of work undertaken and costs of service.</p> <p>CF manager to provide annual report measuring the effectiveness of the plan.</p>	<p>Q4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	<p>Risk Management Policy</p> <p>Locally developed database</p> <p>Electronic Staff Record</p> <p>CFS Statistics</p> <p>Microsoft Share point</p> <p>All investigations will be recorded and managed on the CLUE case management system and reported to Audit Committee via the quarterly reporting process. This Data will also be shared with the Counter Fraud Service Wales and the NHS CFA.</p> <p>All losses, recoveries, outcomes, decisions and criminal, disciplinary and professional sanction will be recorded on the CLUE system and reported to Audit Committee via the Annual Report. This Data will also be shared with the Counter Fraud Service Wales and the NHS CFA.</p>	<p>Q/1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	Statistical report of work areas drawn from newly implemented local database to be provided in Annual Report. (To provide work benchmarked year on year).	

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>7: Reporting routes for staff, contractors and members of the public</p> <p>NHS Requirement 7:</p> <p>The organisation has well established and documented reporting routes for staff, contractors and members of the public to report incidents of fraud, bribery and corruption. Reporting routes should include NHSCFA's Fraud and Corruption Reporting Line and online reporting tool. All incidents of fraud, bribery and corruption are recorded on the approved NHS fraud case management system.</p> <p>The incident reporting routes are publicised, reviewed, evaluated and updated as required, and levels of staff awareness are measured.</p>	<p>New reporting routes put into place during the course of 2022/2023 that complement national routes of reporting continue to be fully maintained and successful. These will be continually 'advertised' throughout the year and awareness will be drawn to them via all routes available. Continued liaison with the communications team will assist in achieving this.</p> <p>CF Fraud team will continue throughout the year promoting their identity and presence. This will be undertaken by way of the continued development of the SharePoint Intranet Site, through structured awareness and training sessions and pop up stalls at key locations.</p> <p>Ongoing review of the effectiveness of the work undertaken (live database of metrics) and where necessary remedial action to take place dynamically throughout the year.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	<p>Continued promotion of the National Fraud Reporting Line and the National Fraud Reporting tool as managed by the NHSCFA to take place at all fraud awareness events.</p>	<p>Q1/2/3/4</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>8: Report identified loss</p> <p>NHS Requirement 8:</p> <p>The organisation uses the approved NHS fraud case management system to record all incidents of reported suspect fraud, bribery and corruption, to inform national intelligence and NHS counter fraud functional standard return submission by the NHSCFA. The case management system is used to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises</p>	<p>CF team to make full use of the CLUE case management system for recording and managing Investigations, System Weakness reporting, and Local Proactive exercise reporting.</p> <p>CF Manager to ensure via review that all members of CF team are suitably trained and qualified to access the CLUE case management system and maintain up to date knowledge and permissions in relation to the system.</p> <p>CF Manager to supervise the reporting of cases on CLUE ensuring that all referrals are suitably recorded and investigated.</p> <p>CF manager to oversee and direct live investigations on CLUE as the dedicated Senior Investigation Officer.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	<p>CF manager to supervise the recording of all proactive work carried by way of Local Proactive exercise/System Weakness reporting.</p> <p>CF manager to ensure that all outcomes by way of sanction, recovery and loss are suitably recorded and reported to DoF and Audit Committee at progress updates and at year end in Annual report and NHS CFA Functional Return.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>9: Access to trained investigators</p> <p>NHS Requirement 9:</p> <p>The organisation employs or contracts in an accredited, person (or persons) nominated to the NHSCFA to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account.</p> <p>The accredited nominated person (or persons) must demonstrate continuous professional competencies and capabilities on an annual basis by examples of practical application of skills and associated training to include (but is not limited to), obtaining witness statements, conducting interviews under caution and maintaining up to date knowledge of legal and procedural requirements.</p>	<p>The organisation currently employs, three fully accredited, nominated and qualified LCFS. The remaining member of the team is undertaking training and will be fully qualified and accredited during the year (Q3). All members work on a full-time basis.</p> <p>All staff members of the CF team are skilled and trained in criminal investigation and fully up to date with their knowledge of relevant legislation such as PACE, CPIA, DPA, HRA, GDPR, offence legislation. CF manager to review all staff levels of training and arrange remedial action where necessary.</p> <p>All staff will continue to develop professionally, attending appropriate training sessions provided by NHSCFA to enhance their knowledge and skills as well as attending regional forums hosted by NHSCFA and NHS CFS Wales. CF team will undertake continuing professional development opportunities associated</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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<p>Saunders Nathan 19/05/2025 13:50:19</p>	<p>with role throughout the year as they become available.</p>	
	<p>All staff to maintain full compliance with mandatory training/e learning as measured on the ESR system.</p>	<p>Q1/2/3/4</p>
	<p>CF team to maintain the appropriate standards of confidentiality and security as well as having access to the tools and resources necessary to professionally carry out their role (inclusive of secure access to relevant IT systems.). Review of staff awareness/compliance in relation to Information Governance to take place.</p>	<p>Q1/2/3/4</p>
	<p>CF team to continue to have access to secure office accommodation accessible only by them. Secure storage facilities both in the office and on site to be utilised effectively for the necessary retention and storage of evidential data in line with legal requirements.</p>	<p>Q1/2/3/4</p>



Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	All training and development to be recorded and annual staff appraisals to be carried out and objectives set.	Q1/2/3/4

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<p>10: Undertake detection activity</p> <p>NHS Requirement 10:</p> <p>The organisation undertakes proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including local exercises and participation or response to national exercises. Results of this work are evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption.</p> <p>Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and NHSCFA led loss measurement exercises. The findings are acted upon promptly.</p>	<p>CF team to undertake national exercise work as it is published by NHS CFA throughout the year.</p> <p>CF team to react appropriately to the issue of FPN's from NHS CFA. CF team to react appropriately to fraud alerts raised by other Health Boards and Special Health Authorities.</p> <p>CF team will undertake Local Proactive exercises in response to locally identified risk as the need arises. Team to undertake where possible proactive exercises using a Data Analytical approach to test for weakness and identify instances of fraud.</p> <p>CF Team to undertake the 2024-2025 National Fraud Initiative exercise in relation to Payroll data. All high risk matches to be reviewed, dip sample (10%) of remaining matches to be reviewed as a minimum.</p>	<p>As required</p> <p>As required</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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	<p>CF team to foster and maintain a close working relationship with Contractor Services ensuring a flow of intelligence from primary care, PPV, dental and optical teams with the aim of identifying areas of weakness and to assist in any investigations as the result of the identification of outlying information.</p> <p>CF team will engage with internal and external partners e.g. internal and external audit, in order to ensure that any outlying data is reported and acted upon accordingly.</p> <p>CF team will engage with investigators from other organisations and agencies where necessary (including police, UKBA, DWP, HMRC, local authorities, regulatory and professional bodies, complying with relevant legislation and organisational policies when countering fraud bribery and corruption.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>As required</p>

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Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>11: Access to and completion of training</p> <p>NHS Requirement 11:</p> <p>The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption and to create a counter fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover the role of the NHSCFA, LCFS and the requirements and national implications of Government Counter Fraud Functional Standard providing a standardised approach to counter fraud work.</p> <p>Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of the NHSCFA's fraud awareness toolkit as appropriate. The effectiveness of the awareness programme is measured.</p>	<p>CFM to continue to make available awareness sessions to all staff. Also, to give specific sessions to People Services and Finance teams during the year.</p> <p>Continue to participate in all corporate inductions/welcome sessions for new starters.</p> <p>CF team to maintain a promotion strategy in relation to the new e-learning module through effective communication to staffing cohorts.</p> <p>CF team to develop awareness of the Counter Fraud Department team through all available avenues. To include but not limited to</p> <ul style="list-style-type: none"> • Digital banners on organisation intranet site • Regular publishing of Counter Fraud news items via Counter Fraud Newsletter 	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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<p data-bbox="134 1197 313 1388" style="transform: rotate(-45deg); transform-origin: left top;">Saunders Nathan 19/05/2025 13:50:19</p>	<ul style="list-style-type: none"> • Regular messaging across available social media systems • All staff email bulletins to advise of fraud alerts • Ad hoc and bespoke fraud awareness training for different staff cohorts throughout the organisation including primary care • The use of a Counter Fraud Awareness staffed stand at impactive sites around the organisational estate in order to provide face to face contact with staff and public promoting the work of the team and its function <p>CF team to remain fully conversant with the use of the NHSCFA 'npage' tool in accessing materials and literature suitable for dissemination organisation wide and to the general public. Review of team competence to be carried out.</p> <p>CF team to fully participate in International Counter Fraud Week initiative.</p>	<p>Q1/2/3/4</p> <p>Q3</p>



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<p>12: Policies and registers for gifts and hospitality and COI.</p> <p>NHS Requirement 12:</p> <p>The organisation has a managing conflicts of interest policy and registers that include gifts and hospitality with reference to fraud, bribery and corruption, and the requirements of the Bribery Act 2010. The effectiveness of the implementation of the process and staff awareness of the requirements of the policy are regularly tested</p>	<p>CFM to liaise with Corporate Governance Team to ensure policies are current.</p> <p>CF fraud team to raise awareness of the registers and policies by way of fraud awareness sessions and news bulletins/letters.</p> <p>CF manager to provide a presence and input into relevant policy review, and to record and document changes.</p> <p>CF team to complete National Fraud Initiative exercise in relation to payroll versus Company Director matches to test effectiveness of declarations of interest policy.</p>	<p>Q1</p> <p>Q1/2/3/4</p> <p>As Required</p> <p>Q1/2/3/4</p>

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