

Alcohol Standards Follow-up Final Internal Audit Report 2025/26

Cardiff and Vale University Health Board

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Review Reference

CVU-2526-03

Fieldwork

February - March 2026

Executive Sign Off

March 2026

Audit Committee

May 2026

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Executive Summary

Purpose

We have completed a second follow-up review of 'Alcohol Standards'.

Our original Implementation of Alcohol Standards audit was reported in January 2024 and identified seven issues and resulted in an overall assurance rating of 'Limited Assurance'.

A follow-up review was subsequently completed during 2024/25 to verify the progress that had been made in implementing the recommendations and agreed management actions. Our report was finalised in June 2025 and concluded that, of the seven recommendations, three remained open, and we therefore issued a further 'Limited Assurance' opinion due to the significance of the actions still to be fully implemented.

For 2025/26 we have revised our approach to reporting our follow-up audit work to ensure that we comply with the requirements of the new Global Internal Audit standards. As such we will no longer be providing an assurance rating as part of our follow-up reports.

The purpose of this current and second follow up review is therefore to establish if management has now taken corrective measures to fully implement the remaining three actions and address the relevant key findings from our original report.

We note that the Audit and Assurance Committee has continued to monitor progress in implementing these actions through the internal audit tracker.

Overview

Our follow up review has confirmed that all three agreed actions have been **implemented**, as follows:

Original Priority Rating	Number of agreed actions	Implemented / obsolete (Closed no further action required)	Action Ongoing (Further action required)	Not Implemented / Not due (Further action required)
High	1	1	0	0
Medium	2	2	0	0
Total	3	3	0	0

As part of our follow-up review, we met with the Executive Director of Public Health and the Consultant in Public Health Medicine to establish the progress that has been made with the implementation of the agreed actions. We then obtained and reviewed documentation and evidence to validate the stated position for each of the actions.

As noted above, this has enabled us to confirm that all the agreed management actions have been implemented. There are now regular meetings being undertaken for the EU Alcohol Screening Project and a quarterly Alcohol Harm Prevention Group has also been established with attendance from Clinical Boards. In addition, the Alcohol Brief Intervention Online Training has been promoted within the Cardiff and Vale Public Health Team Newsletter for all staff.

Further detail of the work undertaken by management to implement each of the agreed actions is provided in the table below.

Appendix A: Progress of Agreed Actions

Original Audit Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Current Status & work undertaken
Finding 1	<p>Guidance.</p> <p><u>First Follow-up Finding:</u></p> <p>There were difficulties recruiting to a fixed-term post which led to mobilisation of capacity from an existing Programme Manager in the Mental Health Clinical Board. They supported the development of an Emergency Unit (EU) Alcohol Screening Pilot Project on a part-time basis until the end of March 2025.</p> <p>A Standard Operating Procedure (SOP) for alcohol screening was produced for the EU screening pilot project. Following this SOP, alcohol screening and brief interventions were completed by Cardiff and Vale Drug and Alcohol Service (CAVDAS) staff in the EU. The aim of the pilot was to increase alcohol screening in the EU from 2-3 per month to 100 per month by April 2025, which was achieved.</p> <p>The EU alcohol screening pilot project has been fully evaluated, and the results were recorded, including data on the number of patients screened, number of referrals following the screening etc. These findings have been reported to the Area Planning Board (APB) and, on the basis of this, the APB confirmed funding to extend the pilot for a further six months, at the APB meeting on 12th March 2025.</p> <p>The SOP developed for the EU pilot details the process for screening staff to follow as part of the pilot project within the EU but does not cover any other departments within the Health Board.</p> <p><u>Agreed Action:</u></p> <p>Improve governance arrangements for alcohol standards.</p> <p><u>Original Responsibility & Timescale:</u></p> <p>Caryl Watkins (Area Planning Board Support Team) and Anna Schwappach (Public Health Team) September 2025</p>	<p>High Priority</p>	<p>Action Status: Implemented</p> <p>There are appropriate governance arrangements now in place for alcohol screening.</p> <p>The EU Alcohol Project Steering Group has been established and met for the first time on the 18th August 2025. In addition, a quarterly Alcohol Harm Prevention Group was established which includes staff from the Clinical Boards and is now meeting regularly and enables staff to highlight any screening work that they are undertaking within their areas. In addition, the EU Alcohol Screening Project is discussed at this group. These meetings report into the quarterly Safeguarding Steering Group which is chaired by the Executive Nurse Director.</p> <p>The SOP for alcohol screening has been discussed within the quarterly Alcohol Harm Prevention Group and is available to other areas of the Health Board who plan to instigate alcohol screening.</p>

Original Audit Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Current Status & work undertaken
Finding 2	<p>Screening tool.</p> <p><u>First Follow-up Finding:</u></p> <p>A validated alcohol screening tool (Audit-C) has been incorporated into the EU Workstation programme within the EU, for the pilot project that is in place and being undertaken by CAVDAS staff. If screening is extended to other parts of the Health Board, AUDIT-C or another validated alcohol screening tool should be used, as relevant to the patient group / setting where patients are screened.</p> <p><u>Agreed Action:</u></p> <p>The alcohol screening pilot has been extended in the EU over a temporary period, with funding to support this provided by the APB. There are currently ongoing meetings (see above) to develop its longer-term operating model, governance and reporting structures.</p> <p><u>Original Responsibility & Timescale:</u></p> <p>Caryl Watkins, Ongoing</p>	<p>Medium Priority</p>	<p>Action Status: Implemented</p> <p>The alcohol screening project is still ongoing within EU. The quarterly Alcohol Harm Prevention Group met for the first time on the 25th September 2025. The Group has attendance from teams across the Health Board allowing different teams the opportunity to highlight the screening work they are undertaking.</p> <p>Anaesthetic staff are developing the use of Audit-C for undertaking perioperative identification and management of patients to assess alcohol intake. In addition, in the mental health wards Audit-C is being used to screen patients.</p>

Original Audit Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Current Status & work undertaken
Finding 5	<p>Training.</p> <p><u>First Follow-up Finding:</u></p> <p>Alcohol Brief Intervention (ABI) training has been developed for those staff in CAVDAS that are undertaking the EU alcohol screening pilot.</p> <p>Nationally, Public Health Wales are responsible for producing ABI training, this was due to be completed and available in 2024. This training has been developed by the MECC (Making Every Contact Count) National Working Group and covers AUDIT-C screening and how to carry out a brief intervention. However, production of this resource has been delayed and is not currently available for users. Once this becomes available, who has undertaken the training will be recorded via ESR. All staff training is recorded via ESR, the responsibility to keep up to date with training lies with the staff member and their manager, to work within their competency. In the interim, a face-to-face ABI training package can be delivered by the Public Health Team on request.</p> <p><u>Agreed Action:</u></p> <p>Once ABI training is made available by PHW, this will be promoted throughout the Health Board to all staff, for example using screen savers, and in the newsletter.</p> <p>Staff and their line managers will need to ensure competency of staff as per all other duties fulfilled.</p> <p><u>Original Responsibility & Timescale:</u></p> <p>Mark Smith, November 2025</p>	<p>Medium Priority</p>	<p>Action Status: Implemented</p> <p>The Public Health Wales training is now available. Information about the Making Every Contact Count - Alcohol Brief Intervention Online Training was reported in the Cardiff and Vale Public Health Team Newsletter in November 2025. The newsletter confirmed that the training was available and it was designed to develop people's skills to encourage others to reduce their alcohol intake. It confirms that the training is aimed at staff across health services and those who regularly interact with the public.</p>

Appendix B

Disclaimer

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Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Public Sector 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.



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