Inspection Title	External Inspection	Inspection Date	Recommendation	Reference Number	Action	Current Due Date	Last Updated	Progress Status	Risks	Barriers	Comments/Updates
Clinical Coding Follow-Up from 2014 not yet completed			Medical Records Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include: a) reinforcing the Royal College of Physician (RCP) standards across the Health Board and developing a programme of audits which monitors compliance with the RCP standards; b) improving compliance with the medical records tracker tool within the Health Board Patient Administration system (PAS);	Corporate Governance - Audit Wales/2020/124/MD 1/1	b) To facilitate the achievement of the Welsh Government target that 95% of coding activity should be completed within one month of the end of the hospital episode, it is important that clinical coders get timely access to the patient's medical records. From our last review we found that tracking of records was an issue. If records are not tracked effectively this means it can take longer for coders to access them. Coders are reporting that they are tracking records, however practices across the Health Board are not consistent and still cause issues.	05/05/2024	24/08/2026	Fully complete (Approved)			August 2026 - all outstanding recommendations from this review have been replaced by the 'Clinical Coding Progress Review (Follow-up)' from Audit Wales issued in August 2026. June 2024 Update: The Clinical Coding function transferred to CD&T in 2023 May 2023 Update: From the 5th June 2023 all filing libraries are being restricted so that only medical records personnel retain access which should improve compliance with the WG target for coding activity.
Estates Follow-up Review			Introduce a system to inspect a percentage of repairs each month - We found that the Health Board is yet to develop a system to inspect a percentage of repairs each month. This is an essential element for any estate maintenance service, providing vital assurance that work is being carried out in compliance with the relevant safety and quality standards. The Health Board should introduce a monthly inspection regime by March 2023.	Corporate Governance - Audit Wales/2022/946/MD 2/1	- MiCAD interrogation and monthly reports set up. - Initial agreement of content of inspections and form they will take. - Initial KPI's developed and monitoring commencement. - Review of forms and KPI's.	28/02/2023	07/11/2025	Fully complete (Approved)			KPI's have been developed for some time for all categories of reactive repairs (P1, P2, P3 etc) as well as Statutory Compliance and Mandatory Compliance. These are reported on and presented monthly at the Estates Performance Review service Board. Additionally the MiCad system has developed a 'Post Inspection' report for reviewing a number of jobs across each main site, against each general Trade - Building, Mechanical, Electrical. These are reported on at the same Performance Review within their individual category for granularity of data. The MiCad system provides a set of generic Pass/Fail questions for each post-inspection audit, which have been developed and altered since their inception.
Structured Assessment 2025			Given the volume of policies overdue for review, the Audit and Assurance Committee should receive progress updates twice a year (see report paragraph 30).	Corporate Governance - Audit Wales/2026/998/MD 2/1	A policy update will be shared bi-annually in May and November Audit Committee.	30/11/2026	22/07/2026	Fully complete (Approved)			Item is in the forward plan and will appear. This has been to May Committee and will attend the Nov meeting. May 2026 - a Policy Management Update Report went through the Audit & Assurance Committee on 19th May 2026. March 2026 - Policy update scheduled for May & November audit committee on forward plan & on Corporate Governance annual cycle of activity.
Audit Wales - Audit of Accounts Report Addendum for 2022-23			Delays in receiving working papers and supporting evidence: For 2022-23 the Health Board should provide us with all the relevant records, per the agreed Audit Deliverables document in place for that year. Also, the Health Board should ensure that all supporting records are provided in a timely manner, particularly during the first couple of weeks of the 2022-23 audit.	Corporate Governance - Audit Wales/2022/127/MD 2/1	The main working papers were delivered as per the deliverables document however some additional supporting papers were provided in week 2 (following the additional WG reporting deadlines which fall in week 1 of the annual audit). A review of all working papers and deliverable dates will be carried out to help ensure audit have all the information they require in the first week of audit to prevent delays going forwards. A review of working paper formats for debtors and creditors will also be carried out to identify improvements to minimise the need for multiple files/supporting papers.	31/03/2023	10/11/2025	Fully complete (Approved)			The UHB is working with Audit Wales to implement the use of Inflo Collaborate software with Audit Wales to manage Audit queries during the 2022/23 Annual Accounts Audit. Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines. Nov 2025 - Inflo now in place to liaise with Audit Wales
Digital transformation			The Health Board should build a clear understanding of where there are gaps in Board Members knowledge of the Health Board's digital arrangements. (Paragraph 16)	Corporate Governance - Audit Wales/2026/1260/MD2/2	Cyber phishing exercises continue to run on a programmed basis providing online bite size training to any individual that inadvertently clicks on phish exercise links. These results are tracked by the IG/cyber group chaired by the Director Digital & health Intelligence who is also SIRO. Persistent offenders receive targeted communications and are offered further training.	24/08/2026	24/08/2026	Fully complete (Approved)			August 2026 - action marked as 'Complete / Ongoing Programme' in the Audit Wales report.

Estates Follow-up Review			Strengthen performance management - We found that the Health Board is continuing to develop KPIs for its estates and facilities services but is yet to establish a suitable format to report the information internally and up to the Board for assurance. By March 2023, the Health Board should ensure that: • relevant estates and facilities KPIs are included in the integrated performance report which is received by the Board; and • the KPIs are linked to the new estates strategy.	Corporate Governance - Audit Wales/2022/946/MD 3/1	- Current KPI formats are being assessed along with content. - Once KPI content is agreed and data capture refined, information will be presented to the Board with bi-monthly performance feedback at the Service Board meetings. - The KPI's will help inform and be linked into the Estates Strategy when completed.	31/01/2023	07/11/2025	Fully complete (Approved)			KPI's have been developed for sometime for all categories of reactive repairs (P1, P2, P3 etc) as well as 'Statutory Compliance' and 'Mandatory Compliance' as well as other KPIs relating to Estates operations. These are reported on and presented monthly at the Estates Performance Review service Board. The KPI reporting is embedded within the CAFM system (MiCad) and presented as a monthly figure as well as a rolling 12month figure to look at trend analysis. This data is presented by the Head of Estates to the Director of Capital, Estates & Facilities and Head of Estates & Facilities as well as Finance Business Partner and Business Manager.
Discharge Planning Progress Update			Policy Review	Corporate Governance - Audit Wales/2024/809/MD 3/1	R2 - The Health Board should ensure the revised discharge policy is updated on the Health Board's website.	30/06/2025	27/03/2026	Fully complete (Approved)			March 2026 - UHB 372 V3 was approved in Sep 2026 Quality Committee. This has been updated on AMAT, the CAV website, and SharePoint. AW Organisational Response - We have a plan in place to ensure the policy is updated by April 2025 when we will then add to Health Board website.
Audit Wales - Audit of Accounts Report Addendum for 2022-23			Lack of detailed instructions to the valuers: Prior to a valuation being undertaken, the Health Board should issue and agree a formal instruction to its valuers.	Corporate Governance - Audit Wales/2022/127/MD 3/1	A full specification has been issues in relation to the quinquennial view by Welsh Government. In relation to our ad hoc valuations throughout the year, we will agree formal instructions to the District Valuer by valuation type going forward. Nov 2025 update - this action is now complete as per email from Assistance Director of Finance on file.,	31/03/2023	10/11/2025	Fully complete (Approved)			Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines.
Structured Assessment 2023			Public Accessibility of Governance Documents - We found a number of outdated or unavailable governance related documents on the Health Board's website for example Standing Orders and Standing Financial Instructions.	Corporate Governance - Audit Wales/2023/767/MD 3/2	The Health Board should review its website, ensuring the latest versions of governance documents and papers are available.	02/07/2024	11/11/2025	Fully complete (Approved)			Nov 2024 - Superseded - see Recommendation 2 in Structured Assessment 2024 (administrative governance)
Audit Wales - Audit of Accounts Report Addendum for 2022-23			Assets not being depreciated when brought into use: The Health Board should accurately apply its accounting policy and depreciate all assets when they are brought into use.	Corporate Governance - Audit Wales/2022/127/MD 4/1	Additional controls have been added to the year-end procedures to ensure assets are depreciated correctly.	31/03/2023	10/11/2025	Fully complete (Approved)			Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines. Nov 2025 update - this action has now been complete as per email on file from Assistant Director of Finance.
Structured Assessment 2025			Given recent Board and committee changes, the Health Board should ensure its annual Board effectiveness report reflects on how its improvement activities have strengthened Board and committee working (see report paragraph 47).	Corporate Governance - Audit Wales/2026/998/MD 4/1	Board improvement and self-assessment is now a standing item at all Board Development sessions. The Chair's report will be used not just to report on this activity but set out how the activities have strengthened working.	31/12/2026	10/06/2026	Fully complete (Approved)			June 2026 - the Director of Corporate Governance has confirmed this action can be closed as this is now included in reports going forward.
Digital transformation			The Health Board should quickly develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (Paragraph 30)	Corporate Governance - Audit Wales/2026/1260/MD5/1	A governance process with the Medical Director as SRO was communicated to Clinical Boards for AVT AI in clinical use cases. This included guard rails for usage.	24/08/2026	24/08/2026	Fully complete (Approved)			August 2026 - action marked as 'Completed on 24th March 2026' within the issued Audit Wales report in August 2026.
Eye Care Review – Cardiff and Vale University Health Board			R5 - The Quality Committee and/or the Finance and Performance Committee should receive routine updates on the ophthalmology service action plan, including the impact of actions. The report should include:	Corporate Governance - Audit Wales/2026/1159/MD5/1	All committees will be fed by Ophthalmology plans to include Finance, Performance and quality. A regular update is provided on Harm, performance and finance upward through Senior Management Team.	28/02/2026	03/05/2026	Fully complete (Approved)			Routine updates on performance provided as BAU for: Finance Performance - Waiting times Quality & Safety

Audit Wales - Audit of Accounts Report Addendum for 2022-23			Some working papers were not referenced to the agreed Audit Deliverables Document: For 2022-23 the Health Board should reference all its information to the agreed Audit Deliverables Document.	Corporate Governance - Audit Wales/2022/127/MD 5/1	To ensure satisfactory naming and sharing of documents in 22/23 a premeeting would be advisable to get agreement on titles and distribution list. Working paper titles where amended in 21/22 to aid understanding of contents but this was based on accounts notes not deliverables – will update further in 22/23 based on Audit Wales guidance.	31/03/2023	10/11/2025	Fully complete (Approved)			The UHB is working with Audit Wales to implement the use of Inflo Collaborate software with Audit Wales to manage the Audit Deliverables. Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines. Nov 2025 - this action is now complete as per the email on file from the Assistant Dirctor
Review of Cost Savings Arrangements CAVUHB			The Health Board should ensure that future savings reports clearly articulate all the savings it needs to deliver in a given year to meet its Welsh Government control total.	Corporate Governance - Audit Wales/2025/951/MD 5/1	The Health Board should ensure that future savings reports clearly articulate all the savings it needs to deliver in a given year to meet its Welsh Government control total.	31/03/2025	06/07/2026	Fully complete (Approved)			07.01.2025 - The savings programme is hard wired into the UHB's annual financial plan and is a key objective in delivering the Welsh Government's control total. The totality of savings plans will be reported in plans and financial reports unlike 2023-24 when the Going Further savings requirements were reported separately. 29/08/25 - The Health Board's financial reporting clearly sets out the total savings required to delivery the Health Board's submitted plan. The initial £30m required to deliver £58.2m deficit has been updated to £32m to deliver £56.2m in line with recent correspondence with Welsh Government. All Clinical Boards were issued their total control targets including the savings requirement to deliver the £58.2m on 11/03/25 and the Health Board was clear of the gap to the Welsh Government control total. In 25/26, the Health Board has moved to reporting savings delivery on a forecast basis rather than planned delivery. This approach enables early identification of under-delivery against the required target and supports timely mitigation actions. All reports including those submitted to Finance & Performance Committee include a clear breakdown of progress against the total savings requirement, including year-to-date achievement, forecast delivery and savings gap. 16/06/2026 confirmation of closure of action from Audit Wales - F&P Committee papers show that from July 2025 Finance Reports report progress against the updated savings target of £32m (original savings target was £30m). This addresses the recommendation.
Structured Assessment 2025			The Health Board should strengthen monitoring of quality and safety by: 6.1 Ensuring it complies with the Duty of Quality requirement to produce an annual quality report (see report paragraph 59). 6.2 Reporting annually on how it is achieving its Duty of Candour (see report paragraph 59).	Corporate Governance - Audit Wales/2026/998/MD 6/1	6.1 - Duty of Quality report 24-25 will appear at Quality Committee in March and future reports will appear earlier in the year.	31/12/2026	11/08/2026	Fully complete (Approved)			March 2026 - The duty of quality report for 2024-2025 went to quality committee on the 3 March 2026 - https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/quality-committee/supporting-documents-for-quality-committee-03032026/ July 2026 - the 25-26 Annual Quality report went to quality committee on the 28 July 2026 - papers here https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-
Structured Assessment 2022			Enhancing the Integrated Performance Report - The Integrated Performance Report provides a good overview of the Health Board's performance. However, details of the actions being taken to sustain or improve performance that falls below target appears in some sections	Corporate Governance - Audit Wales/2022/129/MD 7/1	The Integrated Performance Report provides a good overview of the Health Board's performance. However, details of the actions being taken to sustain or improve performance that falls below target appears in some sections of the report but not others. The Health Board, therefore, should ensure this information is provided consistently throughout the report to strengthen the assurances provided to the Board that	31/03/2023	13/01/2026	Fully complete (Approved)			Nov 2024 - the Structured Assessment 2024 outlined this as 'Superseded by Recommendation 6 in the Structured Assessment 2023'. Management Response - Accepted. The Integrated Performance Report is being reviewed and will be refreshed to provide a clear overview of performance with the ability to drill down into more detail where appropriate. The format is likely to change to reflect the
Audit Wales - Audit of Accounts Report Addendum for 2022-23			Monitoring and review of user access to the Well Sky Hospital Pharmacy system can be strengthened: The Health Board should strengthen its formal monitoring of user access rights to the Well Sky System. Also, the Health Board should ensure that its monitoring is based on regular reviews, and a clear and up-to-date record (retaining historic details) of all users, and confirmation that each user's access is appropriate.	Corporate Governance - Audit Wales/2022/127/MD 7/1	The Well Sky system management team will review user access profiles by the end of March 2023, this will also include putting in place a regular annual review process.	31/03/2023	10/11/2025	Fully complete (Approved)			Working with DHCW to review list of staff with access to WellSky. Process for removing/amending staff access level when the leave/change roles is being developed. Report to identify who has access to which features is not available - DHCW resolving this with WellSky so only who has access to the system can be reviewed not what level they can access. 14/3 - All users access to Wellsky has been reviewed and we are in the process of asking DHCW to remove users who have not accessed the system or no longer require access.

Review of Cost Savings Arrangements CAVUHB			The Health Board should strengthen its arrangements for communicating its cost savings plans to staff.	Corporate Governance - Audit Wales/2025/951/MD 7/1	The Health Board should strengthen its arrangements for communicating its cost savings plans to staff.	30/06/2025	20/08/2026	Fully complete (Approved)			07.01.2025 - The UHB engages its staff through multiple communication points, in the context of the financial outlook and the need to identify and deliver Costs Reduction Programmes. The UHB seeks will seek to ensure that these initiatives are continued and strengthened and the need for increased focus is communicated clearly to all staff members. • Financial Sustainability Communications Working Group • Corporate SharePoint page and internal communications • Financial Sustainability – You Said, We Did, communications • Staff emails shared on key internal communications messages relating to Financial Sustainability • Communications support to individual portfolios in Medicines management, Workforce and Procurement • All Staff Engagement through 'Ask Suzanne' • Viva Engage • Local Partnership Forum • Clinical Board Executive Reviews In addition to these UHB/Corporate initiatives each Clinical Board delivers a raft of measures to communicate the financial challenge and the need for efficiencies within their own reporting structures. These have been provided to Audit Wales colleagues. 22/10/2025 - As per the previous update the UHB has a wide range of communications in place to ensure all staff members are aware of the cost savings plan. These have continued to be strengthened throughout the year. This is not an action the UHB would consider completed as it require continuous ongoing improvement. August 2026- New CEO has been discussing financial sustainability in In conversation meetings in August 2026.
Review of Quality Governance Arrangements			Clinical Audit - The Health Board is developing a Clinical Audit Strategy and Policy, but there has been a delay in progress due to capacity and IT system challenges within the Clinical Audit Team. Internal Audit completed a review of the Health Board's clinical audit arrangements during 2021 and gave a limited assurance rating, identifying several key matters that need to be addressed. Whilst the Health Board is making some progress in this area, it should:	Corporate Governance - Audit Wales/2022/114/MD 9/1	The Clinical Audit Plan is to be shared at the Audit and Assurance Committee and discussed at the October QSE Committee meeting. The plan will reference all of the actions from this report. Compliance with internal audit findings will continue to be monitored via the Audit and Assurance Committee. Some investment has been provided to Clinical Audit from in year one form the internal Business case (monies to be provided over a 3 year period). Posts are being recruited into -	01/10/2022	10/11/2025	Fully complete (Approved)			Jan 2024 update: • The Clinical Audit policy and strategy have now been ratified • AMaT has been implemented across the UHB • Substantial assurance has been awarded by internal audit • Clinical Audit Policy and Clinical Audit Strategy as been reviewed at CEC and going out for wider comment through the UHB Policy ratification process • Funding for the business case has been utilised for an AMaT officer and Clinical Effectiveness Lead which have been in post since September 2022 • AMaT has been implemented through the UHB, support is ongoing with using the system. Modules in use include the Clinical Audit and Service Evaluation. Service audit
Structured Assessment 2025			All committees currently have terms of reference which were approved by the Board in November 2024. We note that the Health Board intends to review committee terms of reference as part of its review of the scheme of delegation.	Corporate Governance - Audit Wales/2026/998/MD 9/1	It is important that this process supports timely review to ensure terms of reference accurately reflect the work committees need to undertake. For example, reflecting new quality governance arrangements once agreed (see paragraph 57).	30/06/2026	17/07/2026	Fully complete (Approved)			June 2026 - this action is complete. Standing Orders with reviewed and amended Committee ToRs were approved by Board in May 2026 and are attached to this AMAT record for ref.
Structured Assessment 2025			All committees currently have terms of reference which were approved by the Board in November 2024. We note that the Health Board intends to review committee terms of reference as part of its review of the scheme of delegation.	Corporate Governance - Audit Wales/2026/998/MD 9/2	While both the terms of reference and forward workplans are publicly available, the workplans are not updated on the website in a timely manner. (Paragraph 39)	30/06/2026	17/07/2026	Fully complete (Approved)			June 2026 - ToR updated on the CAV website following May 2026 Board meeting. The Board/Committee Forward Plans are added to the CAVUHB website at the beginning of every month. July 2026- Forward plan updated onto the CAV website monthly by corporate governance - link is here https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/ Papers for May 2026 Board meeting available here https://cavaccess.cymru.nhs.uk/RDWeb/WebClient/ which confirms TOR which were approved in May 2026 Board

Structured Assessment 2025			While the Board receives the Corporate Risk Register (CRR) at each meeting, it is for information only and committee level oversight arrangements for corporate risks is still not clear.	Corporate Governance - Audit Wales/2026/998/MD 10/1	This means there is little Board-level oversight of the CRR. (Paragraph 49)	30/06/2026	17/07/2026	Fully complete (Approved)			June 2026 - conversations are ongoing on how best to incorporate the Corporate Risk Registers into the Committees. The CRR goes through the CAVUHB Board meeting. An Organisation Risk Management Group has also been established to have oversight of the CRR risks. July 2026- Organisational Risk Management Group has been established with inaugural meeting scheduled for 23 July 2026 which will then be held quarterly. Operational risks scoring 20+ are being shared at their retrospective committees in line with risk theme as set out below: Quality – Quality and Operational risks (96 risks) - Shared at Quality Committee on the 30 June 2026 - https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees
Review of Quality Governance Arrangements			Values and Behaviours - The Health Board's Values and Behaviours Framework sets out its vision for a quality and patient-safety-focussed culture. However, there is a mixed picture in relation to the culture around reporting errors, near misses, incidents, and raising and listening to staff concerns. The Health Board, therefore, should undertake work to understand why some staff feel: a) that their mistakes are held against them or kept in their personal file;	Corporate Governance - Audit Wales/2022/114/MD 10/1	- A safety culture with a focus upon psychological safety is an enabler of the QSE Framework. - Members of the team are undertaking an IHI (Institute for Healthcare Improvement) Leadership course, and their focussed piece of work will address these issues. - A project plan is being developed and will be part of the QSE implementation of the framework - Culture surveys and feedback will be part of the evaluation with our quality metrics and will be undertaken annually in quarter 4 to assess whether values and behaviours have improved. - Work will be aligned with organisational development colleagues	31/05/2023	10/11/2025	Fully complete (Approved)			Update Oct 2025 - Staff from Patient Safety and Quality completed the IHI leadership course, creating improved communication on patient safety culture. Patient Safety and Quality have completed a number of actions designed to improve the reporting culture within the organisation. All newly qualified nurses receive training on incident reporting as part of the preceptorship programme, which includes the reasons for reporting and the systems-focused way in which incidents are reviewed. This is also reinforced within Patient Safety Learning Review (PSLR) training which is provided to those staff members who review safety incidents. This training has been accessed by more than 280 staff since it was launched. AMaT has been introduced at a tool to record and share improvement plans following
Review of Quality Governance Arrangements			Monitoring and Reporting - There is no evidence to indicate that the four harms associated with COVID-19 have routinely been reported to the Board either through the integrated performance report or systems resilience update. Furthermore, there was limited evidence that Clinical Boards consider the four harms associated with COVID-19 as part of the reporting to the corporate Quality, Safety, and Experience Committee. The Health Board, therefore, should ensure that the four harms associated with COVID-19 are routinely considered by Clinical Boards and reported to the corporate Quality, Safety, and Experience Committee and Board.	Corporate Governance - Audit Wales/2022/114/MD 12/1	The revised template for the Clinical Boards QSE meetings will incorporate the 4 harms associated with COVID-19 reporting The notes and action logs of the clinical Boards will be shared at the QSE Committee meetings.	01/08/2022	10/11/2025	Fully complete (Approved)			This action no longer remains relevant as the UHB and wider national governance approach is not using the 4 harm of covid since the end of the pandemic and the completion of the covid investigation programme.
Review of Quality Governance Arrangements			Quality and Safety Priorities - The Surgery Clinical Board and Surgical Services Directorate revised their quality priorities in response to the COVID-19 pandemic. However, there appears to be poor alignment between these operational priorities and the Health Board's key delivery actions for quality and safety as outlined in its Annual Plan for 2021-22. The Health Board, therefore, should ensure there is better alignment between operational and strategic quality and safety priorities as articulated in the Health Board's ten-year strategy and new Quality, Safety, and Patient Experience Framework.	Corporate Governance - Audit Wales/2022/114/MD 13/1	- To work with all Clinical Boards to agree the QSE priorities aligning to the framework and Annual Plan and to the IMTP. - Develop generic and specific Quality indicators aligned to the QSE Priorities in the QSE framework for Clinical Boards which are reported through the QSE structure. and QSE Committee. These will be reported by exception as required and in totality at their scheduled presentation to the Committee.	30/09/2022	10/11/2025	Fully complete (Approved)			Update Sept 2025 - quality indicator report is now taken to every quality committee, reported under the domains of quality. CB assurance reports will follow the same structure from Oct 2025
Structured Assessment 2025			The monthly Finance Report details identified savings, but it does not show actual savings delivered.	Corporate Governance - Audit Wales/2026/998/MD 13/1	While the Finance and Performance Committee receive this information in the monthly monitoring return, it would be clearer to update the savings section of the Finance Report. Our 2024 Cost Savings Review included a recommendation to that effect. At month seven, the Health Board had delivered £13.9 million in savings. (Paragraph 73)	30/06/2026	11/08/2026	Fully complete (Approved)			June 2026 - the monthly finance report into F&P Committee includes planned and actual savings delivered by month including a forecast of planned savings in future months. August 2026- all of the actual savings are now being demonstrated to the F&P committee since April 2026
Review of Quality Governance Arrangements			Risk Management - There is scope to ensure the corporate Quality, Safety and Experience Committee maintains greater oversight of risks scrutinised by other committees where there is a clear quality and safety impact. There is scope to improve the quality of risk information recorded on operational risk registers and the escalation and de-escalation of risk to/from the Corporate Risk Register. The Health Board, therefore, should ensure: a) the corporate Quality, Safety and Experience Committee seeks assurance from other Health	Corporate Governance - Audit Wales/2022/114/MD 14/2	b) The Health Board's Risk and Regulation Team operate a check and challenge system to manage the escalation and de-escalation of risks from the Corporate Risk Register. Training is also provided to risk leads to improve the detail recorded within risk registers. Both areas remain a work in progress and will continue to be implemented and improved.	31/03/2023	10/11/2025	Fully complete (Approved)			Update November 2025 - The Digital risk project across the UHB is now in place. All corporate risk registers (risks scoring 20+) have now been migrated onto AMAT and all remaining risk registers are in the process of being transferred across with completion requested by 31 March 2026. The CRR on AMAT is now visible to all staff across the UHB with access to AMAT. There is no restriction and this information is now easily available making it a lot easier for risks to be visible and scrutinised. The functionality in AMAT allows quality risks to be themed making it far easier to have visibility of all risks which may relate to quality. In relation to points A&B from the recommendations of this audit, please see updates below: a) the Quality, Safety and Experience Committee is now able to have visibility of all quality

Urgent and Emergency Care: Flow out of Hospital - CAV Region	Chief Operating Officer	30/09/2024	Improving compliance with policies and guidance	Corporate Governance - Audit Wales/2024/802/MD 3/1	R2 - The Health Board, working with local authorities, should update its discharge policy and associated policies, including the choice of accommodation policy, to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023, set out clearly defined roles and responsibilities, and expectations, and reflect the Discharge to Recover then Assess model. The process for updating the policy should include patients and carers.	30/04/2025	07/01/2026	Fully complete (Awaiting approval)			AW Organisational Response - i. The Health Board is developing a new discharge policy to include the key elements from the most recent national discharge guidance in September 2024. The policy is being developed with input from local authorities. ii. The policy will be reviewed by the partnership governance arrangements through the Strategic Leadership Group. iii. Advice and support will be sought from Llais on involvement of patients and carers. 7/1/26 - the Cardiff and Vale UHB discharge guidance has been completed and approved. The guidance includes information on the choice of accommodation . The guidance is closely linked to eh All Wales dischagre guidance
Urgent and Emergency Care: Flow out of Hospital - CAV Region	Chief Operating Officer	30/09/2024	Maximising the use of the Regional Integration Fund	Corporate Governance - Audit Wales/2024/802/MD 7/1	R7 - To help inform decision-making and discussions, the Health Board and local authorities should ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages.	30/04/2025	07/01/2026	Fully complete (Awaiting approval)			AW Organisational Response - i. POCD data is currently regularly shared with the RPB Strategic Leadership Group through both specific programme reporting and CAC priority briefings. ii. The RPB team will review the key performance indicators already collected and ensure they are shared in the appropriate forums. 7/1/2026 This action shoudl be closed as per update above
Urgent and Emergency Care: Flow out of Hospital - CAV Region	Chief Operating Officer	30/09/2024	Improving the quality of information - the Health Board should improve record keeping by:	Corporate Governance - Audit Wales/2024/802/MD 4/1	R4.1 - ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning. 7/1/26 - this action can be closed as discharge education has a focus on robust documentation	30/06/2025	07/01/2026	Fully complete (Awaiting approval)			AW Organisational Response - This is being incorporated into the rolling programme of education for ward teams. In addition, there is a pilot underway in which a discharge booklet is being trialled on the winter ward in UHL to support clear documentation of discharge processes in patient case notes.
Primary Care Follow-up	PCIC Clinical Board	30/04/2024	New ways of working The Health Board should: 2.1 Work with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models; 2.2 Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all clusters; 2.3 Subject to positive evaluation, begin to fund new models from mainstream funding; and 2.4 Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care	Corporate Governance - Audit Wales/2024/768/MD 2/1	- This work is already underway locally. - The National Accelerated Cluster Development (ACD) Programme facilitates Primary Care Clusters, made up of health and care professionals, to work across service boundaries to influence the development of services for their patients. - The plan of the Pan-Cluster Planning Groups (PCPG), covering both Cardiff and Vale regions, will progress work during the 2024 planning cycle to inform whole system efficiency and effectiveness opportunities from the lens of Primary Care, informed by current legacy/recurrent cluster delivered schemes with a strong evidence base for scalability. - A paper is to be provided to Cardiff and Vale Senior Leadership Board in May 2024, setting out the work of Clusters and Pan Cluster Planning Groups to date. - Development sessions are planned during Quarter 1 2024 to develop	31/03/2025	17/02/2026	Fully complete (Awaiting approval)			Work continues to develop a consistent evaluation framework to be used by Clusters, which can form the basis of business cases for investment. Pan Cluster Planning Groups are yet to be fully established and functioning in line with the vision set out by the Strategic Programme for Primary Care, however this position continues to be communicated with Executive Team colleagues, and an intent to establish the governance and role of pan cluster planning within the Health Boards planning architecture. Cluster based schemes continue to be promoted through available channels and further Cluster based initiatives have been prioritised for support which includes roll out of Paediatric Integrated Clinics, and progress of Connected Community based MDTs and Integrated Care Hubs as part of the Health Boards goal to become an integrated community care system.
Urgent and Emergency Care: Arrangements for Managing Demand	Chief Operating Officer	31/03/2025	Patient feedback - 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	Corporate Governance - Audit Wales/2025/766/MD 6/1	R5 - 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	30/06/2025	24/05/2026	Fully complete (Awaiting approval)			Within one of the Safe at Home service, one of the urgent care services delivered within Primary, Community and Intermediate Care (PCIC), specific patient feedback is captured at source and used to inform continuous improvements to the service provided to patients. The questions have been designed alongside the RPB questionnaire requirements. There is the option for patients +/- their family or carer to complete either a paper-based or digital (MS forms) patient feedback form.

Review of Quality Governance Arrangements	Executive Nurse Director	01/06/2022	Resources to support quality governance - Resources within both the Corporate Patient Experience and Concerns Teams have reduced over the last three years and the COVID-19 pandemic has had a significant impact on the Infection Prevention and Control Team's capacity. At an operational level, the Surgery Clinical Board and Surgical Services Directorate have designated leads for many key aspects of quality and safety. However, they do not have protected time to fulfil several of these roles. The Health Board, therefore, should ensure there is sufficient resource and capacity to support quality governance at both corporate and operational levels.	Corporate Governance - Audit Wales/2022/114/MD 15/2	2. Management of resources through the pandemic was challenging for the Infection Prevention and Control team. However as the pandemic reduces the focus for the IPC team is back on normal tier 1 IPC targets, we are now seeing the move back to normal business. Active recruitment also in place to recruit to outstanding vacancies.	31/03/2026	20/07/2026	Fully complete (Awaiting approval)	With 3 nurse and a PA/Administrator vacancies there is insufficient support available within the IP&C team to provide adequate support to the Clinical Boards. The number of audits undertaken by the IP&C team will be reduced as will the number of education sessions provided	Admin post vacancy rejection is putting more strain on a team that are extremely busy and short staffed as the nurses are havint tp arrange and administrate their own meetings	The recruitment process is underway for a band 6 ACNS in IP&C, interviews will be held W/c 08/09/2025. However since that post became available 2 other members of the team have left leaving a band 6 and a band 7 ACNS and CNS posts vacant. A request to recruit is in progress The PA/Administrator for the IP&C team left the post in July, the vacancy requist to replace her was rejected and had to be resubmitted 28/10/2025 UPDATE- The band 6 posts were initially rejected at scrutiny however the request was successful and both are in the recruitment process at present. The band 4 administrator post has been rejected twice at scrutiny panel, the request will be resubmitted as the lack of an administrator is putting extra strain on a team that is extremely short staffed due to the vacancies and sickness within the team ## Action date extended to review in March 2026 following progress of recruitment as outlined above ## All posts have been recruited to