Public Audit Committee Meeting

Tue 04 April 2023, 09:30 - 13:00

Agenda

09:30 - 09:40
10 min

1. Welcome and Introductions

John Union

09:40 - 09:40
0 min

2. Apologies for Absence

09:40 - 09:40
0 min

3. Declarations of Interest

09:40 - 09:40
0 min

4. Minutes of the Committee meeting held on 7th February 2023

04 Draft Public Audit Minutes FebMDjq (1).pdf (14 pages)

09:40 - 09:40
0 min

5. Action log following meeting held on 7th February 2023

05 Draft Public Action Log - AprilMD(v3)jq.pdf (3 pages)

09:40 - 09:40
0 min

6. Any other urgent business: To agree any additional items of urgent business that may need to be considered during the meeting

09:40 - 12:00
140 min

7. Items for Review and Assurance

7.1. Internal Audit Progress Report (45 mins)

Ian Virgil

7.1 Internal Audit Progress Report April 23 cover.pdf (2 pages)
7.1a Internal Audit Progress Report April 23.pdf (19 pages)

7.2. Chemo Care IT System Update (10 mins)

David Thomas

7.3. Audit Wales Update (10 mins)

Wales Audit

7.3 Audit Wales Committee Update (April 2023).pdf (12 pages)

7.4. Declarations of Interest, Gifts and Hospitality Report (5 mins)

James Quance

7.4 Declarations of Interest Gifts and Hospitality Tracking Report April 2023.pdf (4 pages)
7.4(a) Declarations of Interest Table.pdf (23 pages)

7.5. Internal Audit Recommendation Tracker Report (5 mins)

James Quance

7.5 Internal Audit Tracking Report - April 2023.pdf (4 pages)
7.5(a) Internal Audit Tracker - April 2023 v2.pdf (12 pages)
7.5(b) Appendix 2 - Internal Audit Summary Tables - April 2023.pdf (4 pages)

7.6. Audit Wales Recommendation Tracking Report (5 mins)

James Quance

7.6 Audit Wales Tracking report covering report - APR 2023.pdf (2 pages)
7.6(a) Audit Wales Tracker - Apr 2023.pdf (6 pages)
7.6(b) Audit Wales Recommendation Summary Table - Apr 2023.pdf (1 pages)

7.7. Regulatory Compliance Tracking Report (5 mins)

James Quance

7.7 Regulatory Compliance Tracking Report April 2023.pdf (4 pages)
7.7a Regulatory Compliance Tracking Report - April 2023.pdf (3 pages)

7.8. BREAK – 10 MINS at 11:05pm

7.9. Scheme of Delegation and Shared Services Governance Structure (10 mins)

Catherine Phillips

7.9 NHS Wales Shared Services Scheme of Delegation.pdf (2 pages)
7.9a Audit & Assurance Committee ATTACHMENT 1 - NWSSP Governance Chart 4 Apr 2023.pdf (2 pages)
7.9B Attachment 2 NWSSP Structure.pdf (3 pages)

7.10. Review changes to Standing Financial Instructions and Accounting Policies (5 mins)

Catherine Phillips

7.10 Review of changes to SFIs and Accounting Policies RM 4th April 2023.pdf (4 pages)
7.10a Letter to LHBs and NHS Trusts re Addendum to SFIs - 07.11.2022.pdf (2 pages)
7.10b Accounting SFIs & Policies - Addendum 2 - IFRS 16 - 4 April 2023 Audit Committee.pdf (2 pages)

7.11. Procurement Compliance Report including Single Tender Actions (5 mins)

Catherine Phillips Claire Salisbury

7.11 Procurement Compliance Report.pdf (7 pages)

7.12. Review of Chair's Actions (5 mins)

Catherine Phillips Claire Salisbury

7.12 Procurement Chair's Action Appendix to Audit Committee Board Report - March 2023 v1.pdf (3 pages)

7.13. Counter Fraud Progress Report (10 mins)

Catherine Phillips Gareth Lavington

7.13 Counter Fraud Progress Report Cover Sheet.pdf (3 pages)
7.13a Counter Fraud Progress Report Period 5.pdf (7 pages)

7.14. Review Draft UHB Annual Report (5 mins)

James Quance

7.14 Draft Annual Report Covering Report.pdf (3 pages)
7.14a Annual Report paper for Audit Committee_Appendix 1.pdf (3 pages)

7.15. Audit Committee Effectiveness Survey 2022-23 (5 mins)

James Quance

7.15 Committee Effectiveness Survey Report.pdf (3 pages)
7.15a Appendix 1 Annual Board Effectiveness Survey - Audit & Assurance(1).pdf (12 pages)

12:00 - 12:15
15 min

8. Items for Approval / Ratification

8.1. Annual Internal Audit Plan 2023/24 (5 mins)

Ian Virgil

8.1 Draft Internal Audit Annual Plan 2023-24 Cover.pdf (3 pages)
8.1a Draft Internal Audit plan 2023-24.pdf (29 pages)

8.2. Audit Wales - Outline 2023 Audit Plan (5 mins)

Wales Audit

8.2 Audit Wales Plan 2023.pdf (10 pages)

8.3. Counter Fraud Annual Plan 2023/24 (5 mins)

Catherine Phillips Gareth Lavington

8.3 Counter Fraud Annual Plan Cover.pdf (2 pages)
8.3a Counter Fraud Annual Plan 2023-24.pdf (25 pages)

12:15 - 12:15
0 min

9. Items for Information and Noting

9.1. Internal Audit reports for information:

Ian Virgil

9.1 Internal Audit Reports for Information cover.pdf (2 pages)

9.1.1. Decarbonisation

9.1a Final Internal Audit Report Decarbonisation Report.pdf (13 pages)

9.1.2. Financial Reporting & Savings Targets

9.1b Final Internal Audit Report_Financial Reporting and Savings Targets Report.pdf (13 pages)

9.1.3. Nurse Staffing Levels Act

9.1c Final Internal Audit Nurse Staffing Levels Report.pdf (17 pages)

12:15 - 12:15
0 min

10. Agenda for Private Audit and Assurance Committee

10.1. Private Audit Minutes – 7th February 2023

10.2. Counter Fraud Progress Update (Confidential – ongoing investigations)

10.3. Workforce and Organisational Development Compliance Report (Confidential – this report contains sensitive information and/or personal data)

10.4. Procurement Improvement Plan (confidential discussion)

10.5. Cyber Security – Internal Audit Report (confidential discussion)

12:15 - 12:15
0 min

11. Any Other Business

John Union

12:15 - 12:15
0 min

12. Review and Final Closure

John Union

12.1. Items to be deferred to Board / Committee

12.2. Date, time and venue of the next Committee meeting:

Thursday 11th May 2023 at 9am via MS Teams

12:15 - 12:15
0 min

13. Declaration

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

Unconfirmed Minutes of the Public Audit & Assurance Committee Meeting
Held On 7 February 2023 at 9:30am
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance and Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
David Edwards	DE	Independent Member for ICT and Committee Vice Chair
Rhian Thomas	RT	Independent Member for Capital and Estates
In Attendance:		
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Wendy Wright-Davies	WW	Deputy Head of Internal Audit
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist
Aaron Fowler	AF	Head of Risk and Regulation
Urvisha Perez	UP	Audit Wales
Huw Richards	HR	Deputy Director Specialist Services Unit
Rachel Gidman	RG	Executive Director of People & Culture
Ceri Phillips	CP	UHB Vice Chair
James Quance	JQ	Interim Director of Corporate Governance
Andrew Crook	AC	Head of People Assurance & Experience
Sion O'Keefe	SO	Directorate Manager
Charles Janczewski	CJ	UHB Chair
Anthony Veale	AV	Audit Wales
Observers:		
Tim Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Alex Painting	AP	Cardiff and Vale Finance Trainee
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		

Item No	Agenda Item	Action
AAC 7/2/23 001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 7/2/23 002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	

AAC 7/2/23 003	**Declarations of Interest** **The Committee resolved that:** a) No Declarations of Interest were noted.	
AAC 7/2/23 004	**Minutes of the Meeting Held on 8th November 2022** The Minutes were received. **The Committee resolved that:** a) The draft minutes of the meetings held on 8th November 2022 were a true and accurate record of the meeting.	
AAC 7/2/23 005	**Action Log – Following Meeting held on 8th November 2022** The Action Log was received. **The Committee resolved that:** a) The Action Log was discussed and noted.	
AAC 7/2/23 006	**Any Other Urgent Business** **The Committee resolved that:** a) No other urgent business was noted.	
	Items for Review and Assurance	
AAC 7/2/23 007	**Internal Audit Progress Report** The Head of Internal Audit (HIA) presented the Internal Audit Progress Report and highlighted the following: <u>Section 2</u> - Table 4 noted the audits which had been planned to be reported to the September Audit Committee but had not met that deadline. <u>Section 3</u> - 10 audits were finalised since the last Committee meeting. - 8 were awarded Reasonable Assurance. - 1 audit was awarded Limited Assurance. - The full reports were included in section 9 of the papers. <u>Section 4</u> There was a total of 40 reviews within the 2022/23 Internal Audit Plan which included:	

	- 19 finalised - 2 draft stage - 6 work in progress - 11 planning stage - Appendix B summarised the timescale of Management responses. - The HIA commented that there were a number of audits that had not received Management responses within the timeframe. - However, given the Christmas period, Winter pressures and strikes, the delays were understandable. The UHB Chair expressed concern that nothing was "lined up" for the time lost with the audits. It would be useful if Internal Audit worked with the Executive team to obtain realistic timescales to deal with the recommendations. The HIA responded that he looked forward to working with the Executives. <u>Section 5</u> - Described the changes to the Internal Audit plan. - At the November 2022 meeting, the Committee had agreed an initial list of four audits to be rescheduled to the end of the 22/23 plan, but with the possibility that they could be removed or deferred into 23/24 if required. - As the Winter period had progressed and operational pressures had intensified, discussions with the relevant managers and Executives had highlighted that the identified audits would need to be removed from the plan. - As part of those discussions, an additional four audits had also been identified for removal from the plan. The details of all the audits were included within the papers. The UHB Chair queried what the overall opinion of the Health Board was likely to be. The HIA responded that only one audit was awarded limited assurance so far and another was in draft. Therefore, the overall opinion was likely to be Reasonable Assurance. The EDPC advised that several audits had been completed regarding inclusion and retention. Next year would be a better time to understand how the People and Culture Plan was embedded into the Health Board. <u>Section 6</u>	**HIA**

	The HIA advised that he was currently working on developing a plan for the 2023/24 audits and would bring that to the meeting in April. <u>Section 7</u> 7.1 Development of Genomics Partnership in Wales - The audit was undertaken to review the delivery and management arrangements in place to progress the Genomics Partnership Wales project, and the performance, against its key delivery objectives i.e. time, cost, and quality - An overall Reasonable Assurance had been determined. 7.2 Capital Systems Management - The audit was undertaken to provide assurance on the application of the plan and to identify any enhancements to existing operational procedures working practices. - A number of key matters were identified which were included in the paper. - Reasonable Assurance was awarded. - It was proposed that a further follow up audit would be undertaken during March/April 2023 to test further UHB projects in order to ensure ongoing compliance with established procedures. 7.3 Core Financial Systems (Treasury Management) - The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to 'Core Financial Systems – Treasury Management'. - Two medium matters were highlighted. - Overall Reasonable Assurance was awarded. • 7.4 Management of Locum Junior Doctors (Women & Children's CB) - The purpose of the audit was to review the system for agreeing and booking locum junior doctors. - Reasonable Assurance was awarded. • 7..5 UHL Engineering Infrastructure - The purpose of the audit was to review the delivery and management arrangements for the University Hospital Llandough (UHL) Engineering Infrastructure Project, and the performance, against its key delivery objectives i.e., time, cost, and quality. - Recommendations were noted within the detail of the report. - Reasonable Assurance was awarded.	

- 7.6 Endoscopy Insourcing (Medicine Clinical Board

- The audit focussed on the governance and operational arrangements in place to manage the Endoscopy Insourcing Contract.
- Six medium recommendations had arisen.
- Reasonable Assurance was awarded overall.

- 7.7 Access to In-Hours GMS Service Standards (PCIC Clinical Board)

- The purpose of the audit was to review the processes and procedures in place for assessing GP practices achievement against the 'Access to In-Hours GMS Service Standards'.
- Two medium key matters had arisen.
- Reasonable Assurance was awarded.

- 7.8 New IT Service Desk System

- The purpose of the audit was to review the set-up and implementation of the new system, and to assess the extent to which the new system had been able to drive improvements.
- The audit had followed on from a previous audit regarding IT service management.
- Reasonable Assurance was awarded.
- One high recommendation and three medium recommendations had been made.

- 7.9 Medical Records Tracking (CD&T Clinical Board)

- The purpose of the audit was to review the effectiveness of the mechanisms for tracking medical records both inside and outside of the Health Records department.
- Four high priority recommendations and two medium priority recommendations were made.
- Limited Assurance was awarded overall.

- 7.10 Assurance Mapping

- The report was an advisory review to support management, rather than an assurance report and, therefore, there was no assurance rating.
- It was noted that the Health Board's Assurance Strategy 2021-24 aligned to recommended best practice and the Assurance Map Template captured appropriate assurance and risk information.
- There was a defined governance structure which underpinned the Assurance Strategy and an action plan was in place for its implementation.

	In relation to the Medical Records Tracking (CD&T Clinical Board) Internal Audit Report, the Directorate Manager (DM) advised the Committee on the following: - The Director of Operations for CDT Clinical Board had discussions with other Director of Operations regarding the audit outcome. - There was a plan to put structure around the governance arrangements. - There had been dialogue with colleagues in Digital Health and Intelligence. - It linked closely with Clinical Board Directors and the QSE group that each board had. - The team were also looking at how records were stored on a daily basis. - Estate was also another element because the teams were spread across lots of different places. The Clinical Board would work with Estate colleagues to set up a programme of work. The UHB Chair requested that setting up the governance arrangements was co-ordinated through the Corporate Governance Office. The UHB Vice Chair emphasised the importance of getting the medical records tracking right. The error rates were directly related to records and data. If information systems could be improved then it would improve quality and safety and minimise errors that occur in patient management. The DM responded that the Clinical Board had already started to scan concerns. The Independent Member for ICT and Committee Vice Chair (IMI) stated that the current digital systems were not being leveraged to their full extent. The DM responded that the Clinical Board would like to push for more electronic practice. The EDPC stated that electronic practice would take time and queried whether standardisation could be built in. The DM responded that location-based filing could be restricted. The Clinical Board would also like to develop a app. A large communications campaign on the importance of tracking would be needed. The DIA stated that there would be a follow up audit and it would also be picked up on the Internal Audit tracker. **The Committee resolved that:** a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports were considered.	**IDCG/DM** **Internal Audit**

	b) The proposed adjustments to the 2022/23 plan were approved.	
AAC 7/2/23 008	**Audit Wales Update to include:** Anthony Veale (AV) advised the Committee on the following: • The Charitable Funds accounts would be signed by the Auditor General that week. There had been some challenges with the accounts this year. • The planning for next year had started. Progress had been slightly slower due to the huge number of requests from Health Boards Urvisha Perez (UP) advised the Committee on the following: • The Structured Assessment work was completed. • Exhibit 3 showed the work that was underway. • The Structured Assessment report was positive overall. - The Health Board's approach to planning was generally effective and inclusive, with good Board-level oversight and stakeholder involvement. - Refreshing its long-term strategy and producing an approvable IMTP should remain a key priority for the Health Board. - The Health Board was generally well led and well governed. Plans to refresh governance structures and align them to revised strategic objectives would provide opportunities to further enhance Board and Committee effectiveness. - Systems of assurance continued to mature at a corporate-level, and work was underway to strengthen arrangements at an operational-level. - There were reasonably appropriate arrangements in place to support financial planning, management, and control. Whilst finances were well scrutinised, improving its longer-term financial position should remain a key priority. - Whilst the Health Board had achieved its financial duties for 2021-22, it risked not breaking-even at the end of 2022-23 due to growing cost pressures. - Financial reports were clear and the Health Board was open about financial challenges and risks which were regularly scrutinised by the Finance Committee. - There was good Board-level oversight of staff well-being support arrangements. - The Board should seek greater assurances it was making a positive difference. The UHB Chair stated that it was well balanced report, although he did not get the opportunity to run through it in	

	draft with Audit Wales. He requested that he be given that opportunity next year. He also added that “generally” was used a lot in the Structured Assessment report and he did not think that was a helpful quantifier. He suggested that a matter was either effective or ineffective. UP responded that there were a few recommendations from last year that had not been picked up by the Health Board. The EDPC commented that the People and Culture Committee would give more time to the People Strategy. Wellbeing and estate matters also do not currently have a “home”. The EDF advised that her team was considering how to engage the Board on Estate matters. **The Committee resolved that:** a) The Audit Wales Update, including the Structured Assessment, was noted.	
AAC 7/2/23 009	**Declarations of Interest, Gifts and Hospitality Report** The Head of Risk and Regulation (HRR) presented the Declarations of Interest, Gifts and Hospitality Report and highlighted the following: • Following the November 2022 Committee meeting, additional software had been procured to assist with the analysis of data held with ESR and, for the first time, an accurate Register had populated the live staff information held within the ESR system. • As of the 12th January 2023 ESR held the following records: - 234 Declarations of Interests, Gifts, Hospitality and Sponsorship - 619 entries recording ‘No Interest’ be declared. • The next steps were to work with the ESR and the HR teams to improve return rates. **The Committee resolved that:** a) The ongoing work being undertaken within Standards of Behaviour was noted. b) The proposals to improve Declaration of Interest reporting across the Health Board was noted.	
AAC 7/2/23 010	**Internal Audit Tracking Report** The HRR presented the Internal Audit Tracking Report and highlighted the following:	

	• The Risk and Regulation team continued to meet with Internal Audit colleagues. • Of the 140 recommendations listed within the Tracker, 58 were recorded as complete, 54 were listed as partially complete and 28 were listed as having no action taken or reported since the last Committee meeting. • Of those actions where no action was reported, 2 were recorded as High Priority and would be flagged with relevant Executive Leads for updates prior to the next Committee meeting. • One of these recommendations related to the Chemo Care IT System Audit Review which had received a Limited Assurance rating during 2021-22. • No update had been shared by Executives or Operational leads for any of the outstanding recommendations for this Audit. The UHB Chair advised that an Executive should be invited to the next Committee meeting to give an update on the Chemo Care IT System. The HIA advised that all previously Limited Assurance audits would be followed up as per Internal Audit's plan. **The Committee resolved that:** a) The tracking report for tracking audit recommendations made by Internal Audit, was noted. b) The progress which had been made since the previous Audit and Assurance Committee Meeting in November 2022, was noted. c) An update on progress made against the Chemo Care IT System Audit Review would be shared at a future Committee Meeting.	**IDCG/DDHI**
AAC 7/2/23 011	**Audit Wales Tracking Report** The HRR presented the Audit Wales Tracking Report and highlighted the following: • There were 35 external audit recommendations. • Out of those, 4 were recorded as complete, 24 were partially complete and 7 indicated that no action had been taken. • The HRR would be looking to have a year end clean-up of those audits. • The HRR would have a meeting in February with Audit Wales. **The Committee resolved that:**	

	a) Assurance from the progress which had been made in relation to the completion of Audit Wales recommendations, was noted. b) The continuing development of the Audit Wales Recommendation Tracker, was noted.	
AAC 7/2/23 012	**Regulatory Compliance Tracking Report** The HRR presented the Regulatory Compliance Tracking Report and highlighted the following: • The Health Board was currently Non-Compliant with the two Patient Safety Alerts and continued to be monitored by the Patient Safety teams and reported to QSE meetings. • One recommendation had been fully closed. • There was regular interaction with Executive leads to ensure those were progressed and moved forward. The UHB Vice Chair queried the non-inclusion of WHSCC services and their escalation status. The HRR responded that he was happy to work with colleagues to get that included. The EDPC stated that the manual handling case had been closed down. The EDPC was also the responsible Executive for health and safety. **The Committee resolved that:** a) The updates shared and the continuing development and review of the Legislative and Regulatory Compliance Tracker were noted.	
AAC 7/2/23 013	**Review of Risk Management System** The IDCG presented the Review of Risk Management System and highlighted the following: Internal Audit had undertaken an Audit of the Health Board's Risk Management procedures in June 2022 which had received an overall Reasonable Assurance rating. As of February 2023, all 3 recommendations were reported as complete with appropriate actions being embedded into Risk Management practice. **The Committee resolved that:** a) The update on the Review of the Health Board's Risk Management Systems and ongoing developments in this area, were noted.	

AAC 7/2/23 014	**Assurance Strategy and Risk Management Strategy** The IDCG presented the Assurance Strategy and Risk Management Strategy. The IDCG stated that an action plan had been prepared and agreed internally to ensure that the Assurance Strategy was embedded across the Health Board. **The Committee resolved that:** a) The progress made against the Advisory Recommendations made by Internal Audit were noted. b) The updated Assurance Strategy 21-24 and Risk Management and Board Assurance Framework Strategy were approved and recommended for referral to Board for ratification. c) The updated draft Assurance Map that will be formalised and shared with Board in March 2023 was noted. d) The updated Action Plan prepared to ensure that the Assurance Strategy was embedded across the Health Board was noted.	**IDCG**
AAC 7/2/23 015	**Single Tender Actions** The EDF presented the Single Tender Actions report. It was noted that it was a routine report. The CC queried the locum amount for Gastroenterology and queried whether it would follow normal HR policy. The EDF would take this offline with the EDPC. The UHB Chair queried the no procurement engagement comment in the reason column for non-compliance. He queried how learnings were being taken forward to prevent those errors from happening again. The EDF responded that the systems had lost robustness during Covid times. Her team was trying to ensure that matters/items that were procured went through the Procurement department. **The Committee resolved that:** a) The contents of the Report were noted. b) The contents of the Report were approved.	**EDF/EDPC**
AAC 7/2/23 016	**Procurement Compliance Report – Chairs Action Review** The EDF stated it was the wrong version of report and requested to remove it.	

	The UHB Chair stated Chairs Actions were an important part of the Chair's work. He received too many requests for Chairs Actions and the relevant teams needed to plan work properly to avoid this. It was agreed that there would always be exceptions. **The Committee resolved that:** a) The Procurement Compliance Report was not considered and would be brought back to the next Committee.	
AAC 7/2/23 017	**Counter Fraud Progress Report** The Lead Local Counter Fraud Specialist (LLCFS) presented the Counter Fraud Progress Report and highlighted the following: • There were two fraud prevention notices. • The Counter Fraud team continued to receive a steady stream of referrals. • Fraud awareness week had taken place. **The Committee resolved that:** a) The content of the report was noted.	
	Items for Approval / Ratification	
AAC 7/2/23 018	**Audit Wales Annual Audit Report** Huw Richards (HW) presented the Audit Wales Annual Audit Report and highlighted the following: It was a summary of all the work undertaken in the year. It summarised the account work and Audit Wales view of Health Boards arrangements. **The Committee resolved that:** a) The content of the report was noted.	
AAC 7/2/23 019	**Timetable for the Production of the 2022-2023 Annual Accounts and Annual Report** The IDCG stated that the report detailed the plan for the Health Board Annual Accounts and Annual Report. It was based on draft guidance. It would be reported and presented to the public in the AGM. The UHB Chair stated that although there is no requirement to do an Annual Quality Statement, he was not comfortable with that due to the quality of service being a top priority. He stated it would be beneficial to produce an Annual Quality Statement this year.	

	The Committee resolved that: a) The proposed timetable and approach, as set out in the report, for the Annual report 2022-22 prior to the same being presented to full Board in March for formal approval, was ratified.	
AAC 7/2/23 020	**Audit Committee Annual Report 2022-23** The IDCG stated that the Annual Report from the Committee was produced to demonstrate the Committee's activities for the past year. The final version would be added to the Health Board's Annual Report. **The Committee resolved that:** a) The draft Annual Report 2022/23 of the Audit Committee was reviewed. b) The Annual Report was recommended to the Board for approval.	
AAC 7/2/23 021	**Audit Committee Terms of Reference and Annual Work Plan** It was noted that the agenda item provided Members of the Audit and Assurance Committee with the opportunity to review the Terms of Reference and Work Plan 2023/24 prior to submission to the Board for approval. **The Committee resolved that:** a) The Terms of Reference and Work Plan 2023/24 for the Audit and Assurance Committee was reviewed. b) The Terms of Reference and Work Plan for the Audit and Assurance Committee 2023/24 was reviewed and the changes were recommended to the Board for approval on 30th March 2023.	
AAC 7/2/23 022	**Internal Audit reports for information:** i. Genomics Partnership Wales – Reasonable Assurance ii. Capital Systems Management - Reasonable Assurance iii. UHL Engineering Infrastructure - Reasonable Assurance iv. Core Financial Systems (Treasury Management) - Reasonable Assurance v. Assurance Mapping (Advisory) – Assurance not applicable vi. IT Service Desk System – Reasonable Assurance vii. Access to In-Hours GMS Service Standards (PCIC Clinical Board) - Reasonable Assurance viii. Endoscopy Insourcing (Medicine Clinical Board) - Reasonable Assurance ix. Medical Records Tracking (CD&T Clinical Board) – Limited Assurance	

	x. Management of Locum Junior Doctors (Children & Women's Clinical Board) - Reasonable Assurance	
AAC 7/2/23 023	**Agenda for Private Audit and Assurance Committee** i. Private Audit Minutes – 8 November 2022 *ii.* Counter Fraud Progress Update (*Confidential – ongoing investigations)* iii. Workforce and Organisational Development Compliance Report (*Confidential – this report contains sensitive information and/or (potentially) personal data*) iv. Overpayment of Health Board Salaries v. Learning from Cyber Attacks (*Confidential Report*) Losses and Special Payments Panel Report (*Confidential – sensitive information)*	
AAC 7/2/23 024	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
AAC 7/2/23 025	**Items to be deferred to Board / Committee** No items were deferred to Board / Committees.	
	Date and time of next committee meeting Tuesday 4 April 2023 at 9:30 am via MS Teams	

Public Action Log
Following Audit & Assurance Committee Meeting
7 February 2023
(For the Meeting 4 April 2023)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
		Completed Actions			
AAC 8/11/22 009	Structured Assessment	The NHS Structured Assessment findings will be presented at the February 2023 committee meeting.	Audit Wales	7/2/2023	Completed
AAC 8/11/22 014	Regulatory Compliance Tracking Report	A new approach is being discussed and an update will be shared at the February 2023 committee meeting.	James Quance and Aaron Fowler	7/2/2023	Completed
AAC 8/11/22 013	Assurance Mapping Phase 2	A further Assurance Strategy update, to include an updated Assurance Strategy and Risk Management and Board Assurance Framework Strategy for approval, be shared at the February 2023 Audit and Assurance Committee Meeting.	James Quance	7/2/2023	Completed
AAC 6/9/22 008	IT Service Management Audit Report	Internal Audit will be undertaking an audit in relation to the Ivanti system.	Internal Audit	7/02/2023	Completed
		Actions in Progress			
AAC 7/2/23 011	Chemo Care IT System.	An update on the Chemo Care IT System audit recommendations be shared with the Committee.	David Thomas	4/04/2023	Update on 4 April 2023 On April agenda - Item 7.2
AAC 7/2/23 007	Internal Audit Progress Report	Internal Audit work plan for 2023/24 to be brought to the Committee in April	Ian Virgil	4/04/2023	Update on 4 April 2023 - Item 8.1

AAC 7/2/23 007	Internal Audit Progress Report	Follow up audit report in relation to the Medical Records Tracking (CD&T Clinical Board) to be brought to Committee. The IDCG and DM to discuss how best to set up governance arrangements relating to medical record tracking.	Internal Audit James Quance/Sion O Keefe	4/07/2023	Update in July 2023
AAC 7/2/23 015	Single Tender Actions	The EDF and the EDPC to consider, outside of the Committee meeting, whether the locum amount for Gastroenterology should follow normal HR policy.	Catherine Phillips/Rachel Gidman	4/04/2023	Operational issues driving significant service impact within the Medical Clinical Board led them to procure a locum at a total cost to 31 March 2023 of £149k. That contract will not be extended into 2023/24 as an alternative model has been developed with the team to ensure service continuity and value for money. The locum was supported by the COO, Medical, workforce and finance director.
Actions referred to Board / Committees					
AAC 6/9/22 014	Assurance mapping Phase 2	Phase 2 Assurance mapping to be presented to Board in November.	Nicola Foreman	24/11/2022	Completed Matter was presented to full Board at its meeting on 24 November 2022.
AAC 8/11/22 007	Digital Strategy Audit	Internal Audit re the Health Board's Digital Strategy recommended that it was good practice to have Clinical Board attendance at the DHIC Committee meetings.	James Quance	4/4/2023	Update on 4 April 2023.
AAC 7/2/23 014	Assurance Strategy	Audit Committee recommended (i) Assurance Strategy 2021-24 and (ii) Risk	James Quance	30 /03/23	Referred to Board in March 2023 for ratification.

		Management and Board Assurance Framework Strategy to Board in March for ratification.			

Report Title:	**Internal Audit Progress Report**				Agenda Item no.	7.1	
Meeting:	Audit & Assurance Committee		Public	X	Meeting Date:	04/04/23	
			Private				
Status *(please tick one only):*	Assurance	X	Approval	X	Information		
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.

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 UHB.

The 2022/23 plan was formally approved by the Audit Committee at its April 22 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 and proposed amendments to the plan.

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 from the 2022/23 plan have been finalised since the February 23 meeting:

- Financial Reporting & Savings Targets - (Substantial Assurance)
- Nurse Staffing Levels Act - (Reasonable Assurance)
- Cyber Security - (Limited Assurance) (To be considered in private session of the Committee)
- Decarbonisation (Advisory)

The progress report also includes details of proposed adjustments to the 2022/23 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 2022/23 plan.

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

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X

3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
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 provides an update on the delivery of the Internal Audit plan for 2022/23, which includes an audit that provides assurance around controls and processes relating to patient safety.
Financial: Yes/~~No~~
The progress report provides an update on the delivery of the Internal Audit plan for 2022/23, which includes an audit that provides assurance around financial controls and processes.
Workforce: Yes/~~No~~
The progress report provides an update on the delivery of the Internal Audit plan for 2022/23, which includes an audit that provides assurance around workforce issues.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
The progress report provides an update on the delivery of the Internal Audit plan for 2022/23, which includes a number of audits which provide assurance around reputational risks.
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: Yes/~~No~~
The progress report provides an update on the delivery of the Internal Audit plan for 2022/23, which includes an audit that provides assurance around decarbonisation.

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

Saunders,Nathan
29/03/2023 10:24:20

Cardiff and Vale University Health Board

Internal Audit Progress Report

Audit & Assurance Committee April 2023

NWSSP Audit and Assurance Services

Contents

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 2022/23 Internal Audit plan.

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

The plan for 2022/23 was agreed by the Audit & Assurance Committee in April 2022 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 April Audit Committee but have not met that deadline.

Audit	Current Position	Draft Rating	Reason
Charitable Funds	Draft	Reasonable	Draft report with management for agreement and provision of responses
Community Patient Appliances (Specialist Services Clinical Board)	Draft	Reasonable	Delay in receiving management responses (In excess of 15 days)
Data Warehouse	Draft	Reasonable	Delay in completing fieldwork due provision of information by management
Risk Management	Work in Progress		Delay in carrying out testing in Clinical Boards due to lack of engagement
Inclusion & Equality Team	Work in Progress		Delay in progressing fieldwork due to Internal Audit resources
Commissioning – IPFR Process	Work in Progress		Delay in progressing fieldwork due to Internal Audit resources
UHW-Hybrid and Major Trauma Theatres	Work in Progress		Delay in progressing fieldwork due provision of information by management

3. Outcomes from Completed Audit Reviews

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

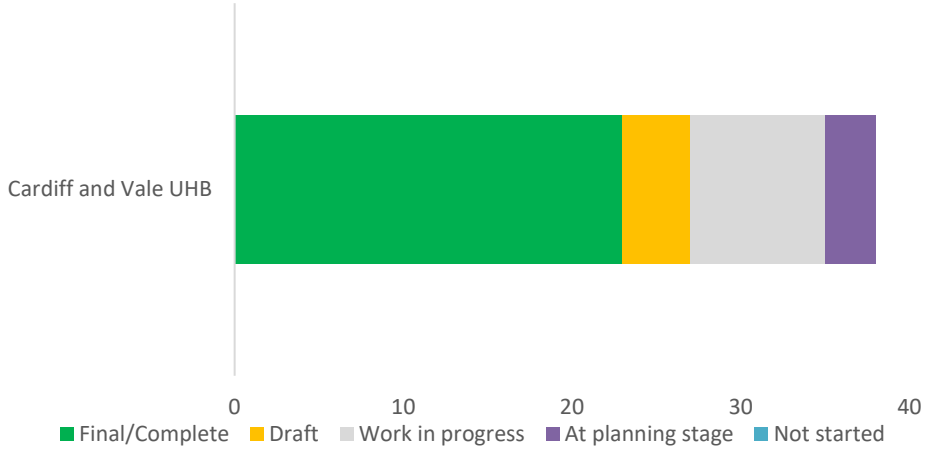
The Executive Summaries from the final reports (Excluding Cyber Security) are provided in Section seven. The full reports are included separately within the Audit Committee agenda for information.

The Cyber Security full report is presented to the Committee in private session due to the sensitive nature of the subject matter.

FINALISED AUDIT REPORTS	ASSURANCE RATING	
Financial Reporting & Savings Targets	Substantial	
Nurse Staffing Levels Act	Reasonable	
Cyber Security	Limited	
Decarbonisation	Advisory	

4. Delivery of the 2022/23 Internal Audit Plan

There are a total of 38 reviews within the 2022/23 Internal Audit Plan (including the adjustments highlighted below), and overall progress is summarised below.



From the illustration above it can be seen that twenty three audits from the 2022/23 plan have been finalised so far this year and four have reached the draft report stage.

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

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

Appendix B highlights the times for responding to Internal Audit reports. There have been nine instances where management responses have not been provided within the required 15 working days, as stipulated in the Internal Audit Charter.

Appendix C shows the current level of performance against the Audit & Assurance Key Performance Indicators (KPI). The aforementioned delays in provision of management responses means that performance against that KPI is currently red.

5. Changes to the 2022/23 Plan

The following two audits have been identified for removal from the 2022/23 plan:

- QS&E Governance advisory review - Agreed with the Assistant Director Quality & Safety that this audit should be moved to Q1 23/24 to allow for coverage of developments around the Duty of Quality.
- ChemoCare IT System Follow-up - It is proposed that the Follow-up audit be deferred into the 23/24 plan due to delay with implementation of the new system. The Director of Digital is providing a separate update to the Committee.

The 38 audits remaining within the 22/23 plan will still allow sufficient coverage for the provision of a full Head of Internal Audit annual opinion at the end of the year.

6. Final Report Summaries

6.1 Financial Reporting & Savings Targets

Purpose

To evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to 'Financial Reporting and Savings Targets'.

Overview

We have issued substantial assurance on this area.

Our report makes three low priority recommendations, which if taken forward would enhance current arrangements, which include:

- The creation of a desktop procedure to support the resilience of completing the Monthly Monitoring Return to Welsh Government and associated Finance Reports;
- Greater transparency of the data sources which inform the monthly Finance Report; and
- Clarity of the Saving Scheme 'RAG' rating system, used within the publicly available Finance Report.

It is noted that the assurance rating for this review relates to the processes in place for monitoring and reporting the Health Board's financial position and delivery of savings.

We are not providing assurance around the actual financial position of the Health Board, or the level of savings being delivered.

Report Opinion

Substantial

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary[1]

	Objectives	Assurance
	Financial Reporting	
1	Monthly review, monitoring and reporting of the Financial Plan at Health Board level and to Welsh Government	Substantial
2	Monthly review, monitoring and reporting is carried out at a Clinical Board level	Substantial
	Savings Targets	
3	Collaboration with Clinical Boards when developing the 2022/23 savings plans	Substantial
4	Implementation of agreed savings plans are monitored, reported and acted upon at Clinical Board and Health Board level	Substantial

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

6.2 Nurse Staffing Levels Act

Purpose

The audit was a review of the processes in place to ensure compliance with the requirements of the Act, with a focus on paediatric arrangements, which is a new part of the Act.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- The Health Board's Nurse Staffing Levels Operating Framework' was not available on the Intranet and also required updating.
- The Workforce Planning templates were not all signed off by the Designated Person and the recorded staffing levels were not always reflected within the ward's funded establishments.
- The Nurse staffing levels were not always being displayed on the wards or the information was incorrect.

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

Report Opinion

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Objectives	Assurance
1	The Health Board has an up to date Standard Operating Procedure	Reasonable
2	Nurse staffing levels are calculated using the prescribed methodology	Reasonable
3	The Health Board has identified an appropriate 'Designated Person'	Substantial
4	Appropriate actions are taken to enable wards to maintain nurse staffing levels at the calculated levels	Reasonable
5	Effective arrangements are in place for reporting to the Board	Substantial
6	Effective processes are in place to ensure patients are informed of the nurse staffing levels	Reasonable

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

6.3 Decarbonisation

Audits were planned to be undertaken simultaneously across NHS Wales to provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change.

Having reviewed all DAPs, supporting information for most NHS Wales bodies and fully concluding the fieldwork at five of 11 audits, it was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees.

Accordingly, the decision was taken to affirm the following common themes within this report, to provide an overview of the overarching position across NHS Wales.

Governance

- Governance arrangements at a strategic level were generally good with senior leadership demonstrated.
- Recruiting to additional operational posts has proven difficult – with the limited appointments to date coming from the existing public sector staff pool. These appointments are key to being able to implement the agreed strategies.

Localised strategy

- All NHS Wales organisations supplied their Decarbonisation Action Plan (DAP) by 31 March 2022 detailing their response to the NHS Wales Decarbonisation Strategic Delivery Plan and the 46 associated initiatives.
- WG provided positive feedback to each organisation on their submissions but concluded overall that there were concerns associated with their successful delivery (primarily due to the availability of financial and physical resource), together with low aspirational targets detailed within the plans.
- Few of the strategies had been costed, and none had associated funding strategies – particularly noting that ring-fenced central funding for 2021/22 was £16m with no provision made in 2022/23.
- In each instance, the decarbonisation strategies were clearly part of corporate planning and included/reflected within the respective Integrated Medium-Term Plans (IMTPs).

Monitoring & reporting

- Organisations were ISO 14001 accredited ensuring that appropriate Environment Management Systems were in place to manage their environmental performance.
- Each NHS Wales organisation's performance will be assessed against baseline data prepared by the Carbon Trust. Issues have been identified with the baseline data and the disaggregation of the data for reporting purposes. Each organisation should seek assurance on the accuracy of the baseline data.
- Each NHS Wales organisation should ensure that appropriate engagement is established with NWSSP Procurement Services as a significant contributor to the carbon reductions outlined within respective DAPs and formalise arrangements as appropriate.
- Each organisation had met its obligations for national reporting to date.
- Internal reporting to date had understandably been limited, with the level of reporting increasing after Welsh Government's review of the DAPs.
- There was therefore a need to fully roll-out the structures to support appropriate monitoring and reporting within the NHS Wales organisations reviewed.
- It is important that the profile of decarbonisation is increased to reflect the challenge faced, for example general Terms of Reference are reviewed to reflect decarbonisation commitments, and decarbonisation is set as a standard agenda at all appropriate Executive meetings.
- Potential collaboration should be considered on an All-Wales basis, particularly in relation to consultancy advice and training resource.

Project delivery

- The Welsh Government Estates Funding Advisory Board (EFAB) oversaw the allocation and delivery of the £16m decarbonisation funding for 2021/22 with each NHS Wales organisation successfully securing funding.
- In each instance, adequate records were retained to support the expenditure and the achievement of the original objectives; Post Project Completion Reports were produced and submitted to WG for all funded schemes.
- No ring-fenced WG capital funding was made available for 2022/23. WG offered up to £60k of revenue funding for schemes, however several NHS Wales organisations' bids could not be supported due to them being considered capital bids.
- NHS Wales Organisations were also self-funding initiatives from their discretionary programme. It is important that the cost benefit of these schemes is also subject to challenge and scrutiny for inclusion within the overall data.

ASSIGNMENT STATUS SCHEDULE

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
2021/22 Plan							
Monitoring and Reporting of Staff Sickness Absence		*People & Culture*			*Final*	*Reasonable*	*September*
Capital Systems Management		*Finance*			*Final*	*Reasonable*	*February*
2022/23 Plan							
IMTP 2022-25: Development Process	37	Strategic Planning	Q1		Final	Substantial	September
Follow-up: Ultrasound Governance	26	Therapies & Health Science	Q1		Final	Reasonable	September
Stock Management – Neuromodulation Service (Specialist Services CB)	42	COO	Q1		Final	Reasonable	September
Staff Wellbeing – Culture & Values	07	People & Culture	Q1		Final	Reasonable	November
Follow-up: 5 Steps to Safer Surgery	18	Medical	Q1		Final	Substantial	November
Implementation of National IT Systems (WNCR)	20	Digital & Health Intelligence	Q1		Final	Reasonable	November
Digital Strategy	21	Digital & Health Intelligence	Q2		Final	Reasonable	November
Medical & Dental Staff Bank	06	People & Culture	~~Q1~~	Q2	Final	Substantial	November
Medical Equipment & Devices (Deferred from 21/22)	25	Therapies & Health Science	Q2		Final	Reasonable	November
Core Financial Systems (Treasury Management)	02	Finance	~~Q4~~	Q2	Final	Reasonable	February

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Assurance Mapping	05	Corporate Governance	~~Q1~~	Q2	Final	Advisory	February
Management of Locum Junior Doctors (Women & Children's CB)	35	Chief Operating Officer	~~Q4~~	Q3	Final	Reasonable	February
Endoscopy Insourcing (Medicine CB)	31	Chief Operating Officer	~~Q3~~	Q2	Final	Reasonable	February
Medical Records Tracking (CD&T CB)	34	Chief Operating Officer	Q2		Final	Limited	February
Access to In-Hours GMS Service Standards (PCIC Clinical Board) (Deferred from 21/22 plan)	30	Chief Operating Officer	Q3		Final	Reasonable	February
New IT Service Desk Tool	22	Digital & Health Intelligence	Q3		Final	Reasonable	February
Decarbonisation (Deferred from 21/22)	15	Finance	Q2		Final	Advisory	April
Financial Reporting & Savings Targets (Deferred from 21/22)	12	Finance	~~Q2~~	Q3	Final	Substantial	April
Cyber Security	24	Digital & Health Intelligence	~~TBC~~	Q3	Final	Limited	April
Nurse Staffing Levels Act	10	Nursing	Q3		Final	Reasonable	April
Charitable Funds	13	Finance	~~Q3~~	Q2	Draft	Reasonable	May
Community Patient Appliances (Specialist Services CB)	33	Chief Operating Officer	Q2		Draft	Reasonable	May
Data Warehouse	23	Digital & Health Intelligence	Q4		Draft	Reasonable	May

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Nurse Bank (Temporary Staffing Department) Follow-up	45	People & Culture	~~TBC~~	Q4	Draft	Reasonable	May
Risk Management	01	Corporate Governance	Q4		Work in Progress		May
Management of Health Board Policies	04	Corporate governance	Q4		Work in Progress		May
Inclusion & Equality Team	08	People & Culture	Q4		Work in Progress		May
Clinical Audit (Follow-up)	17	Medical Director	~~Q2~~	Q4	Work in Progress		May
Planned Care Transformation Delivery (Recovery of Services)	27	Chief Operating Officer	~~Q3~~	Q4	Work in Progress		May
Commissioning – IPFR Process	38	Strategic Planning	Q3		Work in Progress		May
Shaping Our Future Hospitals Programme	40	Strategic Planning	Q1-4		Work in Progress		May
Performance Reporting	19	Digital & Health Intelligence	~~Q3~~	Q4	Planning		May
Consultant Job Plans (Surgery CB)	32	Chief Operating Officer	Q4		Planning		May
Medical Staff Additional Sessions	16	Medical	~~Q3~~	Q4	Planning		May

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Development of Integrated Audit Plans:	*41*	*Strategic Planning*					
• *Development of Genomics Partnership Wales*			*Q3*		*Final*	*Reasonable*	*February*
• *University Hospital Llandough – Endoscopy Expansion*			*Q2*		*Final*	*Reasonable*	*November*
• *University Hospital Llandough – Engineering Infrastructure*			*Q2*		*Final*	*Reasonable*	*February*
• *UHW-Hybrid and Major Trauma Theatres*			*Q4*		*Work in Progress*		*May*
Reviews removed from the plan							
Implementation of People & Culture Plan	*09*	*People & Culture*	Removed from the 22/23 plan as the majority of the implementation plan has already been reviewed as part of the Staff Wellbeing audit - Agreed by February 23 AC				
Reporting of Covid Deaths	*11*	*Nursing*	Removed from the 22/23 plans due to the implementation of the Medical Examiner role and the different Covid position - Agreed by February 23 AC				
Application of Local Choices Framework	*28*	*Chief Executive / COO*	Removed from the 22/23 plan as unclear on the potential scope or benefit in current position / lack of comparability to other organisations - Agreed by February 23 AC				
Administration Services (Mental Health CB)	*29*	*Chief Operating Officer*	Removed from the 22/23 plan due to delays in receiving information to commence audit have impacted on the availability of Internal Audit resources - Agreed by February 23 AC				
Regional Planning Arrangements	*39*	*Strategic Planning*	Removed from the 22/23 plan as focus would be on identifying lessons to take forward into future regional planning so not a key risk area in the current year - Agreed by February 23 AC				
Strategic Programmes / Recovery & Redesign Governance Arrangements	36	Strategic Planning	Removed from the 22/23 plan as the governance arrangements will be reviewed as part of the separate audit of Planned Care Transformation Delivery (Recovery of Services) - Agreed by February 23 AC				
Capital Systems	*14*	*Finance*	Deferred to 23/24 as the 21/22 audit has only recently been finalised, so there would be little benefit in reviewing again in 22/23 - Agreed by February 23 AC				

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Network & Information Systems (NIS) Directive Follow-up	44	Digital & Health Intelligence	Follow-up of management actions to be covered as part of the Cyber Security audit - Agreed by February 23 AC				
QS&E Governance (Deferred from 21/22 plan)	03	Nursing / Medical	Advisory review to be moved to Q1 23/24 to allow coverage of developments around the Duty of Quality - To be agreed by April 23 AC.				
ChemoCare IT System Follow-up	43	Digital & Health Intelligence	Deferred to 23/24 plan due to delay with implementation of new system – To be agreed by April 23 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
IMTP 2022-25: Development Process	Substantial	Final	20/07/22	10/08/22	26/07/22	27/07/22	G
Follow-up: Ultrasound Governance	Reasonable	Final	03/08/22	24/08/22	18/08/22	18/08/22	G
Stock Management – Neuromodulation Service (Specialist Services CB)	Reasonable	Final	02/08/22	23/08/22	19/08/22	19/08/22	G
Staff Wellbeing – Culture and Values	Reasonable	Final	30/08/22	20/09/22	10/10/22	12/10/22	R
Follow-up: 5 Steps to Safer Surgery	Substantial	Final	01/09/22	22/09/22	05/09/22	06/09/22	G
Digital Strategy	Reasonable	Final	28/09/22	19/10/22	19/10/22	20/10/22	G
Medical Equipment & Devices	Reasonable	Final	30/09/22	21/10/22	21/10/22	24/10/22	G
Medical & Dental Staff Bank	Substantial	Final	11/10/22	01/11/22	21/10/22	24/10/22	G
Implementation of National IT Systems (WNCR)	Reasonable	Final	28/09/22	19/10/22	24/10/22	25/10/22	R
University Hospital Llandough – Endoscopy Expansion	*Reasonable*	*Final*	*13/10/22*	*03/11/22*	*25/10/22*	*26/10/22*	*G*
Development of Genomics Partnership Wales	*Reasonable*	*Final*	*23/11/22*	*14/12/22*	*02/12/22*	*13/12/22*	*G*
Core Financial Systems (Treasury Management)	Reasonable	Final	20/12/22	19/01/23	19/01/23	20/01/23	G
Assurance Mapping	Advisory	Final	07/12/22	30/12/22	16/01/23	23/01/23	R
Management of Locum Junior Doctors (Women & Children's CB)	Reasonable	Final	04/01/22	25/01/23	20/01/23	23/01/23	G
UHL Engineering Infrastructure	*Reasonable*	*Final*	*14/12/22*	*09/01/23*	*23/01/23*	*23/01/23*	*R*

Audit	Rating	Status	Draft issued date	Responses & exec sign off required	Responses & Exec sign off received	Final issued	R/A/G
Endoscopy Insourcing	Reasonable	Final	21/11/22	12/12/22	18/01/23	24/01/23	R
Medical Records Tracking (CD&T CB)	Limited	Final	13/12/22	06/01/23	19/01/23	24/01/23	R
Access to In-Hours GMS Service Standards (PCIC Clinical Board)	Reasonable	Final	22/12/22	17/01/23	17/01/23	24/01/23	G
IT Service Desk System	Reasonable	Final	12/01/23	02/02/23	25/01/23	25/01/23	G
Decarbonisation	*Advisory*	*Final*	*19/12/22*	*12/01/23*	*16/02/23*	*16/02/23*	*R*
Financial Reporting and Savings Targets	Substantial	Final	17/01/23	07/02/23	17/02/23	20/02/23	R
Cyber Security	Limited	Final	17/02/23	10/03/23	14/03/23	15/03/23	R
Nurse Staffing Levels Act	Reasonable	Final	09/03/23	30/03/23	17/03/23	20/03/23	G

KEY PERFORMANCE INDICATORS

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2022/23	G	April 2022	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported (to at least draft report stage) against plan to date for 2022/23	A	87% 27 from 31	100%	v>20%	10%<v< 20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	93% 25 from 27	80%	v>20%	10%<v< 20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	R	61% 14 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%

Assurance Ratings

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

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Archwilio Cymru
Audit Wales

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

Date issued: March 2023

Document reference: 3461A2023

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.

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

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

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

Contents

Audit and Assurance Committee Update

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 present an Outline Audit Plan to the committee on 4 April 2023; and present a detailed Audit Plan at the subsequent meeting.

2 We also provide additional information on:

- Other relevant examinations and studies published by the Audit 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.

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
2022-23 Performance Report, Accountability Report and Financial Statements	Executive Director of Finance and Director of Corporate Governance	The statutory audit of the Health Board's 2022-23 Performance Report, Accountability Report and Financial Statements, which are prepared and audited in accordance with the Welsh Government's 2022-23 'Manual for Accounts' guidance.	We have commenced audit planning.	Expected to be considered by the Audit and Assurance Committee in May and July 2023, and by the Board by 31 July 2023.

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
Orthopaedic Services: Follow-up	Chief Operating Officer	This review examined the progress made in response to our 2015 recommendations. The reports take stock of the significant elective backlog challenges and considers the impact of the pandemic and orthopaedic service recovery.	Completed All Wales summary report and CVUHB local report published on 2 March 2023. Links to both reports have been provided at Exhibit 3.	To be confirmed

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Review of Unscheduled Care	Chief Operating Officer	This work examines different aspects of the unscheduled care system and will include analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. The work includes 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. We also plan to review progress being made in managing unscheduled care demand by helping patients access services which are most appropriate for their unscheduled care needs.	Fieldwork We are at the latter stages of fieldwork.	To be confirmed
All-Wales thematic on workforce planning arrangements	Executive Director of People and Culture	This work will examine the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce needs.	Set-up Set-up meeting arranged for 23 March 2023.	To be confirmed

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Primary Care Services - Follow-up Review (2022 Local Work)	Chief Operating Officer	In 2018, we conducted a review of primary care services, specifically considering whether the Health Board was well placed to deliver the national vision for primary care as set out in the national plan. We made a number of recommendations to the Health Board. This work will follow-up progress against these recommendations.	Planning This work is due to commence in April 2023. We will be issuing the project brief shortly.	To be confirmed
Structured Assessment 2023	Director of Corporate Governance	The Structured Assessment examines the existence of proper arrangements for the efficient, effective, and economical use of resources. The 2023 Structured Assessment will review the corporate arrangements in place at the Health Board. It will also incorporate a deep dive into a specific thematic area which will be confirmed in the detailed Audit Plan in May 2023.	Planning	To be confirmed
All-Wales thematic review of planned care	Chief Operating Officer	This work will follow on from our 2022 review. The specific focus of this work is to be confirmed.	Planning	To be confirmed

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
2023 Local Work	TBC	To be confirmed in our detailed Audit Plan in May 2023.	Planning	To be confirmed

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. The reports highlighted in **bold** have been published since the last committee update.

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

Title	Publication Date
Orthopaedic Services in Wales – Tackling the Waiting List Backlog (National Report) **Cardiff and Vale University Health Board – Tackling the Orthopaedic Services' Waiting List Backlog** (Local Report)	**March 2023**
Digital inclusion in Wales and **Key questions for public bodies**	**March 2023**
'A missed opportunity' – Social Enterprises	December 2022
Time for change – Poverty in Wales report and Poverty in Wales data tool	November 2022
National Fraud Initiative 2020-21	October 2022
Equality Impact Assessments: More than a Tick Box Exercise?	September 2022

Additional information

7 Audit Wales has not published any corporate documents since the last committee update.

8 There are no relevant Audit Wales consultations currently underway.

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

Report Title:	Declarations of Interest, Gifts and Hospitality Tracking Report			Agenda Item no.	7.4
Meeting:	Audit and Assurance Committee	Public	x	Meeting Date:	04.04.2023
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Main Report
Background and current situation:

As required by the Audit and Assurance Committee ("the Committee") an update on Declarations of Interest, Gifts, Hospitality and Sponsorship will be provided at each Committee meeting for noting and approval of the approach taken by the Corporate Governance Directorate.

Since November 2021 the procedure for Declarations of Interest has required employees to make a single declaration of interest during their period of employment, only altering it if their circumstances change (for example undertaking secondary employment). The procedure for declarations of Gifts, Hospitality and Sponsorship has remained unaltered and staff are required to make relevant declarations on an 'as required' basis.

The Risk and Regulation 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).

In addition to this plan the Risk and Regulation Team and the Health Board's ESR lead have delivered a 'Declarations of Interest Power Hour' and will continue to deliver further sessions to provide guided examples of how to make use of ESR to declare interests and also to answer queries raised by those in attendance. Similar sessions will be delivered throughout the year and in between sessions a recording of the meeting is available online for all staff.

It is hoped that the number of declarations returned will increase significantly by enhancing visibility of the process, and the ease by which declarations can be recorded via ESR.

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

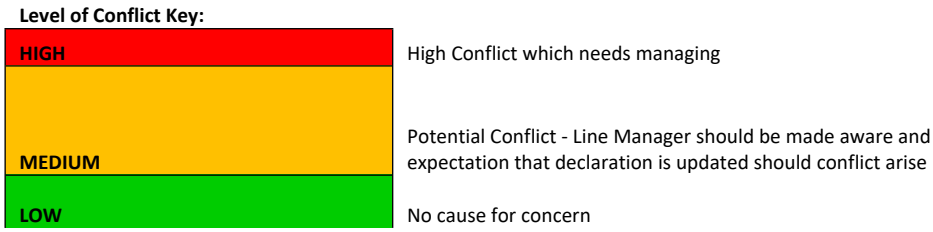
At the November 2022 Committee meeting it was agreed that the Health Board would use ESR as the sole method for the recording of Declarations of Interest, Gifts and Hospitality.

Following the November 2022 Committee additional software was procured to assist with the analysis of data held with ESR and, for the first time, an accurate Register has been able to be populated utilising the live staff information held within the ESR system.

As of the 21st March 2023 ESR holds the following records:

- 417 Declarations of Interests, Gifts, Hospitality and Sponsorship (an increase of 183 from the 234 reported in January 2023).
- 2,504 entries recording 'No Interest' be declared (an increase of 1,885 from the 619 reported in January 2023).

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



- 97.5% of Declarations received are rated **Green** (407 Declarations).
- 2% of Declarations received are rated **Orange** (8 Declarations).
- 0.5% of Declarations are rated **Red** (2 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 Risk and Regulation team continuously monitor declarations and, where appropriate, flag such declarations with procurement and counter fraud colleagues.

As of the 21st March 2023 ESR held 21,883 live staff records which includes contracted employees, Locum and Bank Staff members.

Total ESR returns of 2,921 equates to a return rate of 13.5% (up from 4% in January 2023) for all staff currently recorded as operational within ESR. It is appreciated that this figure will need to improve given that there are still 18,962 staff members who are yet to declare.

This large increase in declarations can largely be attributed to the circulation of a Health Board wide email requesting that declarations are made by all staff via ESR.

Following the success of this approach further discussions will be had with the Health Board's ESR lead to share targeted communications with the remaining 18,962 recorded staff members who are yet to declare via ESR.

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): https://cavuhb.nhs.wales/about-us/governance-and-assurance/register-of-interests-gifts-and-hospitality/.

Recommendation:

The Committee are requested to:

- **NOTE** the ongoing work being undertaken within Standards of Behaviour
- **NOTE** the proposals to improve Declaration of Interest reporting across the Health Board.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
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: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
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: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

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

Level of Risk Score 1 (Low) Score 2 (Med) Score 3 (High)	Name	Job title/Role	Category of interest	Interest situation	Interest Description	Comments	From	To (Leave blank if ongoing)
1	Adams, Miss Lisa Marie	Physiotherapist	Financial interests	Clinical private practice	I work one evening a week in a private MSK physiotherapy clinic (JD Physiotherapy).		06/04/2017	
1	Adams, Ms. Sandra Jean	Counsellor	Financial interests	Clinical private practice	I am a Counsellor & Clinical Supervisor in private practice.		02/07/2023	
1	Addis, Miss Jessica Katie Edgington	Technician	Indirect interests	Outside employment	Bar Staff - The Waterguard Cardiff bay		13/03/2022	10/02/2023
1	Addy, Dr Charlotte Louise	Consultant	Financial interests	Sponsored events	Support for educational lectures/activities from Gilead/Chiesi		11/03/2022	
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 offer private therapy and sub-contracted services.		11/10/2022	
1	Ahuja, Mr. Sashin	Consultant	Financial interests	Sponsored events	Chaired Scientific Advisory Board Meeting for Cerapaedics Ltd	Chaired a clinical advisory group meeting for Cerapaedics Ltd on osteobiologics.	11/09/2020	11/09/2020
1	Alden, Dr Katrin	Specialty Doctor	Financial interests	Outside employment	I create an deliver training for Atrainability, a medical training company in my own time.		03/08/2022	
1	Aldridge, Dr Rona Alexandra	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I undertake private assessments of autism for people aged 16+ as part of Autism Wales	I do not offer private autism assessments to residents of Cardiff or the Vale of Glamorgan.	14/02/2023	14/02/2023
1	Allen, Mrs. Kathryn Louise (Louise)	Pharmacist	Non-financial personal interests	Shareholdings and other ownership interests	Directorship of Davies Homes Ltd	Ongoing to date silent director of family building business no financial gain, non NHS	01/01/2010	
1	Allen-Ridge, Mr. Callum Charles	Senior Manager	Indirect interests	Outside employment	Bank Work for North Bristol NHS Trust	I am registered to work for North Bristol NHS Trust for both clinical bank work and also consultancy work around performance management and quality improvement.	25/06/2018	
1	Al-Rajoodi, Ms. Sheha Jameel Mohaisen	Chiropodist/Podiatrist	Non-financial professional interest	Clinical private practice	I work with Murray Medical private practice. Currently still employed.		20/08/2019	
1	Anand, Dr Bawani	Consultant	Financial interests	Sponsored research	I have undertaken Astra Zeneca sponsored research for the Health Board. Performing tests out of hospital hours. Directorate and Consultant will receive renumeration for the study		01/04/2022	
1	Andrews, Mrs. Angela	Pharmacist	Financial interests	Sponsored events	Honoraria received from Merck Group for presenting at a MS nurses area group meeting.		27/09/2018	27/09/2018
1	Arkless, Miss Lucy Dorothy	Staff Nurse	Financial interests	Outside employment	Ad Hoc - Agency work		30/01/2023	
1	Ateleanu, Dr Bazil	Consultant	Financial interests	Clinical private practice	I undertake outside Private Practice outside at Spire Hospital, the Vale Clinic Cardiff and St. Josephs Hospital Newport.		06/03/2022	
1	Atkin, Dr Philip Alan	Consultant	Financial interests	Shareholdings and other ownership interests	I am a company director of: - Nuform Medical Aesthetics Ltd, a healthcare delivery company for aesthetic medicine; -Brynmill Ltd, a healthcare delivery company for aesthetic medicine and orthodontic services		01.11.2019 01.03.2013	
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.		01/11/2021	
1	Attewell, Mrs. Lois Jane	Specialist Healthcare Science Practitioner	Indirect interests	Outside employment	Part time employment at Swansea University as a BSc. Healthcare Sciences lecturer		10/08/2015	
1	Attridge, Mr. Stewart William Alexander	Adviser;Staff Nurse	Indirect interests	Outside employment	Work as HIV Clinical Nurse Specialist in Aneurin Bevan UHB		21/11/2022	
1	Attwell, Mrs. Julia Anne	Senior Manager	Financial interests	Outside employment	As a Non Executive Director with Linc Cymru Housing Association, I receive an annual payment.		01/03/2022	
1	Bailey, Mrs. Sarah Elizabeth	Dietitian Manager	Financial interests	Gifts	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.		08/03/2022	
1	Balci, Ms. Elit	Officer	Financial interests	Outside employment	Compass Group Casual Worker	Ad-hoc weekends, evenings event support at Millennium Centre.	27/01/2023	

1	Baldwin, Mrs. Julie Ann (Ann)	Physiotherapist	Indirect interests	Clinical private practice	Husband undertakes private MSK Practice for Nuffield Health		01/05/2000	
1	Bales, Mr. Henry Edward Howard	Accountant	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. I complete this work outside of my contracted hours with the NHS.	I have informed the manager of the department and I am aware of my responsibilities.	30/05/2022	
1	Ball, Mr. Philip Edward	Staff Nurse	Financial interests	Sponsored events	I am member of Janssen Pharmaceuticals sponsored All Wales Nurse Forum and this may attract a payment depending upon my contribution in the sessions		29/03/2022	
1	Banerjee, Dr Sanjeev	Consultant	Non-financial professional interest	Sponsored events Clinical private practice	attend and participate in meetings regarding Anti VEGF treatments for eyes i have a private practice in spire		15/02/2023 01/03/2023	02/03/2023 01/03/2023
1	Banner, Mr. Timothy Elliott	Pharmacist	Non-financial personal interests	Outside employment	My Wife works for Lloyds Pharmacy as Pharmacist manager in Gorseinon, Swansea.		01/08/2007	
1	Barnett, Mrs. Sarah Louisa	Chiropodist/Podiatrist	Financial interests	Clinical private practice	Work occasionally for a private practitioner		13/02/2023	
1	Barr, Mrs. Cathryn Anne (Cath)	Midwife	Indirect interests;Non-financial personal interests	Shareholdings and other ownership interests;Loyalty interests	Chair of 1st Llanishen Scout group Chair of Caerphilly County Swim Squad Safeguarding lead Taf Wenallt Ministry Area.	Ongoing. I only work part time but volunteer my time to these groups.	28/01/2023	
1	Barrell, Mrs. Suzanne (Sue)	Officer	Financial interests	Outside employment	I have work 18.75 hours in my NHS role and 12 hours in an admin role outside of the NHS.		02/09/2023	
1	Barrett-Naylor, Dr Ruth	Applied Psychologist - C	Financial interests	Financial interests	Clinical private practice	Practising privately as a Clinical Psychologist	03/01/2021	
1	Bartush, Mrs. Emma Louise	Manager	Non-financial personal interests	Hospitality	Receipt of Hospitality from West Quay Medical Practice	Attendance at Practice Christmas party at a cost of £43.50	12/10/2022	12/10/2022
1	Beattie, Dr Robert Bryan (Bryan)	Consultant	Financial interests	Clinical private practice	Founder and Director of Innermost Secrets Limited trading as Innermost Healthcare (private clinical practice also including teaching presentation honorariums and medicolegal services).	Items relating to Cardiff and Vale UHB to Note in 2021:- Honorarium from Canon Medical (UHB supplier) for presentation at a CPD event (completed) - Awarded a contract from Cardiff and Vale UHB through the formal contracting process for the provision of baby hip scanning services (yet to commence any service delivery)	01/01/2006	
1	Bennett, Mrs. Lorna Jayne	Senior Manager	Non-financial professional interest	Outside employment	I hold an honorary contract for out of hours / on-call work with Public Health Wales		31/03/2022	
1	Beyer, Dr Annie Louise	Applied Psychologist - Clinical	Indirect interests	Clinical private practice;Outside employment	I am the Director of a private psychology practice (Beyer Psychology Services) in the Cardiff area which offers individual therapy, supervision, teaching and consultancy for individuals and organisations across the UK I am employed part time as a senior lecturer on the Professional Doctorate in Counselling Psychology at the University of South Wales.		05/04/2018 19/09/2022	
1	Beynon, Mrs. Claire	Senior Manager	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 an RAF reservist. I am paid for these additional duties. I hold an honorary contract with Public Health Wales to allow me to undertake on call duties. I may on occasion be paid to undertake additional shifts which are paid. I undertake roles for the Faculty of Public Health and may claim travel expenses to undertake these duties. My husband is a lecturer at Cardiff Metropolitan University.		30/12/2022	
1	Bhat, Dr Vineet Srikrishna	Consultant	Financial interests	Clinical private practice	I undertake Private Practice at Nuffield Cardiff and Spire Cardiff.		27/01/2023	
1	Bird, Mr. David William (David)	Healthcare Science Practitioner	Financial interests	Shareholdings and other ownership interests	Directorship and Shareholder of 54 Penarth Road Management Ltd, Company number 10257923.		25/02/2020	
1	Birdsey, Dr Nicola Emma-Louise (Nicki)	Applied Psychologist - Clinical	Financial interests	Outside employment	Occasional tutoring for University psychology module - will be weekend or evening sessions outside of NHS working hours.		10/01/2022	
1	Bloodworth, Miss Charlotte	Specialist Nurse Practitioner	Non-financial professional interest	Sponsored events	Attendance at a Medical advisory Group for Lymphoma Action charity		01/03/2018	
1	Bourne, Dr Michael William (Mike)	Consultant	Financial interests	Outside employment	Paid assessor for SWEDAC (the national accreditation body for Sweden).	No paid activity as yet undertaken.	01/01/2022	

1	Bourne, Mrs. Kim	Health Care Support Worker	Financial interests	Outside employment	Private Practice as a PA for a child 3 hrs a week.		02/01/2023	
1	Bowen, Dr Katharine Louise	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Private work for Hammet Street Consultants who offer psychological therapy to Higher Education in Wales trainees. Private work for Chris Kallis Solicitors based in Plymouth, England.		28/03/2022	
1	Boyd, Dr Jane	Applied Psychologist - Clinical	Indirect interests	Loyalty interests	My son Dr Thomas Boyd is employed by Cardiff and Vale UHB as an F1 Dr as from August 2022		14/01/2021	
1	Bradley, Dr Paul	Applied Psychologist - Neuropsychologist	Financial interests	Clinical private practice	Private psychotherapy practice.	This is ongoing. Appointments are limited and scheduled in the evenings or on weekends.	03/11/2022	
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 Clinics.	This work is commissioned by a charity. Clinics are usually on weekends and the charity scans/ECGs young people for signs of sudden cardiac death.	21/01/2023	
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		02/03/2016	
1	Bridges, Mr. Carwyn Geraint	Physiotherapist	Indirect interests	Sponsored events	Attendance at an Insmed Ltd event to provide expert opinion in receipt of an honorarium for my time.	This was a one-off arrangement and no further work is currently planned.	04/02/2022	04/02/2022
1	Brooks, Mr. Francis Michael	Consultant	Financial interests	Clinical private practice	Employment as a virtual specialist for Doctor Care anywhere who are a virtual GP practice.	I am on-call once a month for this and perform the reviews outside of NHS time and paid a fee per review.	01/01/2021	
1	Brooks, Mrs. Zoe Mary	Dietitian	Financial interests	Outside employment	Associate Tutor- Cardiff Met University- Adhoc work/zero hours contract		03/10/2022	
1	Broome, Miss Rachael	Senior Manager	Non-financial personal interests	Outside employment	My partner works in the Health Board Primary Care Team		03/11/2020	
1	Bruce, Mrs. Claire	Physiotherapist	Financial interests	Clinical private practice	I undertake private physiotherapy practice in my spare time.		20/02/2017	
1	Bryant, Dr Catherine (Kate)	Consultant Healthcare Scientist;Specialist Healthcare Scientist	Financial interests	Clinical private practice	Private patient Doppler scanning at St Joseph's Hospital		14/07/2022	
1	Buchmuller, Mrs. Joanne Heather (Jo)	Applied Psychologist - Clinical	Indirect interests	Outside employment	I occasionally work for a private company 'Partnership Projects' (not associated with the NHS) which provides parenting support and professional training. This is part of my private practice. I occasionally work as a coach/psychotherapist in private practice.		02/02/2023	
1	Bulpin, Mr. Gareth Charles	Senior Manager	Non-financial professional interest	Hospitality	Attedance at an Optometry Wales Dinner.		20/11/2022	20/11/2022
1	Burgess, Mrs. Anna Christina	Pharmacist	Financial interests	Sponsored events	Lecture to Avon Learning Disabilities Education & Research Network Sponsored by Desitin Pharma.	Honorarium paid for one-off lecture on excipients in antiepileptic medicines.	26/05/2021	26/05/2021
1	Burke, Miss Kathryn Louise Helen	Occupational Therapist	Financial interests	Outside employment	Additional employment as a self employed swimming teacher. 6 hours per week.		27/09/2022	
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.		04/10/2021	03/10/2022
1	Burrows, Mr. Ross Michael	Pharmacist	Non-financial professional interest	Sponsored events	Sponsored registration fees to attend European Society for Paediatric Endocrinology (ESPE) and British Society of Paediatric Endocrinology and Diabetes (BPSED) conferences. Funding was provided by Novo Nordisk. ESPE conference - 22/09/21 - 26/09/21 BSPED conference - 24/11/21 - 26/11/21 All virtual conferences - total cost of registration fees £181.40		22/09/2021	26/11/2021
1	Butterworth, Mrs. Claire	Physiotherapist	Non-financial professional interest	Clinical private practice	Private practice for patients with neurological conditions. Some of these patients may have been treated by CAVUHB or still be under its care. Patients are always directed to ACPIN private physio register to seek own choice of physiotherapy provider and assurances are made that everyone is aware of, referred to and receiving the NHS care/rehab/ intervention that they should, if they so choose.		05/04/2022	
1	Canter, Mrs. Rachel May	Midwife;Staff Nurse	Financial interests	Outside employment	I have a Private Property Rental Business		14/02/2020	
1	Capleton, Mr. Alexander Charles	Specialist Healthcare Science Practitioner	Non-financial personal interests	Outside employment	Employee of All Nations Church (two days/week). Primarily responsible for community engagement in Adamsdown, Cardiff.		09/01/2014	
1	Carr, Mr. Thomas Alexander	Occupational Therapist	Financial interests	Clinical private practice	Owner - Mindful Walks in the local community		01/01/2018	
1	Chakraborty, Dr Arpita	Consultant	Financial interests	Clinical private practice	I undertake Private Practice through Clinical Partners outside of my working hours.		09/03/2022	

1	Chaudhri, Ms. Shamiala	Orthoptist Specialist Practitioner	Financial interests	Outside employment	Part time self-employed locum optometrist in community.		20/02/2019	
1	Chopra, Dr Iqroop Singh	Consultant	Financial interests	Clinical private practice	Private Practice both at Spire and Nuffield Vale hospitals		01/09/2008	
1	Chowdhury, Dr Mohammed Mahbub	Consultant	Financial interests	Clinical private practice	I undertake Private Practice and I am a Director of private company Dr MMU Chowdhury Ltd		10/03/2022	
2	Choy, Professor Ernest Ho	Consultant	Financial interests	Clinical private practice Donations Gifts Sponsored events Sponsored research	2 private clinic sessions at Spire every months 2 hours from 5-7pm on Monday 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 Consultancy from Abbvie, Amgen, Biogen, Biocon, Chugai Pharma, Eli Lilly, Fresenius Kai, Gilead, Janssen, Merck Serono, Novartis, Pfizer, Regeneron, Roche, RPharm and Sanofi. Attending Rheumatology Congress from Janssen and UCB. Sponsored resrach to Cardiff University by Biocancer, Pfizer, Biogen and Sanofi		15/02/2023	
2	Christian, Dr Adam Donald	Consultant	Financial interests	Clinical private practice	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.	There is no conflict with my NHS work	01/10/2019	
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.		14/06/2019	
1	Clarke-Williams, Dr Jane Elizabeth	Specialty Doctor	Indirect interests	Clinical private practice	Menopause specialist undertaking private practice for Octavia Healthcare	Private patients for menopause advice- both over the phone and face-to-face Once or twice a month	01/07/2020	
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.		28/02/2023	
2	Cole, Dr Duncan Sean	Consultant	Financial interests	Donations;Gifts;Outside employment	Funding for a service development project using systems thinking methodology. Grant of £15,000, from Takeda Pharmaceutical Company paid to UHB. Sponsorship for registration to WORLD Symposium 2023 on-demand virtual conference - provided by Takeda Pharmaceutical Company. Lamzede clinical expert interview for NICE submission. Consultation fee paid by Chiesi. £600. Rare disease elearning module development. Consultation fee for my time paid to Cardiff University by Amicus. Value: £2649.		24/08/2022 27/02/2023 11/04/2022 07/09/2022	24/08/2022 01/03/2023 11/04/2022 07/09/2022
1	Coles, Mrs. Sandra	Staff Nurse	Financial interests	Outside employment	Occasional work as an agency nurse.		02/01/2021	
1	Collins, Professor Peter William	Consultant	Financial interests	Outside employment	Advisory board meeting about postpartum haemorrhage with CSL Behring. Work performed during annual leave. Honorarium £1800		04/02/2021	05/02/2021
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 provide support to individuals on the autism spectrum in Kent.		09/10/2016	
1	Connor, Dr Philip Peter (Philip)	Consultant	Indirect interests	Sponsored events	Attendance at an Advisory Board for Clinigen Group		23/03/2022	23/03/2022
1	Cook, Dr Sara-Catrin	Consultant	Financial interests	Outside employment	Associate Dean Simulation & Clinical Skills Health Education and Improvement Wales July 2020 to date		16/07/2020	
1	Cooke, Dr Emma Victoria	Multi Therapist Manager	Financial interests	Clinical private practice	Private physio practice. Bespoke Physio Llandaff		28/03/2022	
1	Coombs, Mr. Stephen John	Chiropodist/Podiatrist	Financial interests	Clinical private practice	Private practice at the Feetness Centre	Ongoing	01/10/2006	
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 renumeration 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.	27/01/2023	

1	Coulson, Dr 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.	01/04/2016	
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		27/01/2023	
1	Cousins, Dr Darren Everton	Consultant	Financial interests	Sponsored events	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 receive free registration in order to attend the conference and present Welsh specific findings.		11/10/2022	13/10/2022
1	Crandon, Miss Katie	Radiographer - Diagnostic	Financial interests	Outside employment	Bank Radiographer work at Swansea Bay UHB		02/01/2023	
1	Creedon, Mrs. Emma Jane	Staff Nurse	Financial interests	Outside employment	Agency work for Thornbury Nursing Services		21/01/2023	
1	Cunningham, Dr Laura Faith	Consultant	Financial interests;Non-financial professional interest	Sponsored research	Receipt of grant payment on behalf of the Health Board for an additional PA staff member for 12 months. This grant was applied for by the Health Board team and awarded by a Gilead panel who sit separately to the commercial team and to any pharmaceutical representatives that visit the department. The grant is to be used to fund new staff posts and to increase patient engagement with the Health Board 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 has been received by the PCIC clinical board.		03/01/2023	
1	Datta, Dr Dev Borunendra	Consultant	Financial interests	Clinical private practice	Clinical Private Practice via Spire Cardiff		03/01/2011	
1	Davies, Mr. Gareth John	Specialist Healthcare Scientist	Financial interests	Shareholdings and other ownership interests	I am major shareholder and Director of a company called 'Penstone Property Limited'	The Company has never traded and has been dormant for > 3 years	28/11/2018	25/03/2022
1	Davies, Mr. Huw Owain Bleddyn	Consultant	Indirect interests	Clinical private practice	Private Clinical Practice - Nuffield Health		31/05/2022	
1	Davies, Mrs. Rebekah Louise (Becky)	Occupational Therapist	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.		04/04/2022	
1	Davies, Ms. Catherine Sarah (Catherine Washbrook)	Dietitian	Financial interests	Clinical private practice	Article written for Primary Care Diabetes Society journal/online in December 2021		23/03/2021	
1	Davies, Ms. 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	29/10/2021	
1	Davis, Dr Karl Robert	Consultant	Indirect interests;Non-financial personal interests	Loyalty interests	I am Vice Chair of Welsh British Geriatrics Society (BGS) I am a member of the BGS and Vice Chair of the Welsh sub-group of the BGS	I have given evidence and supported BGS submission to Welsh Government	18/10/2022	
1	Deglurkar, Miss Indu	Consultant	Financial interests	Clinical private practice	Private Clinical Practice - Spire Healthcare		31/01/2023	
1	Denbow, Mr. Mark	Consultant	Financial interests	Clinical private practice	I have a medicolegal practice, Grange Obstetric Medico Legal. I write reports for the court for which I am paid. This is performed in my own time at home and does no affect my NHS work		31/01/2023	
1	Doman, Ms. Catherine Louise (Cath Doman)	Senior Manager	Non-financial professional interest	Hospitality	Attendance at reception hosted by Q5 on 02.12.21		02/12/2021	
1	Donald, Mrs. Cathryn	Clerical Worker	Financial interests	Outside employment	Private secretary for Dr Bolusani Consultant in Diabetes & Endocrinology - working practice undertaken on my days off.		12/05/2022	
1	Dowd, Miss Charlotte Louise	Dietitian	Financial interests	Gifts	Prize money £100 for presenting at Welsh Association for Gastroenterology and Endoscopy conference 3rd place abstract (outside of working hours)		11/07/2022	11/07/2022
1	Doyle, Ms. Aileen	Counsellor	Indirect interests	Clinical private practice	I work privately as a counsellor and trauma therapist as a sole trader.		02/01/2023	
1	Drage, Mr. Nicholas	Consultant	Financial interests	Outside employment	Lecturing to dentists and dental care professionals on all aspects of dental radiology mainly for HEIW. Text book writing		20/09/2022	20/09/2023

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.	11/01/2022	
1	Dunford, Mr. Anthony Mark (Mark)	Occupational Therapy Specialist Practitioner	Financial interests	Clinical private practice	I undertake private practice for PhysioSpace based in Penylan Cardiff	On-going self employment	02/08/2019	
1	Edwards, Dr Martin Oliver	Consultant	Financial interests	Outside employment	I work 2.5 sessions for HEIW as a deputy director for Secondary Care		01/04/2021	
1	Elliott, Dr Natalie Louise	Speech and Language Therapist Consultant	Indirect interests	Loyalty interests	Partner is an Executive at Taff Housing, Cardiff.		22/06/2021	
1	Elliott, Mrs. Vivienne (Viv)	Dietitian	Financial interests	Outside employment	Bank worker for Somerset foundation trust	Ongoing	21/07/2022	
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 since April 2022 who works for CAVUHB. I am also due to take on another trainee in April 2023. Both trainees work for the Service for High-Risk Eating Disorders based at Cardiff Royal Infirmary, and both trainees are part of the South Wales IPT Centre run by Debbie Woodward. All supervision and associated work of these trainees is done outside of CAVUHB work time with clear boundaries in place. My manager Peter Meades is aware.	04/01/2022	
1	Eralil, Mr. George	Consultant	Indirect interests	Clinical private practice	Private Practice at Spire Cardiff Hospital and HMT Sancta Maria Hospital.		01/04/2022	31/03/2023
1	Evans, Dr Carol	Consultant Healthcare Scientist	Indirect interests	Sponsored research	I have applied to Abbott diagnostics for funding for a quality improvement project to distinguish between type 1 and type 2 diabetics, and is with the legal team pending signature. This is for kits to be provided for lab use. There is no personal financial gain.		21/04/2022	
1	Evans, Dr Caroline Rebecca	Consultant	Financial interests	Clinical private practice	I cover 2 half days per month in Spire Hospital Cardiff Plastic surgery		11/03/2022	
1	Evans, Dr Louise	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Private clinical practice from R&R Consulting Centre		26/01/2023	
1	Evans, Miss Ruth Clare	Nurse - Advanced Practitioner	Financial interests	Outside employment	Pilates Instructor		09/01/2023	
1	Evans, Mr. Richard James	Healthcare Science Practitioner	Financial interests	Outside employment	I undertake private graphic design work as a sole trader.		01/01/2022	
1	Extence, Mrs. Victoria Louise	Officer	Financial interests	Outside employment	I currently have a second employment role with Newport City Council (NCC), working 2 days a week (Mon & Tues) as a HLTA in a specialist school for Autism in Newport. From the 06/02/2023 I will be leaving this role to take up another post within Newport City Council as a Deputy Team Leader for Early Years on a 2.5 day per week basis (Mon-Wed).	Both roles (current & future) are part time and enable me to work part-time on the Vale of Glamorgan Healthy and Sustainable Pre-School Scheme, employed by CAVUHB (currently 3 days per week, reducing to 2.5 in the new role) There is no end date to my second employment as it is/will be a permanent position.	27/01/2023	

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 under the 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.	27/01/2023	
1	Featherstone, Mr. Jonathan Mark (Jon)	Consultant	Financial interests	Clinical private practice	Private Practice at the Spire Hospital in Cardiff.	Ongoing	05/04/2021	
1	Fido, Mrs. Karen Pamela	Radiographer - Diagnostic	Financial interests	Clinical private practice	Private Ultrasound practice	Ongoing private practice. Employed by Innermost Healthcare (private Ultrasound scans)	07/11/2008	
1	Finnegan, Mrs. Bethan Marie	Healthcare Scientist	Indirect interests	Outside employment	I work in a secretarial/administrative role for my husband who is a self-employed GP for a few hours a week, with no impact on my CAVUHB role. Income is declared to HMRC.		27/01/2023	
1	Fitzgerald, Dr Katherine Alexandra	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Temporary Associate Lecturing Contract - Cardiff Met University, Psychology Undergraduate Programme		29/09/2022	15/12/2022
1	Forster, Mr. Mark Campbell	Consultant	Financial interests	Clinical private practice	I run my private practice through my company Cardiff Knee Surgery Limited		07/03/2022	
1	Fowler, Mr. Aaron Martyn	Senior Manager	Indirect interests	Loyalty interests	My wife is employed by NWSSP Legal and Risk, who the Health Board contract for legal advice.		20/09/2021	19/09/2023
1	Fowler-Williamson, Mrs. Cerian Charlotte	Manager	Financial interests	Shareholdings and other ownership interests	Non-Executive Director of a family limited company - Accelerate Freight Ltd Director of limited company - Fowler Consultancies Ltd - Public protection training, assessing and consultancy.		27/05/2008	
1	Fox, Dr Joanna Catherine Oram	Consultant	Financial interests	Clinical private practice	I own my own aesthetics business, Dr Jo Aesthetics.		01/04/2021	01/04/2022
1	Fox, Mr. Adam Daniel	Chiropodist/Podiatrist	Financial interests	Outside employment	Clinical consultancy for Coloplast, 3 year contract and paid on a honorarium basis when requested days. These will be around 2 days a year for the 3 year period.		10/11/2021	
1	Fraser, Mrs. Helen Louise	Healthcare Science Practitioner	Non-financial personal interests	Loyalty interests	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)		02/01/2023	02/01/2024
1	Fullick, Miss Jade	Assistant Psychologist	Non-financial professional interest	Outside employment	Trustee and co-founder of The Belay Foundation (Registered Charity Number: 1192653)		06/01/2020	
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		30/01/2023	
2	Gable, Mr. Scott	Manager	Non-financial personal interests	Shareholdings and other ownership interests	Board Director at LabXcell Limited		01/04/2020	
1	Gajraj, Dr Malcolm	Consultant	Indirect interests	Outside employment	HEIW role as Director of Quality Management (NHS) GMC: Enhanced Monitoring Associate (variable requirements, ad hoc payment)		10/03/2022	
1	Galvin, Mr. Peter (Pete)	Clerical Worker;Telephonist	Indirect interests	Outside employment	I have a contracted shift working every other Saturday for Cardiff and Vale GP Out of Hours Service for 6 hours. I work other shifts across the service when cover is needed, mostly at weekends.		05/05/2012	
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.		11/09/2017	
1	Gape, Mr. Nicholas James	Occupational Therapist	Financial interests	Clinical private practice	I have a small private practice, working 1 evening per week at Spire Hospital, Cardiff.		04/02/2018	
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. I also write parole reports for English and Welsh prisoners on occasion. In the past year I have written two reports for the parole board.		06/01/2022	
1	Gatto, Dr Simona Renata (Simona)	Consultant	Financial interests	Outside employment	Roche Advisory Board participation		05/05/2021	28/05/2021
1	George, Dr Lindsay David	Consultant	Financial interests	Clinical private practice	Clinical private practice in evenings at Spire Cardiff.		04/05/2004	
1	George, Miss Sarah Elizabeth	Physiotherapist	Financial interests	Outside employment	Pilates instructor in a private studio - teach x1 hour class per week in the evening		17/01/2023	
1	Gidman, Mrs. Rachel Louise	Board Level Director	Non-financial personal interests	Loyalty interests	Husband works as a Directorate Manager in Cardio-thoracic for the UHB		02/03/2023	
1	Giovannone King, Ms. Donna	Counsellor	Indirect interests	Clinical private practice	Small self employed private counselling practice with approximately 4 clients per week		02/07/2023	

1	Gladwyn-Khan, Dr Misbah	Applied Psychologist - Clinical	Indirect interests	Clinical private practice	Private work in my free time. R&R Consulting Centres 46 St Isan Road Cardiff. CF14 4LW Talk in the Bay W Bute Street CF10 5LH	No impact on NHS work and vice versa. In my free time. Declared when employment began.	05/10/2020	
1	Goldsmith, Dr Sarah Frances	Consultant	Non-financial professional interest	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 2019. 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.		01/01/2017	04/03/2022
1	Goulding, Mrs. Vanessa Louise	Chiropodist/Podiatrist	Non-financial professional interest	Outside employment	Honorary lecturer for Cardiff University		01/01/2018	14/03/2024
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	01/10/2014	
3	Gray, Professor Jonathon Robin	Non Executive Director	Financial interests;Indirect interests;Non-financial personal interests	Outside employment;Loyalty interests	Employed by Singapore as above - clear arrangement - I stop C&VUHB pay during 2 months. Global Healthcare advisor contracted only for work outside Wales with: Q5. Billions Institute Becton Dickinson Strasys Ltd; and CHi/Singapore; Owner of a Limited Company - "Graymattrs", jointly with my wife Joanna Soldan. I work up to 2 months a year in Singapore/Australia/New Zealand/U.S.A - contracted to deliver innovation work. Previous role as CEO of SWAHSN - a company limited by guarantee; Wife - as above - business;Wife owns private company delivering mindfulness/resilience training in public services.	Brother-in-law is a Director of a private consultancy NK Change Ltd.; Global Ambassador for Hillary Leadership Institute (New Zealand). Health Foundation/IHI Fellow. Member Institute of Directors. Fellow of Better Value Healthcare - Led by Professor Sir Muir Gray (Not a relative) Deputy Lead - Centre For Healthcare Innovation; I am visiting Fellow Green Templeton College, Oxford.; Trustee of Fathom Trust (Feb 2020 - present), a Charitable Incorporated Organisation - bringing together comunity assests to improve wellbeing of citizens. Previously a member of Maggies Clinical Board. Fellow at Better Value Healthcare - Visiting Chairs - Wellington (New Zealand), Exeter, Singapore. Adjunct Professor at the Health Services Research Centre, Faculty of Health at Victoria University of Wellington		
1	Green, Mrs. Hilary Margaret	Counsellor	Financial interests	Clinical private practice	Paid work with charity Cardiff Mind for providing clinical supervision sessions on a monthly basis.		09/09/2022	
1	Griffin, Dr Sian Virginia	Consultant	Indirect interests	Outside employment	Chair, Data Monitoring Committee, Emmes Corp		17/11/2021	15/03/2022

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	RCOG dinners and accommodation for serving on RCOG committees; Medical advisory committee Spire Healthcare; Pharmaceutical family members shareholdings; Evening dinners Spire Healthcare; Director of company that provides medical admin services to doctors, NHS; Charity work United Grand Lodge of England, Albert Edward Prince of Wales Court Porthcawl, Rowan tree cancer charity; Director of company providing surgical insourcing for NHS; CI and PI of CF113 clinical trial. Offered international travel to attend research meetings		29/01/2023	
1	Griffiths, Mrs. Helen Samantha	Occupational Therapist;Officer	Indirect interests	Outside employment	Outside employment through agency. Private OT, expert witness, case management through Stokes Case Management. .		02/01/2023	
1	Groves, Dr Peter Howard	Consultant	Financial interests	Clinical private practice	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		07/03/2011	22/03/2022
1	Groves, Mr. Owain James	Practitioner	Financial interests	Clinical private practice	I have a second job working as a Residential Childcare Practitioner within Beddau Children's Home where I work with children with learning disabilities in CAVUHB. I did declare this in supervision and have completed the necessary paperwork.		11/07/2022	
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 the topic of anticoagulation and Thrombosis. Bayer PLC organised overnight accommodation.		01/01/2023	04/01/2023
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		16/02/2023	
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.	Health Board has always been informed	04/02/2006	04/02/2023
1	Hamandi, Dr Khalid	Consultant	Financial interests	Sponsored events	Honoraria and speaker fees from Angelini Pharma, GW Pharma and UCB Pharma		04/05/2022	04/04/2023
1	Hammer, Dr Kathrin	Consultant	Financial interests	Clinical private practice	I am paid a fee for service at European Scanning Centre Cardiff and Spire Hospital Cardiff for radiology work in the private sector	unchanged	28/09/2020	02/09/2024
1	Haq, Mrs. Yasmeen Elmore	Pharmacist	Non-financial personal interests	Loyalty interests	My sister works for Boots Corporate Community Pharmacy one day a week, after maternity leave.	This needs to be kept in mind if there is work in the community pharmacy.	28/07/2021	
1	Harrall, Miss Joanna Eleanor	Senior Manager	Financial interests	Shareholdings and other ownership interests	My partner (Benjamin Trigg) works for and has shares in Cyted, a start-up company providing cyto sponges to NHS organisations across the UK. The Cytosponge is being piloted in CAVUHB.		09/08/2022	
1	Harris, Mrs. Abigail Indiana	Board Level Director	Non-financial professional interest	Outside employment	I am a Non-Executive board Member of Social Care Wales. The daily rate for this is paid to the Health Board. My husband is a volunteer Board Member of Wales Council for Voluntary Action.	Ongoing	07/03/2022	
1	Harris, Mrs. Louise Ann	Nursery Nurse	Financial interests	Outside employment	Employed by Apollo Teaching Services Ltd.	I work for Apollo Teaching Services Ltd for 1-2 days per week outside of my NHS CAVUHB 22.5 hour contract.	30/09/2022	02/09/2023
1	Harte, Miss Victoria Mollie Louise	Physiotherapist	Financial interests	Clinical private practice	Pitch side physio for a local rugby team for approx. 3 hours a week		17/09/2022	29/04/2023
1	Hartley, Dr Eleanor Janessa (Ellie)	Specialty Registrar	Financial interests	Outside employment	I am also employed on a zero hour contract for locum shifts by Cwm Taf Health Board. Also paid via ESR.		08/01/2022	
1	Harvey, Mrs. Virginia May	Physiotherapist	Financial interests	Clinical private practice	I run a Physiotherapy practice in Rhiwbina trading at "physio at one" but registered as Ginsphysio Ltd at Companies House.	Manager is aware that I work privately	01/01/2022	
1	Hayes, Mr. Jamie Michael	Pharmacist	Financial interests	Outside employment	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		30/04/2021	

1	Hayhurst, Miss Caroline Susan	Consultant	Financial interests	Sponsored posts	MSc Neurosurgery program leader for University of Buckingham, on behalf of Learna Ltd (an online education company). I receive payment on an ad hoc basis from Learna Ltd for development and marking of the international MSc course. I receive ad hoc payment for tutoring services for the University of Buckingham for the Neurosurgery MSc		01/09/2021 13/02/2023	31/08/2022 11/02/2024
1	Hedden, Mrs. Jessica Elizabeth	Physiotherapist	Financial interests	Sponsored events Sponsored posts	Payments made from Swedish Orphan Biovitrium (SOBI). Travel and accomodation 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 to attend Haemophilia Chartered Physiotherapist Association course on point of care ultrasound Payments made from Swedish Orphan Biovitrium (SOBI). Travel and accomodation to attend Haemophilia Chartered Physiotherapist Association AGM and educational meeting . Took part in creation of a medical promotional video for pharmaceutical company Takeda in own time and received payment.	Took part in creation of a medical promotional video for pharmaceutical company Takeda in own time and received payment of £300	30/09/2022 07/02/2023 01/03/2022 16/06/2022 09/05/2022	01/10/2022 08/02/2023 01/03/2022 17/06/2022 09/05/2022
1	Hemmadi, Mr. Sandeep	Consultant	Financial interests	Clinical private practice	Director of S Hemmadi Ltd.	Private Medical Practice	06/07/2020	09/01/2025
1	Hewett, Dr Rhys Anthony	Consultant	Financial interests	Hospitality	Sponsorship from Calea (Fresenius Kabi) to attend BAPEN annual Meeting. Sponsorship from Falk to attend the London Upper GI Symposium 'LUGIS' meeting in April 2022.		2019 31/03/2022	2019 01/04/2022
1	Hibbert, Mr. Adrian Douglas	Healthcare Science Assistant	Financial interests	Outside employment	I am a personal assistant to a young disabled man		01/01/2020	
1	Highfield, Dr Julie Anne	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I engage in private supervision outside of NHS working hours		14/02/2023	
1	Hills, Mrs. Hannah Mary	Midwife;Staff Nurse	Financial interests	Clinical private practice	Private Antenatal Education (non clinical)	Weekly private antenatal education since March 2022, ongoing.	06/03/2022	
1	Hingston, Mrs. Emma Jane	Consultant	Non-financial professional interest	Loyalty interests	Trustee for LATCH, Children's Cancer Charity for Wales.		29/08/2013	04/03/2022
1	Hockey, Dr Thomas Daniel	Consultant	Financial interests	Clinical private practice	I do coronial post mortems and report some cases of Spire.	My wife and I are co-Directors of MTD Diagnostics LTD- nothing to do with NHS.	14/03/2022	14/03/2022
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.		09/06/2021	
1	Holdcroft, Mrs. Beverley Ann	Technician	Financial interests	Clinical private practice	Assistant Case Manager for Case Management Cymru Ltd	Work is ongoing. Manage/support patients/family and support workers, during or following the litigation process.	02/06/2023	02/06/2023
1	Holder, Dr Kerry-Ann	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I receive a consultancy fee from 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	1 hour consultation with Researchers at CSL Behring	06/06/2022	06/06/2022
1	Hope-Gill, Professor Benjamin David (Ben)	Consultant	I have no interests to declare;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 preperation were conducted outside working hours. I received payment for performing this work. I undertook an educational talk to the Scottish ILD Forum. This event was sponsored by Roche Pharmaceuticals and I received 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.		08/09/2020 21/01/2020 22/06/2021	08/09/2020 21/01/2020

1	Hopes, Miss Rebecca	Senior Manager	Non-financial personal interests	Outside employment	I have made an application to volunteer for the Cardiff and Vale Health Board in my own time. I have made an application to renew my volunteer status with Cardiff Dogs home.		03/03/2022	
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, receiving payment per hour.		30/01/2023	30/06/2023
1	Hughes, Mrs. Tracey Joanne	Clerical Worker	Financial interests	Outside employment	Phoenix casting Agency The Bottleyard Studios Bristol BS14 OBH The Casting Collective Ltd Gensurco House Spafield House 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.	21/02/2023;01/01/2021	;21/02/2023
1	Humphreys, Miss Lauren Alice	Radiographer - Diagnostic	Financial interests	Clinical private practice	Private practice		07/05/2023	
1	Humphreys, Mrs. Rachael Katherine	Staff Nurse	Non-financial personal interests	Outside employment	I am a Trustee for the charity Behcet's UK, which is a voluntary position.		30/01/2023	
1	Humphry, Dr Nia Angharad	Consultant	Financial interests	Outside employment	Secondary employment at Cardiff University School of Medicine - 0.1 WTE	Started prior to current consultant post, long-term post	04/03/2022	
1	Hunt, Dr Jeannine Anne (Jenny)	Applied Psychologist - Clinical	Non-financial personal interests	Loyalty interests	I am married to the professional lead for psychology and psychological therapies in the UHB. As I am a psychologist there are situations which could create a conflict of interest.		10/10/2022	20/03/2023
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 & Wednesdays. I have a small private practice on non-NHS days.		01/03/2022	
1	Hunt, Miss Rachel Leanne	Specialist Healthcare Science Practitioner;Healthcare Science Practitioner	Financial interests	Hospitality	I was invited to attend the Wales vs. Ireland Rugby Union match at the Principality Stadium on 04/02/2023 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.		02/04/2023	02/04/2023
1	Hutchinson, Dr Nicola-xan Xan (Nicola)	Consultant	I have no interests to declare;Financial interests	Hospitality	Winter British Thoracic Society Conference fees and hotel paid for by Boehringer Ingelheim		15/03/2021 02/02/2023	15/03/2022 02/02/2023
1	Ingleton, Ms. Louise	Staff Nurse	Non-financial professional interest	Sponsored events	ADHD Conference attended - organised by Flynnpharma Conference dates May 4th & 15th 2022 in Berlin. Flights and hotel financed by Flynnpharma. No personal financial gain.		14/05/2022	15/05/2022
1	Ingram Holden, Mrs. Bethan Sarah	Nurse Manager	Financial interests	Sponsored posts	Awarded Florence Nightingale Foundation Scholarship to value of £9,000 from Teenage Cancer Trust. Currently undertaking scholarship (approval from Chief Nurse), to complete at end of 2022		09/03/2022	31/12/2022
1	Ingram, Dr John Robert	Consultant	Financial interests	Loyalty interests	Consultant and/or advisory board member for Novartis, UCB, ChemoCentryx, Boehringer Ingelheim, Viela Bio, Insmed, Citryll and Kymera Therapeutics in the field of hidradenitis suppurativa	Honoraria.	01/01/2019	
1	Ingram, Dr Wendy	Consultant	Financial interests	Hospitality	Takeda sponsored (virtual) attendance at the American Society Haematology Annual Conference		11/12/2022	14/12/2022
1	Jackson, Mr. Oliver Charles Michael	Consultant	Non-financial professional interest	Sponsored events	Stryker paid for transport and accommodation for me to attend their iSpies meeting that they hosted in Amsterdam in October 2022. The meeting aimed to demonstrate new laparoscopic surgery equipment and techniques. We have not gone on to purchase any of the equipment.	I have not benefited financially or otherwise from attending this meeting.	25/10/2022	26/10/2022
1	James, Mrs. Danielle Louise	Senior Manager;Officer	Financial interests	Gifts	Was given a thank you card with a gift card inside from a relative after dealing with a concern - gift voucher used on biscuits etc for the department.		31/01/2022	31/01/2023
1	Jelley, Dr Benjamin James (Ben)	Consultant	Financial interests Non-financial professional interest Non-financial professional interest	Outside employment Outside employment Outside employment	I have a substantive contract with Cardiff University for 1 session per week to deliver an MSc in Clinical Geriatrics I am the vice-chair of the Welsh Stroke Conference organising committee. I am an Associate Editor for the Age and Ageing journal		11/02/2023	
1	Jenkins, Miss Bethan	Assistant Psychologist;Medical Secretary	Financial interests	Outside employment	Agency work for the National Autistic Society - roughly 1 Saturday every 2-3 months		27/06/2022	
1	Jenkins, Mrs. Colette Elizabeth	Technician	Non-financial professional interest	Sponsored events	Welsh Pharmacy Awards 2022 Ethypharm Management of substance dependency in community.		07/09/2022	07/09/2022
1	John, Mrs. Kirsty Louise	Community Nurse;Staff Nurse	Financial interests	Outside employment	I currently make occasion cakes for family and friends		04/01/2022	

1	John, Mrs. Michaela Louise	Manager	Non-financial personal interests	Outside employment	I am a trustee for a charity THE MARGARET BELL SCHOOL (charity number - 1151747)	I do not receive any financial payment for this role	22/03/2022	
1	Johnson, Miss Rachel	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.		01/07/2021	
1	Jones Barbour, Dr Louise	Applied Psychologist - Clinical	Non-financial professional interest	Loyalty interests	Trustee for the British Association for Behavioural and Cognitive Psychotherapy		02/01/2023	02/01/2025
1	Jones, Dr Amy	Consultant	Non-financial professional interest	Outside employment	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.	Ongoing role within the committee which will continue for the foreseeable future	31/03/2021	08/03/2022
1	Jones, Dr Jane Elspeth	Consultant	Indirect interests	Shareholdings and other ownership interests	I am a Company Director in Luba Care - a company providing therapeutic children's residential home placement. The company is not yet trading		26/09/2022	25/09/2023
1	Jones, Dr Nia Jasmine Russal (Nia Jones)	Chiropodist/Podiatrist	Financial interests	Clinical private practice	Receives honoraria for speaking at wound care conferences, Employed by Toetal Footcare Private Clinic.		01/12/2021	
1	Jones, Dr Sharon Mary	Consultant	Financial interests	Clinical private practice	I work 2 to 4 clinics per month of an evening at a private practice clinic at the Spire Hospital Cardiff	I cancel clinics when too busy with NHS.	10/03/2022	
1	Jones, Miss Bethan Caryn	Staff Nurse; Specialist Nurse Practitioner	Financial interests	Outside employment	I undertake private self employed work providing aesthetics treatments in my spare time.	Ongoing.	01/01/2022	30/01/2023
1	Jones, Mr. Mark	Social Worker	Indirect interests;Non-financial professional interest	Loyalty interests;Outside employment	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. I'm a Board Member with the registered charity Re-live. This is an Arts in Health charity.		30/01/2023 30/01/2023 30/01/2023	
1	Jones, Mr. Stephen Austin	Consultant	Financial interests	Clinical private practice	I perform private practice at the Nuffield Cardiff & Vale Hospital outside of my NHS timetable/job plan	On-going	29/03/2022	
1	Jones, Mrs. Amy Clare	Dietitian	Non-financial professional interest	Sponsored events	Nutricia have sponsored me to stay in a hotel the night before their conference in London	The conference is a free event to attend. My train fare has been paid by work.	11/02/2022	11/03/2022
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.		02/02/2023	02/02/2024
1	Joshi, Dr Anurag	Consultant	Financial interests	Clinical private practice	Cases referred to All Wales Lymphoma Panel 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	02/09/2021	02/09/2022
1	Joslyn, Miss Simone Lisa	Senior Manager	Non-financial personal interests	Loyalty interests	Trustee of Live Music Now - nonpaid position		10/03/2022	
1	Junglee, Dr Naushad Ali (Naushad)	Consultant	Financial interests;Indirect interests	Clinical private practice;Outside employment	Work at Spire Cardiff as a Consultant Nephrologist holding fortnightly clinics Provide occasional medicolegal reports; Resource Editor for Nephrology SCE for Learna LTD	Ongoing	01/11/2017 03/06/2018	
1	Kamath, Dr Sridhar	Consultant	Financial interests	Clinical private practice	I have private practising privileges at Spire Cardiff hospital, Nuffield Cardiff hospital, St Josephs hospital Newport, and European Scanning Centre Cardiff.		18/03/2022	
1	Kell, Dr William Jonathan (Jonathan)	Consultant	Financial interests	Outside employment	Occasional paid work as clinical expert for select pharmaceutical companies, or for NICE. Less than £5k income pa.		03/03/2022	03/03/2022
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	21/09/2022	
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.	12/07/2022	12/08/2022

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.	04/01/2021	
1	Keogh, Mr. Patrick John	Officer	Financial interests	Outside employment	Member of the Reserve Armed forces	I am a member of the Army Reserves. I will be retiring on May 10th 2023.	27/01/2023	05/10/2023
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.		27/09/2022	
1	Kidd, Mr. Robert Thomas	Applied Psychologist - Clinical	Non-financial personal interests	Loyalty interests	my wife is a senior consultant in the uhb		27/09/2022	27/09/2023
1	Kilmister, Miss Amy Louise	Clerical Worker	Financial interests	Outside employment	Self employed, working for a music library (Pocket Publications, Penarth) - usually two days a week.		19/09/2022	
1	Kinnaird, Dr Timothy David	Consultant	Financial interests	Gifts	Received a watch as a gift from a patient		16/03/2022	
1	Kirby, Miss Roisin Caitlin (Rosh)	Manager;Assistant;Officer	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.		01/01/2018	02/03/2023
1	Kirwan, Mrs. Caroline Rebecca	Counsellor	Financial interests	Clinical private practice	Intermittent private genetic counselling work linking with Innermost Healthcare.	Ongoing	01/03/2021	
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	02/02/2023 03/04/2023	31/03/2027
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.		21/12/2021	
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.		23/02/2022	
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		09/01/2022	
1	Kontos, Dr Katina	Consultant	Financial interests	Clinical private practice	private practice. 1 clinic per week during eve non nhs work timeat CCR Cyncoed Consulting Rooms		19/02/2023	
1	Kuczynska, Dr Anna-Maria	Consultant	Non-financial professional interest	Outside employment	Salaried GP in a CAV GMS practice	ongoing	01/01/2022	
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.	27/01/2023	
1	Lang, Mrs. Emma Jane	Community Practitioner;Staff Nurse	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		31/01/2022	31/01/2023
1	Le Vavasseur Dit Durell, Dr Lynda Jane	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.	19/11/2021	
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.	04/10/2021	05/10/2021
1	Lemaitre, Mr. Sherard	Clinical Director - Medical	Non-financial professional interest	Outside employment	Gp Partner Oak Tree Surgery		07/01/2021	
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.	28/06/2019	01/04/2023
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 .		08/03/2022	31/03/2023
1	Lewis, Dr Aled Gethin	Consultant	Indirect interests	Shareholdings and other ownership interests	My wife is joint owner/director in private physiotherapy company. I have no direct interests in this company.		23/06/2021	06/10/2022

1	Lewis, Dr Heledd Wyn	Applied Psychologist - Clinical	Financial interests	Outside employment	I am an external examiner for Staffordshire University and Nottingham University on their Doctorate in Clinical Psychology Programme. I will receive a small sum for doing this which I will complete outside my working hours with CAV.	I think this is a 3 year tenure but I'm not exactly clear on dates.	10/03/2022	10/05/2025
1	Lewis, Miss Rhiain Cerys	Staff Nurse	Financial interests	Outside employment	Employed as Associate Lecturer / Practice Tutor for Open University on BSc nursing programmes.		27/01/2020	
1	Littler, Dr Kate Elinor	Applied Psychologist - Clinical	Non-financial professional interest	Clinical private practice	I currently have a small private practice where I see individuals for psychological therapy.		24/01/2023	
1	Liu, Dr Andrea Cze	Consultant	Financial interests	Clinical private practice	Teleradiology		21/01/2022	
1	Lloyd-Jones, Mrs. Rachel Anne	Staff Nurse	Indirect interests	Outside employment	Occasional Nursing agency work		10/01/2022	
1	Lodwick, Mr. Andrew John	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I work in private practice as a cognitive therapist, CBT Cardiff	My practice is ongoing	01/08/2013	03/03/2022
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		23/11/2022	24/11/2022
1	Long, Miss Holly Louise	Staff Nurse	Financial interests	Outside employment	Bank Nurse at Bristol Children's Hospital		21/11/2023	
1	Long, Miss Rachel Ella	Senior Manager	Indirect interests	Outside employment	Sit as Magistrate on Cardiff Bench		27/04/2017	
1	Long, Mrs. Helen Jane	Dietitian	Financial interests	Outside employment	I delivered a presentation to Jazz Pharmaceuticals representatives regarding "Nutrition in Stem Cell transplant Patients" and received payment on 9/11/22		11/09/2022	
1	Louch, Miss Rebecca Catherine	Assistant Psychologist	Indirect interests	Gifts	Gift given from patient to myself at end of therapy - 2 small bracelets, value not exceeding £20 Given as 'thank you' for input Line manager made aware	Gift given at end of session, no further involvement with patient planned as now discharged from service.	11/11/2022	11/11/2022
1	Loxton, Mrs. Julie Ann	Specialist Nurse Practitioner	Financial interests;Non-financial personal interests	Clinical private practice;Outside employment	I have a private practice and there is the potential to 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.	I can locum in the area of where I work, this is separate to employment and declared tax wise to the 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	31/01/2023	
1	Loyal, Dr Alice Susannah	Applied Psychologist - Clinical	Indirect interests	Outside employment	I am a company secretary for my husband who is a self employed design engineer. I hold shares in the company.		10/01/2021	
1	Ludlow, Mrs. Helen	Specialist Nurse Practitioner	Financial interests	Sponsored events	Sponsored by Pharma I have undertaken 2 advisory boards and planning meetings for a leadership course I will be helping to run in March. I have also been working monthly endoscopy sessions for the Insourcing lists	I am registered as self-employed for my outside speaking /endoscopy engagements	30/09/2020	20/02/2022
1	Maggs, Mr. Roger Gwyn	Manager	Financial interests	Shareholdings and other ownership interests	Director of a private business out side of the NHS		07/03/2022	07/03/2022
1	Maguire, Miss Edwina	Occupational Therapist	Financial interests	Clinical private practice	work privately for The OT Practice		02/08/2023	02/08/2023
1	Mahoney-Davies, Dr Gerwyn Alyn	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I run a small private practice outside of NHS service	My policy is that I will see people who are eligible for CAMHS in Cardiff, but who aren't receiving clinical care from them. For example if someone is 15, depressed and living in Cardiff I will see them. If they get referred to CAMHS I will see them whilst they are waiting, but once they have their first appointment with CAMHS and are officially under their care I will not see them any longer. This is stated in my contract of service to them.	01/04/2019	28/08/2025
1	Main, Miss Claire Asmarina	Nurse Manager	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		21/09/2022	21/09/2023
1	Marin, Dr Aleksander	Consultant	Financial interests	Clinical private practice	1. Medica Teleradiology Speciality Advisor in Thoracic Radiology 2. Spire Hospital Cardiff Reporting Radiologist		20/06/2016	
1	McCarthy, Mr. Matthew	Lawyer	Financial interests	Outside employment	Bank work for Welsh Risk Pool (part of NWSSP) as a Safety and Learning Advisor		01/05/2020	
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	05/03/2022	31/03/2023
1	McLean, Mrs. Annette Laura	Dietitian	Financial interests	Clinical private practice	Somek: medico legal ad hoc report work. Freelandce dietetic work: Ad hoc client work and eating disorders training (Knights absorb)	I do nots ee clients from Cardiff and Vale adult services that could otherwise access NHS services.	10/01/2022	

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.	17/04/2023	
1	Meades, Dr Peter Caleb	Counsellor	Financial interests	Clinical private practice	I have a small private psychotherapy practice.		28/09/2020	
1	Miles, Dr Tamsin Louise	Applied Psychologist - Clinical	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	23/02/2022	
1	Moakes, Miss Hannah Jayne	Applied Psychologist - Clinical	Non-financial professional interest	Clinical private practice	PRIVATE PRACTICE		30/07/2020	
1	Moat, Professor Stuart James	Consultant Healthcare 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.		02/04/2023	02/04/2023
1	Mock, Mr. Andrew James	Assistant	Non-financial personal interests	Loyalty interests	Volunteer Community First Responder	Training to start during/after April 2023.	04/01/2023	
1	Mohamed, Mr. Amr	Consultant	Financial interests	Outside employment	I am a tutor for the post-graduate diploma in Neurosurgery course (online) that is rewarded by the University of Buckingham. I teach on the course 8 weeks a year for which I am paid.		09/01/2020	31/01/2023
1	Moideen, Mr. Abdul Nazeer	Consultant	Financial interests	Clinical private practice	I provide private consultations on Tuesdays and Wednesdays from 17:00 - 20:00 every week at Spire Cardiff hospital		01/03/2021	
1	Moore, Mrs. Fiona Jane	Dietitian	I have no interests to declare;Financial interests	Outside employment	I am a director within my husbands private company GRJM consultancy limited, a business consultancy with no additional employees.	Update Jan 2023. Business not currently active.	17/03/2021 17/03/2022	17/03/2022
1	Morgan, Dr Matthew Philip	Consultant	Financial interests;Indirect interests;Non-financial professional interest	Outside employment;Sponsored events;Hospitality;Donations	Clinical Editor for BMJ - I do work for the education website BMJ ;Director of Matt PG Morgan Limited: - This for the non-ficiton books / writing / advocacy / education that I do.;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 immunesupression 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; I was invite to watch a sporting match by a legal firm that founded a Brain Injury Charity. This included food and hospitality.; I have donated £5000 to the 2 Wish Upon a Star charity and £200 to the C&V Health Charity.;- 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	I think this is a 3 year tenure but I'm not exactly clear on dates.	03/03/2022	
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	28/12/2021	28/12/2022
1	Morgan, Dr Rhiannon Meleri	Consultant	Financial interests	Clinical private practice	Coronial post mortem work	Ongoing activity. Done in NHS mortuary	04/10/2004	15/07/2021
1	Morgan, Miss Emily Frances	Specialist Healthcare Scientist	Financial interests	Clinical private practice	I provide DVT scanning for NHS patients throughout a private company (GP Care). I am bank staff with no set amount of hours per week. I provide this service in Bristol.	This is an ongoing role for now.	31/08/2022	
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	27/01/2023	01/01/2025
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	22/11/2021	31/03/2023
1	Morgan, Mr. Clive Paul	Senior Manager	I have no interests to declare;Financial interests	Gifts	I have been 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 new born screening.	This partnership work is part of a wider stakeholder collaboration including the Life Science Hub and Cardiff university. It supports the ambition outlined in the Genomics Delivery Plan for Wales.	04/02/2023	
1	Morris, Dr Ian Paul	Consultant	Non-financial professional interest	Outside employment	4 sessions per week working as programme director for neonatal MSc with Cardiff University.		01/06/2020	

1	Morris, Mr. Daniel Simeon	Consultant	Indirect interests	Clinical private practice;Hospitality;Outside employment;Shareholdings and other ownership interests;Sponsored research	Nuffield/Spire and Ltd Company;WRU in exchange for clinical time;Member of Nuffield national advisory group with payment at an hourly rate;Spire;Horizon. Tepro study		03/01/2023	01/03/2024
1	Motley, Dr Richard John (Richard)	Consultant	Financial interests	Clinical private practice Outside employment	I am self-employed in private practice I am employed by Hywel Dda University Health Authority to review teledermatology referrals for the Trust	I review a small number of teledermatology referrals and provide remote advice to GPs in the Hywel Dda region	19/09/2022 01/10/2022	
1	Murphy, Dr Rhian Eleri	Applied Psychologist - Clinical	Financial interests	Sponsored events	Presentation for Sanofi - not in work time. Payment of £448 received.	As above. Line manager aware.	04/11/2020	04/11/2020
1	Murray, Dr Alexandra Juliet (Alex)	Consultant	I have no interests to declare;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	17/11/2017 01/07/2021 05/01/2023	30/06/2021
1	Nannapaneni, Mr. Ravindra	Consultant	Financial interests	Clinical private practice	I undertake private practise at Spire Cardiff and St Joseph's Hospital, Newport		07/07/2021	
1	Necrews, Mrs. Anna Louise	Healthcare Science Practitioner;Staff Nurse	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.		01/01/2008	
1	Newbury, Mrs. Hannah Louise Danielle	Radiographer - Diagnostic	Financial interests	Clinical private practice	Occasional work at First Encounters Ultrasound.		11/05/2020	30/01/2023
1	Norris, Dr Francesca Louise	Consultant	Non-financial personal interests	Outside employment	I am registered with a baking charity which occasionally provides cakes to Noah's ark children's hospital. I made the referral to the charity to the hospital as I thought it would be of benefit. I am a registered baker with the charity.		27/01/2023	
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.	22/09/2021	
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.	16/02/2023	
1	Oliver, Mr. George Sebastian	Physiotherapist	Indirect interests	Outside employment	I provide voluntary first aid cover for Ty Celyn U9 football team	I do not see any clear conflict here, but have applied the if in doubt declare principle	01/10/2021	31/08/2022
1	Oliver, Mr. Graham Richard	Consultant	Financial interests	Clinical private practice	Salary from clinical practice, Llangoed Healthcare		09/10/2022	
1	O'Reilly, Mr. David John	Consultant	Financial interests	Outside employment	PP at Spire Cardiff		30/12/2022	
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.	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).	01/01/2002	
1	Pallas, Dr Robert James	Consultant	Indirect interests	Sponsored events	Attended sponsored Educational Events with Boston Scientific.	Sponsored educational events relating to the use of Boston equipment already ordered by the Health Board.	10/11/2022	30/04/2023
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.	02/03/2023	
1	Parish, Dr Nicole Elizabeth	Applied Psychologist - Clinical	Financial interests	Outside employment	I deliver teaching days at Plymouth University, for which I am paid privately - usually 2 a year.		27/09/2021	30/09/2022

1	Parnell, Mr. Talan Andrew	Specialist Healthcare Science Practitioner	Non-financial professional interest	Outside employment	In 2020 I accepted an unpaid, honorary position with Cardiff University which involves marking assignments for a postgraduate certificate. A requirement for the job I do within C&V is completion of this certificate. There are 4 co-workers who commenced the course in September 2022 as part of their training and induction. I have not yet been required to mark assignments submitted by these co-workers, but this is likely to occur in the coming months. I have strictly requested to the University team that the assignments are entirely anonymised.		20/09/2022	01/07/2023
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		18/01/2023	18/01/2023
1	Patel, Miss Anjali Ayesha	Physiotherapist	Non-financial professional interest	Clinical private practice	Possible private physio practise <10 hours/week Voluntary physio/massage/work		30/01/2023	
1	Patel, Mr. Chirag Kantibhai	Consultant	Financial interests	Sponsored events	Paid proctorship for teaching and training on medical courses and conferences with Boston Scientific		19/11/2020	30/11/2022
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.		01/02/2023	01/02/2024
1	Peaker, Mr. James Alec	Consultant Healthcare Scientist	Indirect interests; Non-financial professional interest	Sponsored research; Donations	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 oesophagogastrectomy tumoural samples. This is a external quality assurance program run by the German company QuIP (https://www.qualityinpathology.com/en_GB/) 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.		28/02/2022 23/06/2022 23/07/2022	28/03/2022 20/07/2022 30/01/2023
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.	29/01/2023	
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.	02/07/2023	
1	Peel, Miss Catherine Laura	Senior Manager	Financial interests	Outside employment	I am a serving member of the British Army Reserves.		23/11/2010	
1	Phillips, Mrs. Catherine Ann	Board Level Director	Non-financial professional interest	Loyalty interests	I am president of the HFMA Wales Branch from October 2022. I was appointed as a Trustee of the HFMA organisation in January 2023.		27/01/2023	31/03/2023
1	Phillips, Mrs. Joanna Ruth	Physiotherapist	Indirect interests	Outside employment	I have been working as a vaccinator at Bayside and Holm View MVCs.		14/01/2022	
1	Phillips, Professor Ceri James	Non Executive Director	Non-financial professional interest	Loyalty interests	I am Emeritus Professor at Swansea University I am Honorary Professor at Cardiff University	There are no changes to those reported above 22/06/2022	23/09/2021	
2	Pickersgill, Dr Trevor Paul	Consultant	Financial interests	Clinical private practice	I perform Private medical Practice based in Cardiff		02/04/2004	
1	Pigott, Miss Aisling Nola (Ash)	Dietitian	Financial interests;Indirect interests	Clinical private practice;Loyalty interests	I work a small number of hours in private practice. I hold occassional private consultations (4 hours a quarter) as well as some freelance consultancy work (e.g. training for BDA, charity workshops and speaking events (3.5 hours per month). In addition, I do media work as a spokesperson for the British Dietetic Association. I occasionally receive a disturbance fee for this but do not accept this if I volunteer during working hours.;RCBC funded PhD - part time stipend		31/01/2023	
1	Pinch, Mrs. Gillian Roxanne (Gill)	Officer	Indirect interests	Outside employment	Working occasional weekends at Llandow Circuit as a Safety Marshal		18/02/2023	

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		04/03/2022	
1	Porkertova, Miss Dominika (Nika)	Officer	Non-financial personal interests	Outside employment	Occasionally work in a pub		21/11/2022	
1	Pothecary, Mrs. Steffanie Laura	Manager	Indirect interests	Outside employment	Oncology course administration		10/02/2023	10/02/2024
1	Price, Miss Laura Elizabeth	Assistant Psychologist	Indirect interests	Outside employment	Second employment with Nobilis Care. Zero hour contract.		27/01/2023	
1	Price, Miss Marie Ellena	Dietitian	Financial interests	Outside employment	Ad hoc work with HCPC.	This work is ad hoc with no time frame. I have stated one year and will update if anything changes before that.	31/01/2023	31/01/2024
1	Price-Bates, Mrs. Naomi Ellen	Midwife	Financial interests	Outside employment	Private antenatal education. Non-clinical, purely information giving. 2 hours per week.		26/04/2023	
1	Pruski, Dr Michal	Specialist Healthcare 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		27/01/2023	
1	Pryce, Dr Rebekah Anne	Consultant	Indirect interests	Outside employment	clinical lead for congenital hypothyroidism paid 6 sessions / per year by public health wales -	no payment received to date	22/06/2021	
1	Pullan, Mrs. Leanne Dorice	Health Care Support Worker	Indirect interests	Clinical private practice	I will be starting direct payments for a service user who will transition from child services to adult services.	This private arrangement will not effect my job within the CCNS.	12/10/2022	
1	Quinn, Dr Clare Anne	Applied Psychologist - Clinical	Indirect interests	Clinical private practice	I undertake a limited amount of private therapy work from R&R Consulting Centres.		18/02/2022	25/07/2024
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)	01/09/2021	
1	Ramaraj, Dr Rajeswari	Consultant	Financial interests	Clinical private practice	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.	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	01/06/2021	01/06/2022
1	Rayment, Dr Rachel	Consultant	Indirect interests;Financial interests;Non-financial professional interest	Sponsored events;Shareholdings and other ownership interests	Sponsorship to attend virtual ISTH congress 2022;ISTH sponsorship 2021 -Roche;Treasurer UKHCDO, Board of Directors UKHCDO ltd - shareholding £1	On line attendance	01/03/2020 09/07/2022	13/07/2022 30/01/20
1	Rees, Dr Dafydd Aled (Aled)	Consultant	Financial interests	Outside employment	Advisory board and project work with Pfizer Ltd to look at outcomes of UK patients with Acromegaly using CPRD data.		01/07/2020	21/12/2020
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.	11/03/2022	
1	Regan, Mr. Paul Vincent	Staff Nurse	Financial interests	Outside employment	In July 2022 I registered a not for profit, social enterprise, limited by Guarentee business; ‘Stand Tall Strength and Wellbeing ltd’. We are not currently trading. We aim to be running courses for men struggling with their mental health in Barry and wider vale. 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 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.		11/10/2022	
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.	20/09/2018	27/01/2023
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.		27/01/2023	

1	Roberts, Dr Aled Wyn	Consultant	Financial interests	Clinical private practice	Co-Director - SAGE Roberts Limited	Running a Private Medical Clinic alternate weeks at Spire Hospital Cardiff	15/03/2022	15/03/2023
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.		31/01/2023	
1	Roberts, Dr Zoe Jane (Zoe)	Consultant	Financial interests	Outside employment	Reviewer Healthcare Inspectorate Wales	£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	01/04/2021	31/03/2024
1	Roberts, Mr. Gareth Llewelyn	Consultant	Financial interests	Clinical private practice	Private orthopaedic surgeon at Spire		01/01/2019	
1	Roberts, Mrs. Debbie (Debbie)	Staff Nurse	Financial interests	Outside employment	I am employed on a sessional basis by the voluntary organisation, the Breastfeeding Network, to deliver training to volunteer peer supporters and to offer them supervision. My employer is aware of this additional employment which takes place on my days off.		10/03/2022	
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		02/07/2023	02/06/2024
1	Robertson, Dr Angus	Consultant	Financial interests	Clinical private practice	Managing Partner Cardiff Sports Orthopaedics LLP	NB : Not tendering for NHS work.	01/01/2022	01/01/2023
1	Robertson, Ms. Natalie	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.		30/01/2023	30/01/2024
1	Roblin, Mr. David Graham (Graham)	Consultant	Indirect interests	Clinical private practice	Have Private practice session Bupa Spire		04/03/2022	
1	Rodd, Mr. Matthew Jonathan	Specialist Healthcare Science Practitioner	Financial interests	Outside employment	I currently have a second employment with Assured Perfusion Medical Service.		03/03/2022	
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		01/01/2006	17/03/2022
1	Ruck, Miss Susan Ann	Technician	Non-financial professional interest	Sponsored events	Welsh Pharmacy Awards 2022 - Ethypharm Management of Substance Dependency in the Community		07/09/2022	07/09/2022
1	Rushforth, Miss Rachel	Health Care Support Worker	Financial interests	Outside employment	Work as a associate lecturer for the Open University. Provide 5 x online tutorials per module and mark assignments	Have requested no Cardiff students to be allocated to me by the Open University The Open University has lost contract in Wales for nursing students and in future. I have stepped down from role of practice tutor where I was supporting students in practice to focus on my new job.	20/01/2019	
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	10/01/2018	
1	Sabit, Dr Ramsey Ahmed	Consultant	Financial interests	Clinical private practice	I do a private clinic in Spire and Nuffield Cardiff Bay (alternating weeks) once per week. This has been reviewed at every job planning meeting and yearly appraisal		11/08/2015	
1	Sadiq, Mrs. Sadia	Counsellor	Financial interests	Clinical private practice	One client for TY Hafan per week.	This is to maintain my own bereavement competencies. This may end in 8 weeks or go beyond 8 weeks.	03/03/2022	
1	Sall, Mrs. Seetal	Senior Manager	Non-financial personal interests	Shareholdings and other ownership interests	I have established a private software company. KeepMeWell Ltd	I have also notified my Line Manager in accordance with UHB policy. (UHB 472.)	15/06/2022	02/02/2023
1	Salter, Mrs. Catherine Sarah	Officer;Staff Nurse	Non-financial professional interest	Outside employment	I have a second job with the RCN	ongoing	26/02/2018	
1	Scherf, Dr Caroline Franziska	Consultant	Indirect interests	Hospitality	Offered and accepted sponsorship for European Society of Contraception (ESC) meeting in Ghent, May 2022 Sponsoring organization: Gideon Richter	conference registration, accommodation, travel to Ghent included	25/05/2022	28/05/2022
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 also hold clinical updates online in Bayer financed for a. I do not make purchasing decisions within the UHB that favour Bayer plc		20/01/2021	27/01/2023

1	Schwarz, Dr Stefan Theodor	Consultant	Financial interests;Non-financial professional interest	Clinical private practice;Sponsored posts;Loyalty interests;Outside employment	I have practicing privileges at SPIRE Cardiff Hospitals and carry out private work there.; 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 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 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.		31/01/2023 18/01/2023 31/01/2023 31/01/2023	
1	Scrivens, Miss Alison Jeanette	Counsellor	Financial interests	Clinical private practice	Private practise counsellor outside of NHS	On going private practice counsellor	04/04/2004	
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 Chaulk and signed by Mr Guy Blackshaw	12/02/2022	12/03/2022
1	Sekaran, Mr. Prabhu	Consultant	Indirect interests	Clinical private practice	I Have a position as a consultant surgeon at the Spire Cardiff		02/06/2023	02/01/2038
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.	04/01/2022	01/07/2022
1	Shand, Mrs. Sally Ann	Counsellor	Indirect interests	Clinical private practice	I work as a private practioner in Cyncoed Consulting Rooms.		31/01/2023	
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.		01/05/2023	
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		07/03/2022	06/03/2023
1	Sharp, Professor Andrew Simon Peter (Andrew)	Consultant	Financial interests	Sponsored events	Consultant/Speaker's Fees: Boston Scientific Medtronic Philips Penumbra Recor Medical	teaching/research/consultancy affiliations.	11/04/2022	11/04/2025
1	Shetty, Dr Hamsaraj Gundal	Consultant	Indirect interests	Hospitality	I have received lecture fees from Bayer PLC for delivering educational lecture s for GPs		01/03/2021	28/02/2022
1	Shute, Mrs. Louise	Manager	Non-financial professional interest	Shareholdings and other ownership interests	I have been appointed as a board member (voluntary and non-paid) for a community benefit society called Down to Zero. This does not impact on my role.		10/02/2023	
1	Simpson, Miss Kate Irene	Staff Nurse	Financial interests	Outside employment	I will be commencing work as a self employed Property Inspector for Rental Properties. I will be in receipt of secondary income from approx. March 2023 from a buy to let property.		02/01/2023	
1	Simpson, Mr. David James	Staff Nurse	Non-financial personal interests	Outside employment	Trustee of a Men's Health Charity (Men's Health Forum)		30/01/2023	
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 a an expert witness for the court. I consult for a company called somek and associates.		02/01/2023	
1	Smit, Dr Elisa	Consultant	Non-financial professional interest	Outside employment	Senior Clinical Lecturer Cardiff University since 2015		11/01/2015	11/07/2022
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.		01/09/2023	22/12/2023
1	Stephens, Mr. Michael Robert	Consultant	Non-financial professional interest	Outside employment	I am a trustee of two charities- Kidney Wales Charity and Believe Organ Donation Support.		03/03/2022	
1	Stirk, Mr. Steven	Applied Psychologist - Clinical	Financial interests	Clinical private practice	In addition to my NHS roles, I also practice privately.		27/01/2023	

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.		23/01/2023	
1	Sudheer, Dr Potteth Sukumar	Consultant	Non-financial professional interest	Clinical private practice	Employed by Army Reserves Private Practice Director of Sudheer LTD		04/01/2011	
1	Sutak, Dr Judit	Consultant	Financial interests	Clinical private practice	Reporting occasional Spire histology cases.		01/05/2023	01/05/2024
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.	25/06/2021	
1	Taverner, Dr Nicola Vivienne	Counsellor	Financial interests;Non-financial professional interest	Outside employment;Loyalty interests	Employed at Cardiff University as part of the MSc Genetic and Genomic Counselling programme team;Trustee for Gene People UK charity		01/01/2014 21/03/2022	
1	Thomas, Dr Benny	Consultant	Financial interests	Clinical private practice	I hold private practice clinics at Spire Cardiff, Nuffield Cardiff and St Joseph's Hospital Newport		18/03/2022	
1	Thomas, Dr David Hywel	Consultant	Financial interests	Clinical private practice	Performing post mortems for HM Coroner.	Ongoing	23/09/2022	23/09/2023
1	Thomas, Dr Rhian	Non Executive Director	Indirect interests;;	Outside employment;;	Owner of Commercial Management consultancy business (operating outside Healthcare).	Also a Member of Glas Cymru Cyf (Dwr Cymru / Welsh Water). Occasional consultancy support for a third sector organisation which is a payroll partner of UHB (support provided does not cover this).;;	07/02/2023	
1	Thomas, Mr. Matthew Bernard	Consultant	Financial interests	Clinical private practice	Clinical Private Practice	Ongoing	31/01/2023	31/01/2024
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 nk impact on the care I provide as a midwife within the NHS. There is no conflict of interest.	03/07/2023	
1	Thomas, Mrs. Mary Annette (Annette)	Consultant Healthcare Scientist	Non-financial professional interest	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 Seoul in June 2022. Flight and accommodation reimbursed by the IFCC.		03/04/2022	01/04/2023
1	Thomas, Mrs. Nerys Mai	Radiographer - Diagnostic	Non-financial professional interest	Outside employment	Public Health Wales Ultrasound Advisor. 10 sessions per annum paid to radiology department for professional services. No personal financial gain		03/03/2022	31/03/2023
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.	11/03/2022	
1	Thompson, Professor Andrew Robert	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Occassional clinical psychology private practice (registered with HMRC as a sole trader) - medico-legal reports, invited talks/workshops/teaching/external examining, very occassional psychological therapy		02/10/2020	
2	Tibbatts, Dr Clare	Consultant	Financial interests	Clinical private practice	Am registered with several locum agencies, including Remedy that currently provide weekend insourcing at UHW. I have several charitable grants from pharma to fund IBD improvement projects - Takeda, Abbvie, Johnson & Johnson.		04/03/2021	04/03/2022
2	Torkington, Mr. Jared	Consultant	Financial interests	Shareholdings and other ownership interests	Own shares in Alessi Surgical - spin out of Cardiff and Vale - make smoke management system		01/12/2010	
1	Trickett, Mr. Ryan William	Consultant	Financial interests	Clinical private practice	Vale Hand Surgery ltd		26/08/2016	
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.		27/01/2023	
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		04/01/2022	04/01/2023
1	Twose, Mrs. Sarah Elizabeth	Physiotherapist	Financial interests	Outside employment	Presentation for kyowa kirin, paid an honourarium		23/11/2022	

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 am a Director of Cardiff Business Club (April 2018 to date), I am Vice Chair at Cadwyn Housing Association and a Director of Igneous a wholly owned subsidiary of Cadwyn (January 2017 to date).	I do not see any conflict with these roles and my role as an IM at C&V UHB but add these as my current roles here to ensure these have been declared. John Union January 2023.	11/01/2017	01/11/2023
1	Van-der-Voort, Dr Judith Henriette	Consultant	Financial interests	Outside employment	I provided clinical support and acted as a consultant to Chiesi, a pharmaceutical company, who is preparing a submission to the Welsh medication group for inclusion of the medication to the NHS in Wales. I was paid £720 for the time given and advice provided. I will be providing them with further input in the next months, for which I will be paid £1000.		11/03/2021	07/04/2022
1	Varghese, Dr Vinod Cherian	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.		01/04/2020 11/01/2011	31/03/2023 27/01/2023
1	Vaughan-Owen, Mrs. Mari	Staff Nurse	Financial interests	Outside employment	Self employed, accredited, humanist, funeral celebrant.	Employment is on an ad hoc basis.	18/05/2022	
1	Venter, Mrs. Nerine	Applied Psychologist - Clinical	Financial interests	Outside employment	Associate lecturer at Cardiff Metropolitan University. Lectures for around 20hours 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.	27/01/2023	31/12/2023
1	Vidgen, Dr Andrew	Applied Psychologist - Clinical	Financial interests	Clinical private practice	private medico-legal work. Approximately 1.5 sessions / month outside normal working hours. Undertaken in Gwent area	Provision of supervision to health professionals outside health board 2 sessions / month.	01/03/2022	23/03/2022
1	Vuolo, Miss Francesca	Technician	Financial interests	Outside employment	I am employed by Nutritank CIC. I am employed by Cardiff Metropolitan University I am employed by Ciren Scene Ltd	Employment is on going	24/09/2021	
1	Wadmore, Mrs. Catherine Elizabeth	Staff Nurse	Financial interests	Outside employment	I have a second job in a private clinic one day per week.		09/06/2021	02/02/2023
1	Wakeling, Mrs. Kate Elizabeth	Specialist Nurse Practitioner	Non-financial personal interests;Non-financial professional interest	Loyalty interests;Outside employment	My husband is a GP and works in a practice in Cardiff.; 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		01/04/2008 01/04/2013	
1	Wallbank, Miss Rachel Heather	Occupational Therapist	Non-financial professional interest	Sponsored events	Non- paid member on Advisory Board for a National Sleep Charity. PI for National Reseach project- paid as part of NHS Role		09/01/2022	30/09/2023
1	Wardle, Dr Mark	Consultant	Financial interests	Shareholdings and other ownership interests	Director of Eldrix Ltd.		21/05/2014	
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.	01/04/2023	
1	Watts, Mr. Jonathan Roger	Senior Manager	Indirect interests	Loyalty interests	I am a committee member of Whitchurch Hockey Club (which is part of the wider entity of Whitchurch Sports and Social Club (WSSC) WSSC have an interest in purchasing the land that CAVUHB is disposing of on the Whitchurch Hospital site		10/03/2022	
1	Webber, Mr. John	Officer;Telephonist	Non-financial personal interests	Outside employment	I volunteer as a leader with a local scout group		31/01/2023	
1	Westacott, Mrs. Claire Louise	Health Care Support Worker	Indirect interests	Outside employment	I work 12 hours a week in an admin role based at home.		24/01/2023	
1	Whalley, Mrs. Helen Marie	Midwife;Staff Nurse	Non-financial personal interests	Outside employment	Volunteer Bereavement Support worker for Cruse - the provision of telephone support for individual clients as part of their Virtual Support Service in Wales.	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.	05/01/2021	27/01/2023
1	Wheeler, Dr Naomi Lucie	Applied Psychologist - Clinical	Non-financial professional interest	Outside employment	I 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.		04/10/2021	

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.		05/05/2022	
1	Whitehouse, Miss Kathrin Joanna (Kat)	Consultant	Financial interests	Outside employment	Neurosurgical tutor for online MSc with Learna Ltd		01/09/2021	01/09/2022
1	Whiticar, Dr Rebecca Alice	Consultant	Non-financial professional interest	Outside employment	Expert witness Emergency Medicine	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	17/03/2022	
1	Wilkey, Miss Melanie Jo	Senior Manager	Indirect interests	Outside employment	Hourly paid lecturing at University of South Wales	I am currently doing dissertation supervision in my own time. I may take on some lecturing in the coming term.	11/02/2022	
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	10/01/2010	
1	Williams, Dr Ian Edward	Staff Nurse	Indirect interests	Clinical private practice	I run alongside a Community Paediatrician one 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.		10/03/2022	31/03/2023
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.		02/06/2023	
1	Williams, Mr. Matthew Gareth (Matt)	Nurse Manager	Financial interests	Clinical private practice	Occasional Pitch-side medical cover for Cardiff City Football Club with Lubas Medical		14/03/2021	
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.		12/05/2022	
1	Winter, Mrs. Mia Krista-Maria	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I am an associate with Halliday Quinn Ltd, but as yet have not undertaken any private work.		23/09/2021	
1	Witczak, Dr Justyna Karolina	Consultant	Financial interests	Sponsored events	Fee and honoraria for delivering talks and lectures for pharma companies (Astra Zeneca, Novo Nordisk, Boehringer-Ingelheim) Sponsored attendance at EASD virtual meeting in 2021	These additional paid for activities are only undertaken sporadically- 3-4/year	04/03/2022	10/05/2022
1	Wood, Dr Andrew Mayne	Consultant	Non-financial personal interests	Loyalty interests	Spouse company - EGL design	Involvement with Orchard project.	01/10/2012	
1	Wray, Miss Clare	Radiographer - Diagnostic Advanced Practitioner	Indirect interests	Outside employment	Work ad-hoc shifts at Hywel Dda HB;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.		28/09/2022;15/07/2012	28/09/2030;15/07/2045
1	Wride, Miss Falone Victoria	Technician	Financial interests	Outside employment	Part time employment 2 Saturdays a month - does not conflict with work rota		16/02/2023	01/01/2024
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	23/05/2022	
2	Yousef, Dr Zaheer Raza	Consultant	Financial interests;Non-financial professional interest	Clinical private practice;Outside employment;Shareholdings and other ownership interests;Donations;Sponsored research	Cardiac screening of elite athletes; Private clinical practice at Spire Hospital Cardiff and Cardiff Bay Hospital; Lecture Fees and Honoraria: Astra Zeneca, Boeringher Ingelheim, Novartis, Pfizer, Servier, Bayer, Lilly, Sanofi; 1% share holding in Spire Healthcare; Director ZY Consult Ltd Charity Trustee: British Society of Heart Failure, Heart Research Wales, Africa Empowered; Research grants: Medtronic, Abbott, Ceryx medical	Offer private medical consultations and treatments in keeping with NHS scope of practice Disclosures on ABPI website	01/01/2008 01/01/2008 01/01/2008 01/01/2015 31/07/2019 01/01/2019 01/01/2019	31/12/2025
1	Zaidi, Dr Syed Tatheer Abbas (Abbas)	Consultant	Financial interests	Clinical private practice	Spire Hospital Cardiff.	Private cardiology pratice. This is ongoing / indefinite time period. Hence I've entered a date in 2 years time above, becasue it seems you have to enter an 'end date'. I will update this periodically.	20/09/2022	20/09/2024

Report Title:	Internal Audit Recommendation Tracker Report				Agenda Item no.	7.5
Meeting:	Audit and Assurance Committee		Public	x	Meeting Date:	04.04.2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					

Main Report
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 by means of an internal audit recommendation tracking report ("the Tracker").

The Tracker was first presented to the Audit Committee in September 2019 and approved by the Committee as an appropriate way forward to track the implementation of recommendations made by internal audit.

The Tracker continues to highlight progress made against previous years recommendations albeit in a more streamlined manner. The Tracker attached to this report sets out the progress made against recommendations from 2019/20, 2020/21, 2021/22 and 2022/23.

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

As can be seen from the attached summary tables the overall number of outstanding recommendations recorded within the Tracker has, as of 20/03/2023, since the February 2023 Committee meeting reduced from 140 recorded entries to 130. This figure has reduced due to the substantial amount of completed entries reported to the February 2023 Committee Meeting.

The Internal Audit reports added to the Tracker since February 2023 are:

1) CVUHB Genomics 22-23 - Final Report
2) Capital Systems Management - Final Report
3) UHL Engineering Infrastructure Project - Final Report
4) Core Financial Systems – Final Report
5) New IT Service Desk System - Final Report
6) GMS Access Standards_(PCIC CB) – Final Report
7) Endoscopy Insourcing (Medicine CB) – Final Report
8) Medical Records Tracking (CD&T CB) – Final Report
9) Management of Locum Junior Doctors (CW CB) – Final Report

Advisory Reports

As confirmed previously all Advisory Reports will continue to be tracked offline to establish whether best practice suggestions have been implemented.

At the February 2023 Committee Meeting an Assurance Strategy advisory report was shared. At the time of writing, all opportunities/recommendations contained within that report have been actioned.

Of the 130 recommendations listed within the Tracker, 28 are recorded as completed (3 of which relate to the advisory Assurance Strategy Audit), 73 are listed as partially complete and 29 are listed as having no action taken or reported since the last Committee meeting.

Of those actions where no action is reported, 18 relate to audit recommendations first shared at the February 2023 Committee meeting and which, at the time of reporting (17.03.2023) had not fallen due for completion. Notwithstanding this, the Risk and Regulation team will continue to liaise and work with operational leads to ensure that these entries are reviewed and that suitable updates are shared with the Committee to provide assurance.

Within the recommendations where 'no action' has been reported, two have a 'High Priority' rating for completion and relate to:

Audit Title	**Recommendation Number:**	**Executive Lead:**
ChemoCare IT System - Final	R2/8	Director of Digital Health
New IT Service Desk System	R1/4	Director of Digital Health

The New IT Service Desk System recommendation has implementation dates of the 31.03.2023 and 31.07.2023 for the two strands of the recommendation. An update on progress made against this recommendation will be shared at future Committee meetings.

Since the February Committee meeting the Head of Risk and Regulation has discussed the ChemoCare Audit Report with Internal Audit colleagues to better understand the outstanding recommendations and the work they and operational leads are undertaking in these areas.

Internal Audit have confirmed that the Director of Digital and Health Intelligence will share an update at the April 2023 Committee meeting in relation to all outstanding Chemocare IT System recommendations to provide assurance in relation to progress being made against outstanding recommendations. It should however be noted that the Follow Up Audit for this review has been pushed back to the 2023/24 Audit Plan due to delays in the implementation of agreed recommendations.

Internal Audit have also confirmed that all outstanding entries for the Network & Information Systems (NIS) Directive Audit have been superseded by the Cyber Security Audit that will reported to at the April 2023 Committee Meeting. Similarly, the outstanding Audit recommendations linked to the IT Service (ITIL) Management Audit have been superseded by the 'New IT Service Desk System' Audit recommendation. The outstanding recommendations for these historic Audits will therefore be removed from the Tracker following the April Committee meeting, a position that has been agreed with the Head of Internal Audit.

A full review of all outstanding recommendations has been undertaken since the last meeting of the Committee where the internal audit tracker was presented (February 2023). Each Executive Lead has been sent the recommendations made by Internal Audit which fall into their remits of work.

There are currently 10 outstanding recommendations for 2019/20 and 2020/21, 1 of which is reported as complete. It is proposed that a review of the remaining 9 be subject to a targeted review in advance of the July Committee Meeting to ascertain whether or not the recommendations have been superseded or should be subject to a more up to date review.

It should be noted that the narrative within Column L (Executive Update) of the Tracker contains the updates provided for this meeting. Where no update has been shared for an individual entry this is confirmed within narrative and/or reflected in column J by an 'NA' entry.

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

	Substantial Assurance	Reasonable Assurance	Limited Assurance	Rating N/A - Advisory	Total
Internal Audits 2019/20	10	25	2	2	39
Internal Audits 2020/21	7	18	1	3	29
Internal Audits 2021/22	7	12	8	3	30
Internal Audits 2022/23	4	11	1	2	18

Attached at Appendix 2 are summary tables which provide an update on the February 2023 position as of the 20/03/2023.

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

Recommendation:

The Committee are requested to:

(a) Note the tracking report for tracking audit recommendations made by Internal Audit.
(b) Note and be assured by the progress which has been made since the previous Audit and Assurance Committee Meeting in February 2023.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.
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: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

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

Saunders,Nathan
29/03/2023 10:24:20

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2019-20	01/07/2020	Medical Staff Study Leave	R1/6	Medium	The UHB Study Leave Procedure for Medical & Dental Staff should be reviewed and revised. The policy should more clearly specify: - roles and responsibilities – of Directorates, Managers, Consultants; - funding and budget guidance. - monitoring and compliance arrangements including KPIs; and - reporting arrangements. Once updated, the procedure flow chart that is appended should also be updated accordingly.	UHB Study Leave procedure document will be reviewed and strengthened in the areas outlined in the report. This will require agreement with the Local Negotiating Committee (LNC) of the UHB.	Executive Director of People and Culture	Executive Director of People and Culture & OD & Medical Director	PC	**Change to implementation date - moved to 1.02.2023** EMD and team met with the BMA in February 2023 All the information has been gathered from the HBs. The action from the meeting was to refresh the policy. Because of the need to involve the BMA this may stretch into Q1 of next year.
2019-20	01/07/2020	Medical Staff Study Leave	R4/6	Medium	The following arrangements are reviewed and strengthened:- - budget setting, monitoring and reporting; - payment of honorary staff expenses; and - ability to access Trust funds to support study leave budgets.	Capped annual or triannual budget allocations are to be introduced after discussion with the LNC. Honorary Academic Consultants are contractually entitled to 0.6 of this annual or triannual allocation as per contract terms and conditions. Once capped allocation agreed consistent budget line allocation will be anticipated against which spend can be measured.	Executive Director of People and Culture & Medical Director	Executive Director of People and Culture & Medical Director	PC	**Change to implementation date - moved to 1.02.2023** EMD and team met with the BMA in February 2023 All the information has been gathered from the HBs. The action from the meeting was to refresh the policy. Because of the need to involve the BMA this may stretch into Q1 of next year.
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R1/5	**High**	The UHB should ensure policies are reviewed and updated within appropriate timescales.	A plan will be put in place to review all out of date policies and to contact document owners to update their policies. Due to activities which colleagues are dealing with in relation to COVID 19 the roll out of that plan will be delayed until Health Board staff have substantially returned to a business as usual position.	Director of Corporate Governance	Head of Corporate Governance	PC	This piece of work is partially complete. An initial review of the Health Board's current Policies Register (which details all of the policies and other written controlled documents held by the Corporate Governance Dept) has been undertaken by the Corporate Governance Directorate. A tracker has been produced which identifies all policies/other written controlled documents held on the Policies Register with corresponding Review Dates. All of those policies/other written controlled documents with an outstanding Review date having been coded "Red". A copy of current policies tracker has been sent to the Executive Directors for their individual review. Initial meetings have been held with each individual Executive Director since August 2022 and each Executive Lead has provisionally fed back on how he/she intends to:- (i) identify which policies/other written controlled documents which fall to the respective Executive's Directorate require an urgent view together with proposed timescales relating to the same, (ii) identify which policies/written controlled documents may no longer be relevant/obsolete and/or have been superseded by new documentation, (iii) carry out a thorough cleanse of the documents to ensure correct terminology, fall to the most appropriate Exec Lead etc, (iv) determine which policies/other written contolled documents should be published on the Health Board's external website and/or Intranet site. As each Executive Lead has undertaken his/her review of the tracker, the centrally held Policies Register has been updated accordingly. Given the scale of this piece of work a Policies Plan has been produced (and was reported to the Audit Committee on 8 November 2022) to set out the actions required and the associated timeframe to undertake a full review of all of the Health Board's Corporate Policies, to put the Corporate Policies Register on a much better footing, and to implement a robust and up to date Policies Management System. The Policies Plan is kept "live" in order to record the actions being taken at the time. It is anticiptated that a robust and up to date Policies Management System will be in place by the end of May 2023.
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R2/5	Medium	Review the 'register' for completeness. Assess if all policies, procedures and other written control documents available on the intranet and internet are current and then ensure they are all recorded appropriately in the 'register'.	A plan will be put in place to review the register for completeness and to consider that document alongside the written control documents available on the intranet and internet. It is assumed that not all documents available on the intranet and internet will fall to be monitored and maintained by the Corporate Governance team and plans will be put in place to correctly identify and collate those which are and those that will be monitored and maintained at a local level. Due to activities which colleagues are dealing with in relation to COVID 19 the roll out of that plan will be delayed until Health Board staff have substantially returned to a business as usual position.	Director of Corporate Governance	Head of Corporate Governance	PC	As above
2019-20	01/12/2020	Management of Health Board Policies and Procedures	R3/5	Medium	1. Review the readability of documents to make ways to write clearer, especially those available through internet to wider audience. From register, 372 out of 393, recorded as published on internet. 2. Correct and improve accessibility of documents. Review publishing process to ensure documents are circulated through correct location in internet and/or intranet sites. 3. A combined EHIA should be completed for all policies or where a Health Impact Assessment is not required this should be clearly stated. 4. The Corporate Governance Department should ensure the integrity of the 'Register', by reviewing accuracy of all key information.	Recommendations are noted and agreed. A plan will be put in place to action the recommendations and circulate appropriate messages to document owners to address the issues raised.	Director of Corporate Governance	Head of Corporate Governance	PC	The Health Board's Policy and Procedure relating to Management of Policies, Procedures and other Written Control Documents (the "Policy on Policies") was recently reviewed/updated and was approved on 5 July 2022. This Policy on Policies sets out the Health Board's requirements for new/reviewed policies and other written controlled documents , including document format and templates, use of plain English, consideration of whether an Equalities Impact Assesments, a Health Impact Assessment and/or a combination of both should be undertaken. The Policy on Policies has been published and a copy was sent separately to each individual Executive to cascade to the relevant individuals within their respective departments. As part of the review being undertaken as highlighed above, each individual Executive is being asked to confirm the appropriate publication route per individual policy/other written controlled document (eg Health Board's external webiste , or its Intranet site and/or both). Once such confirmation is received, the Corporate Governance Team update the website/Intranet accordingly. In order to improve the accessilibility of documents stored on the Corporate Policy Register, the Corporate Governance Department is working with its archivist to enable staff (and, as appropriate, /members of the public) to be able to more easily locate policies/other written control documents. Two meetings to date have been held with the Health Board's archivist and the archivist is currently reviewing the categorisation of the Policies Register. Once he has undertaken his initial review, it is proposed that the revised categorisation/sub-categorisiation will be shared with the Executive Leads for comment. It is anticipated that this will be completed by the end of January 2023.
2020-21	30.09.2021	Data Quality Performance Reporting (Single Cancer Pathway) - Reasonable	R1/5	Medium	Management should continue as planned to finalise the review of the Data Quality Policy (UHB 298) (to reflect the General Data Protection Regulation framework), and the Data Quality Procedure (UHB 288). Once finalised, formal approval of the documents should be sought from the Board.	A review of the Data Quality Policy is now complete and a team from Information and Operations Performance have been tasked to complete a review of the Data Quality Procedure. Once complete, both documents will be presented to the Board for approval.	Chief Operating Officer	Director of Digital and Health Intelligence September 2021	PC	The Data Quality policy is complete but not yet reviewed. It will be completed and taken through the relevant committee for approval.
2020-21	31.10.2021	Infrastructure / Network Management	R1/5	Medium	A formal patch and update policy and procedure should be developed which clearly articulates the decisions relating to patching and updates, and which sets out the process for applying patches and updates in a secure manner to reduce the risks associated with these. We note that this recommendation was also included in the IT Assessment Internal Audit Report.	Agreed The ability to implement this will be subject to directorate and service maintenance windows being agreed and application patch availability.	Director of Digital & Health Intelligence	Russell Kent, Head of Digital operations October 2021	PC	Jan 2023 Update - The networking audit was completed and a number of risks and priorities were highlighted. The network are working through a process of patching and updating devices as and where possible based on these recommendations. Upgrades to Cisco ISE and Fortinet firewall have improved the overall security standing of CAVUHB networking in H2 2022.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2020-21	30.11.2021	Infrastructure / Network Management	R2/5	Medium	A configuration management policy / procedure should be defined in order to enable efficient and effective control over IT assets and fully understand the configuration of each component that contributes to IT Services in order to: • account for all IT components associated with the Service; • provide accurate information and documentation to other Service Management processes; and • to provide a sound basis for Incident, Problem, Event, Change and Release Management (e.g. reduction of the amount of failed Changes). This should be underpinned by a configuration management record which records all items and their status.	Agreed. The Digital Health and Intelligence Department has procured and new helpdesk system and will be implementing configuration management and change management processes as part of this initiative.	Director of Digital & Health Intelligence	Russell Kent, Head of Digital Operations November 2021	PC	Jan 2023 Update - Ivanti Service Management includes, incident and problem management, as well as change management, asset management. Work continues to deply these systems with a completion date of Q4 2023.
2020-21	31.12.2021	Infrastructure / Network Management	R3/5	low	An overall statement or procedure should be developed that sets out the aims for network monitoring and management, and how this will be done. The procedure should note that the aim is to ensure that that relevant staff have alerts and reports so that imminent problems are detected and reported for prompt response and actions. Guidance should then be provided on the mechanism by which this is done	Agreed Departmental responsibilities will be clarified as part of the ITIL Support Framework Helpdesk implementation. Procedure documents will be focussed on key operations using a risk based priority approach.	Director of Digital & Health Intelligence	Russell Kent, Head of Digital Operations December 2021	PC	Jan 2023 Update -Only CAVUHB core networking has active notifications enable due to network team resourcing constraints and the number of false positives reported.
2020-21	31.07.2021	Staff Recruitment	R1/3	Low	Management should consider developing a system that is able to record key recruitment data for the different recruitment 'areas' for registered nurses in order to assess the effectiveness of each one.	The Executive Nurse Director and Clinical Board Directors of Nursing are currently reviewing nursing establishments which is an annual exercise. This will enable the re-setting of Posts within Wards and Community which will enable improved reporting and monitoring of vacancies and retention of nurses. Recently we have reviewed nursing turnover which is running at a reasonable level given the circumstances of the past year. Please see below.	Executive Nurse Director	Clinical Board Directors of Nursing are re-setting establishments in ESR by July 2021.	C	Irobusts systems are in place to record nurse recruitment data.
2021-22	31.12.2022	Ultrasound Governance CD&T CB	R2/5	Medium	Consideration should be given to the mechanisms for Clinical Boards to provide assurance to the Executive Director of Therapies and Health Science, to satisfy the assurance responsibilities set out within the Medical Ultrasound Risk Management Procedure (UHB 322).	An annual audit template will be developed by the membership of the UCGG to include a balanced range of performance indicators on the effective management of U/S devices including training, competence and maintenance as part of the U/S governance framework. Opportunities to develop a digital audit tool will be explored with corporate IM&T teams.	Executive Director of Therapies and Health Science	Assistant Director of Therapies and Health Science	PC	**Change to implementation date: 31.01.2023** **Follow up report presented to September 2022 Committee.** The online training resource has been written and we are working with colleagues in LED and Medical Illustrations to put online. An audit tool has been agreed on based heavily on the British Medical Ultrasound Society. The audit tool has been used by Medical Physics and will be introduced to other departments at the next USCGG meeting on 10th Nov 2022. We have approached the C&V UHB Patient Safety Team to arrange for the Audit tool to be uploaded to AMaT. **Recommendation Superseded and to be removed following April Audit Committee.**
2021-22	31.01.2022	Clinical Audit	R1/9	High	A Clinical Audit Strategy should be developed, cognisant of the Business Case to support Quality, Safety and Experience Framework (2021 – 2026), currently under consideration by executive management, to ensure the Health Board aligns with HQIP guidance.	A Clinical Audit Strategy will be developed considering the HQIP guidance. (Time frames of completing this action will be dependent on the timing of, and amount of investment has been agreed which may influence the approach)	Executive Medical Director	Head of Patient Safety and Quality Assurance and Associate Medical Director	PC	13.3.23 Clinical Audit and Service Evaluation Policy reviewed in CEC in February and in process of wider circualtion through the UHB Policy ratifiaction process.
2021-22	31.01.2022	Clinical Audit	R2/9	High	The Health Board should develop a Clinical Audit Policy and subsequent Procedure, which will require formal approval, to provide a mandate to direct staff on a consistent basis. The policy and procedures should be developed in keeping with HQIP guidance, so that national and local clinical audits are carried out consistently and comply with current information governance legislation and guidance.	A Clinical Audit Strategy will be developed considering the HQIP guidance. (Time frames of completing this action will be dependent on the timing of, and amount of investment has been agreed which may influence the approach)	Executive Medical Director	Head of Patient Safety and Quality Assurance and Associate Medical Director	PC	13.3.23. Clinical Audit Strategy has been Developed out for comment with the CEC members
2021-22	31.03.2022	Clinical Audit	R3/9	High	Management should continue as planned, to present the proposal for the future organisational structures to support Quality, Safety and Experience to management executive, to ensure identified resource issues are mitigated. Specifically, that the Health Board are able to: • Monitor the progress or completion of action plans / improvements in response to National Clinical Audits; • Monitor and support the development of Quality and Safety priority audits (Tier 2); and • Monitor the progress, completion and reporting of clinical audits and action plans that have identified the need for improvement.	A Business Case to support the Quality, Safety and Experience Framework (2021 – 2026) is currently under consideration by Executive Management. The required investment will allow for purchase of the AMaT monitoring and tracking systemand the team to progress this work. This action is dependent on the timing and level of investment.	Executive Medical Director	Head of Patient Safety and Quality Assurance	C	17/1/23 AMaT sytmem has been implemented accross the UHB, ongoing support is being provided and bespoke traininng sesions for clinical board and directorates to maximise the benifits of the six modules in the system.
2021-22	31.03.2022	Clinical Audit	R4/9	High	Management should ensure they have appropriate systems and processes to effectively record, track and monitor clinical audit outcomes, comparable to the size of the Health Board.	Currently submission of part A's and B's are being recorded, but neither the capacity or IT management system is in place to monitor and track the improvement plans (Part B) A management system for monitoring and tracking clinical audits has been identified (AMaT) along with the required resource to implement and administer the work has been included in the Business Case to support QS&E Framework (2021 – 2026) is under consideration by the Executive Management Team.	Executive Medical Director	Head of Patient Safety and Quality Assurance	C	13/3/23 AMaT trainign has been propided throguht the UHB, improvement plans for National Clincial Audits are being directly inputed on AMaT and reviwed in CEC (PArt A and B have been phased out by WG), the Clinical Effectivness Lead is supproting the clinical audit leads and clinical boards with the devlopment and submission of their actions plans on AMaT and preparign for presenting at CEC, to ensure a robust and meaningful assurnace process. Since the implemetation of AMaT, the ToR for CEC is being reviewed to ensure meangful addurnace process that maximises the functionality and benefits of AMaT

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	30.04.2022	Clinical Audit	R5/9	Medium	There is currently no Clinical Audit Training Plan in place to prioritise which Clinical Boards and Directorates require training. Potential risk of: • Clinical issues materialise if risks are not identified due to monitoring and governance arrangements not being in place Recommendation 5 Priority C	An evaluation of training needs will be undertaken across the health boards to prioritise clinic audit training. Investment in the clinical audit team is required to deliver training and support clinical audit across the health board, as illustrated in the business plan.	Executive Medical Director	Head of patient Safety and Quality Assurance/Senior Clinical Audit Coordinator	C	13/3/23 Clinical aduit training ressions have been increased and bespoke sesions deliveired to meet the needs of indicidual specialites.There team delivering the training remians small although some inviestment has been alloctated, evaluation and accessiblity of clinical aduit training is ongoing. The Clinical Aduit Manager is working with Agored Cymru towards accreditation and online training resurces have been developed fir AMaT which has been requested by other UHB's in Wales for sharing as well as work onging on developing online clinical audit training, the aim will be to have a auite of audit trainign resurces for staff to choose from.
2021-22	30.04.2022	Clinical Audit	R6/9	Medium	In conjunction with recommendation 2, the Clinical Audit Policy and underpinning procedure should detail the process for Clinical Boards to produce local Clinical Audit Plans. All Clinical Audit Plans should be made available to the Clinical Audit Team so that they are sighted on all local clinical audits that are being undertaken.	The development of the Clinical Audit policy, strategy and purchase of AMaT will transform the way in which tier 2 local audits are registered and monitored and will allow centralisation of clinical audit plans and reports, improving accessibility and ownership to clinicians for their audits and improvement plans and for Clinical board to have ability to track progress. The Clinical Audit Policy and Strategy will detail roles and responsibilities with a clearly defined process for staff to follow and refer to. Training will be provided and aligned with the policy and strategy for clinical audit. Completion of this action is dependent on the timing and level of investment in response to the business case.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	13/3/23 The Clinical Audit Polict and Strategy are going the through the ratification process. All clinical audits are now regisetered on AMaT and the UHB has oversight of all clinical audit activity within the UHB. The Clinical Effectivness Lead or a member of the clinicalmaduit team attends Clinical Board Quaity and Safety Meetigns to dicuss Clinical Audits as an agedns Item.
2021-22	30.04.2022	Clinical Audit	R7/9	Medium	In conjunction with recommendation 2, the mandate to complete a 'Clinical Audit Project Proposal Form' for all tier 2 and 3 audits, which are to be forwarded to the Clinical Audit Team, should be directed by Clinical Audit Policy and Procedures.	The development of the Clinical Audit policy, strategy and purchase of AMaT will transform the way in which tier 2 local audits are registered and monitored and will allow centralisation of clinical audit plans and reports, improving accessibility and ownership to clinicians for their audits and improvement plans and for Clinical board to have ability to track progress. The Clinical Audit Policy and Strategy will detail roles and responsibilities with a clearly defined process for staff to follow and refer to. Training will be provided and aligned with the policy and strategy for clinical audit. Completion of this action is dependent on the timing and level of investment in response to the business case.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	13/3/23 It is mandated in the clinical maduit Policy that all clinical aduits within the UHB are registered on AMaT
2021-22	30.04.2022	Clinical Audit	R8/9	Medium	The governance arrangements to challenge and support local clinical audits requires clarity and to become embedded within the revised quality, safety and experience governance arrangements, to ensure the following: • There is effective oversight of local clinical audit plans and their delivery; • Local Clinical Audits are being reported upon and monitored, to ensure performance is being measured and action taken to implement change where needed, which is sustainable.	The development of the Clinical Audit policy, strategy and purchase of AMaT will transform the way in which tier 2 local audits are registered and monitored, including implementation of any necessary improvements. The Clinical audit policy and strategy will include a clearly defined process for clinicians and clinical boards in relation to governance arrangements for the delivery and quality monitoring of clinical audit activity.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	13/3/23 The Clinical Audit Polict and Strategy are going the through the ratification process. All clinical clinical audits are now regisetered on AMaT and the UHB has oversight of all clinical audit activity within the UHB, action plans and ability to monitor progress and completion of actions. The Clinical Effectivness Lead or a member of the clinicalmaduit team attends Clinical Board Quaity and Safety Meetigns to dicuss Clinical Audits as an agedns Item.
2021-22	30.10.2021	Clinical Audit	R9/9	Low	Whilst the remit of the Clinical Effectiveness Committee is developing and embedding, consideration should be given to the good practice sighted in another Health Board, and the potential remit of the Committee to consider pertinent risks that they have the ability to challenge and support.	Outlier status is a standard item on the Clinical Effectiveness Committee meeting agenda, outliers would remain on the agenda and actions updated until issues resolved. Clinical Leads and/or clinical boards are invited to attend CEC to discuss risks when identified, including any improvement plans and obstacles in placeImplementation of a risk register has been added to the agenda for October Clinical Effectiveness Committee Meeting for consideration.	Executive Medical Director	Head of Patient Safety and Quality Assurance	PC	13/3/23 Since the implemetation of AMaT the ToR for CEC will be reviewed as the comittee is evolving, Learning gained from National Forums including risks will be shared in the CEC meetings
2021-22	31.03.2022	Retention of Staff	R3/5	Medium	The available resources to deliver the Nurse Retention Action Plan and associated workstreams requires review, to determine if current capacity will facilitate effective delivery of the plan and improve nurse retention, if it is a Health Board priority.	The Nurse Retention Steering Group has struggled due to the operational pressures from COVID and Winter. We are optimistic that the pressures will stabilise by the end of March, which will allow the Workstream Leads to take forward the actions that have been agreed. Actions: • Steering Group to continue to meet monthly, these meetings need to have minutes and actions captured. • Workstream Leads will update the Retention Action Plan with key objectives, timescales, progress, etc. • Progress with the plan will be reported into the monthly meetings with the Executive Director of People & Culture in accordance with the theme 'Attract, Recruitment & Retain'.	Executive Director of People and Culture	Director of Nursing Strategic Nursing Workforce & Assistant Director of Workforce Resourcing	PC	The Nurse Retention Group has restarted however, due to ongoing pressures during the summer, this has led to inconsistent attendance. Each workstream submits a flash report every month to provide an update on the implementation of their plans. The Director of Nursing for Strategic N&M Workforce has updated the Nurse Retention Plan to concentrate on key themes which includes a strategic recruitment plan to increase staffing levels, Training and Development opportunities for existing staff and the development of new roles to support ward teams. The Director of People and Culture is supporting the Emergency Department with OD interventions to improve retention. Retention plans will have targeted intervention to those specific areas with high turnover.
2021-22	30.05.2022	Welsh Language Standards	R1/6	Medium	The Equality Strategy and Welsh Language Standards Group should reconsider the approach to the cascade of actions to Clinical Boards and Corporate Departments, to ensure implementation and compliance with the Welsh Language Standards.	Clinical Boards and Corporate Departments will be supported to develop individual action plans. These areas will then maintain responsibility to develop, own and report upon progress at the ESWLSG meetings.	Executive Director of People and Culture	Welsh Language Office & Assistant Director of OD	PC	A document titled 'Welsh Langauge Standards: A Guide for Clinical Boards' as been drafted. The document aims to support the clinical boards in implementing the Welsh Language standards in their areas, outlining the practical steps to be taken to ensure compliance. The Equality Strategy and Welsh Language Standards Group is likely to be replaced by a new group at the beginning of 2023, which will work to recieve assurances and report back from the Clinical Boards. The Welsh Language Officer will also be working with the Clinical Boards in turn to improve compliance with the Standards.
2021-22	30.05.2022	Welsh Language Standards	R2/6	Medium	To continue as planned to ensure there are Welsh Language Champions across all Clinical Boards and Corporate Departments, to facilitate, support and ensure compliance with the Welsh Language Standards.	Create an agreed role description for the Welsh Language Champions. Support CB and Corporate Departments to introduce and embed, learning lessons from areas where this is already in place.	Executive Director of People and Culture	Welsh Language Office & Assistant Director of OD	PC	We have Inclusion Ambassadors in the following areas: Medicine, CDT, Sugery and PCIC. The matter is regularly raised at ESWLG meeting and we have seen an increase in the number of champions (Inclusion Ambassadors). However, we have been unable to appoint in the following clinical boards: Children and Women, Mental Health, Specialist. A member of the Welsh Language, Equity and Inclusion team is leading on the work of establishing the Welsh Language Network of champions across the organisation. The Equity & Inclusion Team will continue to work with the outstanding clinical boards to encourage them to nominate Inclusion Ambassadors. To support the Inclusion Ambassador programme, a member of the wider People & Culture function is leading the work in a project management capacity.
2021-22	30.05.2022	Welsh Language Standards	R3/6	Medium	As proposed by management, a Resource Needs Analysis to facilitate implementation, compliance and assurance with the Welsh Language Standards should be undertaken.	Create an agreed role description for the Welsh Language Champions. Support CB and Corporate Departments to introduce and embed, learning lessons from areas where this is already in place.	Executive Director of People and Culture	Welsh Language Office & Equality Manager	PC	The Organisational Development Manager has been working with the Welsh Language Team to develop a Resource Needs Analysis. The document is to be reviewed and once agreed will meet the recommendation set.
2021-22	30.09.2022	IT Service Management (ITIL)	R5/8	Medium	5.1a A Service Catalogue setting out the service level that the service desk and the Digital Directorate is providing for each service should be drawn up. 5.1b The service levels provided should be formally agreed with each user department. As part of this process an agreement setting out the responsibilities and expectations of all staff should be defined.	5.1a A comprehensive service catalogue is being created at the moment. The highest profile requests for each of the Digital Operations teams will be available in phase one (April 2022). Work will be ongoing to further develop these in phase two and three (Q4 2022 and Q1 2023) 5.1b ISM have default Service Levels built in. SLA compliance will be reported internally initially with a view to share these figures and expectations at a later date. There are no fixed SLAs in place at the moment mainly due to current support resourcing. Further resourcing will allow us to implement reasonable SLAs and compliance reporting.	Director of Digital & Health Intelligence	Head of Digital Operations	PC	5.1a - Jan 2023 Update - All Digital teams apart from IG and IT Security have been onboarded and using Ivanti. 5.1b - Jan 2023 Update - SLA compliance has been enforced and not reported yet. This is planned to start in H2 2023. **Audit Recommendation superseded by IT Help Desk Audit (see below). To be reomved following April Committee Meeting.**

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2021-22	30.09.2022	IT Service Management (ITIL)	R6/8	Medium	6.1a Target times should be set for the resolution and closure of calls in line with the timescales specified within the Hosting and Back-up Agreements. 6.1b Performance indicators should be developed based on the call resolution and closure target times, and these should be regularly monitored and reported at an appropriate level / to an appropriate forum within the Digital & Health Intelligence Directorate	6.1a Target fix and resolution metrics will reported on as part of the ISM Implementation. 6.1b KPIs will be created and reported on as part of the ISM implementation.	Director of Digital & Health Intelligence	Head of Digital Operations	PC	6.1a/b Jan 2023 Update: The Ivanti reporting server was recently installed and is currently going through testing with one individual. This will be deployed to the wider Digital audience in the coming weeks. This work is expected to be completed by April 2023. **Audit Recommendation superseded by IT Help Desk Audit (see below). To be reomved following April Committee Meeting.**
2021-22	30.09.2022	IT Service Management (ITIL)	R7/8	Medium	7.1a A Problem Management process should be fully defined together with an associated SOP and guidance for staff.	7.1a Problem Management is included within the new ISM implementation.	Director of Digital & Health Intelligence	Head of Digital Operations	PC	7.1.a Jan 2023 Update: Problem Management has been implemented in its most basic form and further development defered due to current Ivanti resource constraints. **Audit Recommendation superseded by IT Help Desk Audit (see below). To be reomved following April Committee Meeting.**
2021-22	31.12.2022	Network & Information Systems (NIS) Directive - Final	R1/4	Medium	Management should ensure that for all future annual self-assessments, records of discussions and information provided to and from the CRU are captured and retained.	We recognise and appreciate the importance of recording adequate evidence to support any self-assessment process and will where possible ensure that future assessments include further context which justifies the answers provided	Director of Digital & Health Intelligence	Head of Information Governance and Cyber Security	PC	March 23 update: central repository set up for managing all information relating to cyber-related issues. **This recommendation has been followed up by the Cyber Security report that is being shared at the April Committee Meeting and will be removed following that meeting,**
2021-22	n/a	Network & Information Systems (NIS) Directive - Final	R2/4	High	Management should ensure that the CAF is reviewed and accurately completed to include assessed status and justifications for each IGP and objective.	This was an oversight on one of the questions that has now been amended.	Director of Digital & Health Intelligence	Head of Information Governance and Cyber Security	C	Reported as complete 21.03.2023 **This recommendation has been followed up by the Cyber Security report that is being shared at the April Committee Meeting and will be removed following that meeting,**
2021-22	Q3 2022/2023	Network & Information Systems (NIS) Directive - Final	R3/4	Medium	Management should ensure that an improvement action plan is developed promptly in order to avoid delays in implementation.	The competition of our improvement action plan and adherence to this will be one of the first duties undertaken by the dedicated cyber resource, which we are currently recruiting to. We have the information required to develop this plan and the work needs to be appropriately scheduled / prioritise.	Director of Digital & Health Intelligence	Head of Information Governance and Cyber Security	PC	Jan 2023 - We have successfully appointed a Cyber Security Manager and we anticipate a start date mid February. One of their main priorities will be to implement the improvement action plan Jan 2023 - March 2023 update: The appointed Cyber Security Manager withdrew from the role before the contract was signed. Recruitment to this role is still ongoing. **This recommendation has been followed up by the Cyber Security report that is being shared at the April Committee Meeting and will be removed following that meeting,**
2021-22	n/a	Network & Information Systems (NIS) Directive - Final	R4/4	Medium	Management should ensure that the current cyber security risk (A4/0023) included within the Corporate Risk Register is reframed to reflect the high-level risks identified from the self assessment process	Risk register updated to reflect NIS and the international situation, both of which elevate the cyber risk.	Director of Digital & Health Intelligence	Head of Information Governance and Cyber Security	C	Reported as complete 21.03.2022 **This recommendation has been followed up by the Cyber Security report that is being shared at the April Committee Meeting and will be removed following that meeting,**
2021-22	31.10.2022	Welsh Risk Pool Claims - Final	R1/2	Medium	Following the review of current processes, management need to ensure that the Concerns and Claims Management Policy (UHB 332) is updated and approved.	The above policy is in draft to include awaited confirmation of the updated national guidance.	Executive Nurse Director	Assistant Director of Patient Experience	C	The Policy was approved in the January Board 23 following review in QSE committee
2021-22	01.09.2022 01.01.2023 Dec 2022 – Jan 2023	Nurse Bank (Temporary Staffing Department) - **LIMITED**	R2/8	High	The Assistant Director of Workforce Resourcing is to review the current structure of the Temporary Staffing Department, giving consideration to the resilience issues highlighted in this review, to ensure the Nurse Bank is operating effectively.	1. Structure to be reviewed to include a Deputy post to the manager from within the existing structure (cost neutral). 2. Implement Deputy Role 3. Undertake a general review of the structure to ensure the roles match the changing requirements of the service and that the staff undertake the duties appropriate to their banding.	Executive Director of People and Culture	Sandra Coles, Senior Nurse, Temproary Staffing & Stratgic Nursing Workforce	PC	Revised structure has been agreed to include changing the Professional Lead role to also become the deputy role. This is cost neutral and will be implemented when the current post holder retires in January 2023. This post has been successfully recruited to and the new post holder is due to start on 06.02.23. A Band 4 post has also been introduced to supervise the recruitment of bank staff and is funded from promoting an existing Band 3 within the team and a vacancy which will be disestablished to ensure this is cost neutral.
2021-22	31.01.2023 28.02.2023	Nurse Bank (Temporary Staffing Department) - **LIMITED**	R5/8	Medium	The Temporary Staffing Department's approach to engagement with service users, including ward management and bank staff requires a review, to ensure the team are continually striving to meet the needs of the Health Board, informed by service users. Engagement mechanisms used should be varied beyond face-to-face, to ensure the maximum reach	1. Develop an engagement plan for our key stakeholders which will include:- bank staff, ward managers 2. Implement engagement plan.	Executive Director of People and Culture	Sandra Coles, Senior Nurse, Temproary Staffing & Stratgic Nursing Workforce	PC	Engagement with the UHB's managers has resulted in the diversification of roles and professions being recruited to the Staff Bank e.g. Geneticists, AHPs, Phlebotomists etc. Liaising with Ward managers and Senior and Lead Nurses has also led to improvements in some systems and processes relating to the verification of bank and agency shifts.
2021-22	31.03.2023	Nurse Bank (Temporary Staffing Department) - **LIMITED**	R7/8	High	The Temporary Staffing Department is to maximise all available agency options via framework agreements, to ensure a greater fill rate, to support the safer operation of wards.	Undertake a review of agencies currently not used who are on the Welsh Framework to identify if there are further agencies that could provide appropriate numbers of staff.	Executive Director of People and Culture	Sandra Coles, Senior Nurse, Temproary Staffing & Stratgic Nursing Workforce	PC	This action is part of the TSD's action plan and will be implemented by the end of March 23 due to other actions needing priority. Meetings have been held with a number of agencies that the UHB stopped working with due to performance issues. These were constructive and will enable re-engagement when the appropriate assurances can be provided by the agencies.
2021-22	June 2022 and then monthly until health roster is fully embedded	Nurse Bank (Temporary Staffing Department) - **LIMITED**	R8/8	Medium	The Temporary Staffing Department are to engage with and remind ward managers of the requirement to verify agency shifts worked, until agency self-billing becomes an embedded process within the wards, to ensure timely payment.	1. Present reports on the failure to verify shifts by clinical boards to Nurse Directors for them to ensure compliance within the areas they are accountable for.	Executive Director of People and Culture	Sandra Coles, Senior Nurse, Temproary Staffing & Stratgic Nursing Workforce	PC	There has been widescale engagement with wards, Lead and Senior Nurses regarding the implementation of Health Roster to improve the verification of shifts for agencies and bank staff to be paid on time. The engagement with Ward Managers has enabled revised systems to improve its implementation. Weekly performance reports have been provided to each clinical area to identify poor performance to ensure remedial action is taken. Engagement in other aspects of the bank will be an ongoing objective of the Staff Bank manager and her team.
2021-22	15.08.2022	Vaccination Programme - Phase 3 Delivery	R1/2	Low	There is scope to undertake a formal lesson learnt exercise, now that the Health Board has progressed through a number of phases of the COVID-19 Vaccinations Programme. The exercise could focus on: • How the Health Board has reacted to mobilise the Programme and subsequent plans; and • How it has achieved objectives and aims with a particular focus on what has gone well across the planning and operational phase including the booking, data entry and logistics and deployment arrangements of the vaccine. The outcome of this exercise should be documented within a Lessons Learnt report with an action plan for improvement.	Whilst there has been review and learning undertaken throughout the delivery of the programme, we agree there would be merit in undertaking a lessons-learned exercise at the end of the current phase (Phase 4) of the programme which could help to inform the planning for future delivery, including the autumn booster programme.	Executive Director of Public Health	Director of Operations, PCIC	C	**3 March 2023:** The Lessons Learned Report was completed in January and a paper was prepared and circulated to members of the Immunisation Ops Board. The paper and a summary presentation was discussed and approved by the Immunisation Ops Board on 24 February 2023.
2021-22	30.09.2022	Performance Reporting (Data Quality)	R1/4	Low	To continue as planned to finalise and seek approval of the 'Procedure to compile the Cardiff and Vale Integrated Performance Report for Executive Management Team and Public Board Meeting'.	The content of the "Cardiff and Vale Integrated Performance Report for Executive Management Team and Public Board Meeting" has changed considerably recently and will continue to evolve as we test the effectiveness of the report with Board members. To support future content changes, we will refine our process to ensure this is clearly documented and shared with all executive director leads and their staff	Director of Digital & Health Intelligence	Director of Digital and Health Intelligence	PC	March 2023 - work has progressed to build a new integrated performance report, using MS Power BI, based on anoother UHB's report which is being reviewed internally and will be brought to board dev session in Q2 23/24.
2021-22	30.06.2022	Performance Reporting (Data Quality)	R2/4	Medium	The quality assurance arrangements of the Integrated Performance Report should be reviewed to ensure processes are in place to mitigate the risk of the anomalies highlighted within the audit sample.	Where no source information or data are available a standard message or indication (with an asterisk) of "No information or data available at source" will be used. With regards to decimal place accuracy, we will seek advice from the relevant leads for individual measure accuracy and introduce a new quality check.	Director of Digital & Health Intelligence	Information Manager	NA	No update received
2021-22	30.06.2022	Performance Reporting (Data Quality)	R3/4	Low	Consideration should be given to risk assessing the defined indicators within the Balanced Scorecard, to identify those at greater risk of error. Appropriate quality assurance arrangements should be defined to mitigate the potential risk of error.	The compilation of the report is mainly a manual administrative task with limited automation. We have introduced additional quality assurance tasks to reduce administrative error.	Director of Digital & Health Intelligence	Information Manager	NA	No update received

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2021-22	30.06.2022	Performance Reporting (Data Quality)	R4/4	Medium	In keeping with managements intention to further develop the Balanced Scorecard and Integrated Performance Report, the audit observations should be addressed in future reporting periods to enhance the completeness and transparency of the report.	We have accepted your recommendations and have implemented steps to mitigate these risks. For example, we have expanded on the indicator labels to ensure those people with limited knowledge of these can understand these and we will indicate where a target is inappropriate or not required for an indicator. We have also introduced a new quality check.	Director of Digital & Health Intelligence	Information Manager	NA	No update received
2021-22	Start Log July 2022 with first annual review July 2023	ChemoCare IT System - Final - **LIMITED**	R1/8	Medium	1.1 A formal supplier's performance monitoring mechanism should be established within both Adult Haematology and Paediatric services to ascertain that there are no frequent and significant breeches of SLA. 1.2 Outcome of the performance review should be periodically shared with the Shared Services Procurement team, as required by the procurement manual. 1.3 If possible, penalty clauses should be agreed with the supplier during the subsequent contract renewal process.	1.1 Create SLA breech log with annual review of this. 1.2 Annual review can be shared with Shared Services Procurement team. Will commence post-implementation of Version 6. 1.3 Penalty clauses will be discussed at next contract renewal (there is a national procurement process underway)	Director of Digital & Health Intelligence	Paeds System	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	Complete in UAT go live July 2022 Complete in UAT go live July 2022 September 2022 September 2022 September 2022	ChemoCare IT System - Final - **LIMITED**	R2/8	High	2.1 Windows servers should be upgraded to versions for which support is available; 2.2 SQL Server 2008 R2 should also be replaced with new versions for which support is available; 2.3 Database authentication should be moved to Windows authentication; 2.4 User passwords should be encrypted within the database; 2.5 The core user account should have the dba role removed and a more appropriate user access role defined; and 2.6 Database management tasks should be defined and regularly undertaken, this should include review and clear out of the error table.	2.1 As part of the chemocare upgrade to version 6 Windows servers OSrs have been replaced with a version which is supported i.e Windows 2016 2.2 As part of the Chemocare upgrade to version 6, SQL Server 2008R2 has been replaced with a version which is supported. i.e. SQL Server 2019. 2.3 Discussion with the supplier and service will take place post upgrade to understand if this is doable. 2.4 Not required if using Windows Authentication (as suggested in 2.3). 2.5 Discussion required with the service and supplier. 2.6 Discussion required with the service and supplier.	Director of Digital & Health Intelligence	Gareth Richards (Server Manager) Gareth Richards (Server Manager) Kerry Crompton, David Trigg / CIS Kerry Crompton, David Trigg / CIS Kerry Crompton, David Trigg / CIS	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	July 2022 (Allowing 2 months of user groups to discuss, agree and implement)	ChemoCare IT System - Final - **LIMITED**	R3/8	Low	Individual user training logs should be signed off and archived for record purpose	Electronic training log to be completed for all current users and updated training logs to be signed reflecting appropriate training for current users. Reporting module to be used to establish current list of active users. Discussions with system managers at both CTM and AB UHB's to ensure training logs completed locally and fed into central database of active users.	Director of Digital & Health Intelligence	David Trigg (Adult Haematology)	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	May 2022 April 2022 April 2022	ChemoCare IT System - Final - **LIMITED**	R4/8	Medium	4.1 The new user form should be updated to reflect the current roles, and the process as set out in the SOP should be followed for new user accounts; 4.2 Generic accounts must not be used and identified accounts must be replaced with unique users. If any account is not required, then it should be deleted; and 4.3 A process for periodic reconciliation of staff leavers to users should be established to ensure that accounts are deactivated on a timely basis.	4.1 Update SOP to reflect all current roles. This will need to be done separately for adults and paediatrics as the roles differ slightly. 4.2 All generic accounts archived on the paediatric system. 4.3 Time to archive user accounts will be reduced from 180 days to 90 days within the paediatric system to reduce the risk of staff who have moved on still having access to the system.	Director of Digital & Health Intelligence	Kerry Crompton (for paediatric system) David Trigg (Adult Haematology)	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	30.04.2022	ChemoCare IT System - Final - **LIMITED**	R5/8	Medium	Password controls should be set to enforce a level of complexity, with a minimum length of 8 and with a standard use and re-use time.	Paediatric system updated to reflect practice of adult system. Minimum of 8 characters.	Director of Digital & Health Intelligence	Kerry Crompton (for paediatric system)	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	31.07.2022	ChemoCare IT System - Final - **LIMITED**	R6/8	Medium	System owners should coordinate with both IT department and CIS to configure an auto alert system or an exception report to timely identify interface failures.	Will look at this as part of the V6 upgrade and ensure an auto alert system is in place.	Director of Digital & Health Intelligence	Kerry Crompton (for paediatric system) David Trigg (Adult Haematology)	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	31.07.2022	ChemoCare IT System - Final - **LIMITED**	R7/8	Medium	7.1 HBAs should be updated and signed by the relevant department. Also, monthly back-up report should be sent to the relevant department; and 7.2 A schedule for testing the backups to restore should be established.	7.1 BCP will be reviewed as recommended.As part of the ChemoCare upgrade all HBAs will be updated to reflect the new infrastructure and signed by all relevant parties. 7.2 As part of the HBAs review, a backup regime will be agreed and a plan to restore agreed.	Director of Digital & Health Intelligence	Server Manager (Gareth Richar	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2021-22	31.08.2022	ChemoCare IT System - Final - **LIMITED**	R8/8	Medium	The identified gaps should be taken into consideration at the time of the next BCP update once the version 6 goes live.	BCP Will be reviewed as recommended	Director of Digital & Health Intelligence	Kerry Crompton (for paediatric system) David Trigg (Adult Haematology)	NA	The Director of Digital and Health Intelligence will share an update at the April Committee Meeting. A follow up review of the Audit will take place during 2023/24
2022-23	31.12.2022	Follow-up: Ultrasound Governance Final Internal Audit Report	R1/1	Medium	Consideration should be given to the mechanisms for Clinical Boards to provide assurance to the Executive Director of Therapies and Health Science, to satisfy the assurance responsibilities set out within the Medical Ultrasound Risk Management Procedure (UHB 322).	The Ultrasound Clinical Governance Group has achieved good progress against the issuesraised from the Aug 2021 internal audit findings. The Ultrasound Clinical Governance Group (USCGG) has been re-established and clear reporting lines through to the responsible Executive Director of Therapies and Health Sciences (EDoTH) have been agreed and communicated via Exec QSE and the Audit and Assurance Committee via the USCGG ToRs. An engagement exercise has been conducted with Clinical Boards to identify key staff responsible for the delivery and training of Ultrasound in respective areas, the results of which will be made accessible to all once complete. This will complete the outstanding Clinical Board assurance recommendation. The USCGG have agreed an audit template and will arrange audit scheduling and recording at the next USCGG, where all key US staff will have been identified. Work to create an online Ultrasound Clinical Safety course is on-going and is on course to be made available later this year (2022). This is being aligned with similar information provided by the British Medical Ultrasound Society (BMUS) for a consistent UK approach.	Executive Director of Therapies and Health Science	Assistant Director of Therapies and Health Science	PC	The online training resource has been written and we are working with colleagues in LED and Medical Illustrations to put online. An audit tool has been agreed on based heavily on the British Medical Ultrasound Society. The audit tool has been used by Medical Physics and will be introduced to other departments at the next USCGG meeting on 10th Nov 2022. We have approached the C&V UHB Patient Safety Team to arrange for the Audit tool to be uploaded to AMaT.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2022-23	1.10.2022	Stock Management - Neuromodulation Services (Specialist CB)	R1/5	Medium	The Standard Operating Procedure for the management of neuromodulation stock should be enhanced, to take on board our observations, which if addressed would strengthen the procedure.	A standard operating procedure (SOP) has been created following the audit. The SOP explains objectives for managing neuromodulation stock, defining all roles and ensuring the stock management process is understood effectively. It outlines how the process should operate, with efficiency; and the stock control procedures are detailed to ensure the stock is appropriately managed and remains uncompromised. The SOP will be reviewed and ratified by the Directorate Management Team, then communicated across applicable staff groups. The SOP will be reviewed in March 2023 to ensure efficient working practices.	Chief Operating Officer	Neurosurgery Service Manager	C	The planned review of the SOP has taken place within the Directorate Management Team and Finance colleagues. It was noted the improvements that have been made with a formal process now in place and the reduction in risk with high cost equipment, now a robust tracking pathway is being used. With this information the SOP has been signed off, is now used as standard practice.
2022-23	1.10.2022	Stock Management - Neuromodulation Services (Specialist CB)	R3/5	Medium	In conjunction with recommendation 1, expansion of the Standard Operating Procedure for the management of neuromodulation stock should confirm how issues identified during the month end stock count are to be resolved.	Standard Operating Procedure for the management of neuromodulation stock includes details of how to manage stock issues, such as cancelled procedures which occurred during this audit period.	Chief Operating Officer	Neurosurgery Service Manager	C	The review of the SOP has taken place as planned in March 2023 - There is now a robust process in place between the Directorate / Direcorate Accountant / Theatre Staff to clearly identifiy and manage through tracking of equipment details of Neuromodulation stock to show the procedure had been been cancelled, returning it to the storage area or the need for disposal if equipment sterile seal had been breached.
2022-23	1.11.2022	Stock Management - Neuromodulation Services (Specialist CB)	R4/5	Medium	The Neurosciences Directorate should instigate a process to proactively track orders placed, until goods are delivered to the neuroscience's office. Any issues which arise should be addressed.	The Service Manager will liaise with procurement colleagues at Lakeside stores to set up a process to ensure all stock is delivered to the Neurosciences Directorate Office and receipted by a nominated directorate colleague. The aim being that all receipting of goods being completed on delivery to the Neuroscience Directorate Office. Receipting goods in a timely manner will assist with order tracking to prevent loss, increase visibility of outstanding orders avoiding financial loss due to misplaced / undelivered goods. This will require support from procurement colleagues to ensure process is sound and is undertaken as required by the All Wales Policy or guidance. This practices adopted by the DMT has been incorporated into the current SOP. Further changes may be required once the process has been firmed up with Lakeside stores colleagues.	Chief Operating Officer	Directorate Manager - Neurosciences	PC	Robust stock management system has been implemented within Neuro Directorate team - which now Include a mid month stock check with an aim to identifiy any potential stock issues before the end of month report with finance colleagues, with has proved to be benefical. It still remains difficult to progress discssuons with the procurment team within stores to discuss / set up a process of proactively tracking order before they are delivered to the Neuro team.
2022-23	31.08.2022	Waste Management	R2/8	Low	Budget processes should be defined, including cost allocation, query, and escalation mechanisms.	Agreed. Process map finance - budget allocation, issues, errors etc., to be detailed (ref MA2). Some areas have already been mapped out since the completion of the audit fieldwork.	Director of Finance	Interim Head of Estaes Ooperations / Waste and Compliance Manager	PC	Some areas have already been mapped out since the completion of the audit fieldwork, work remains ongoing.
2022-23	31.08.2022	Waste Management	R5/8	Medium	The UHB should conclude the formulation and operation of Key Performance indicators in respect of contracted parties to complement contractual arrangements.	Agreed, KPIs to be set for external contractors (ref MA5). A number of contracts are currently going through procurement, there is therefore an opportunity to now build these in.	Director of Finance	Waste and Compliance Manager	PC	Agreed, KPIs to be set for external contractors (ref MA5). A number of contracts are currently going through procurement, there is therefore an opportunity to now build these in.
2022-23	31.08.2022 31.08.2022	Waste Management	R6/8	Medium	1. Waste signage at storage locations should be reviewed and improved to ensure clear, accurate instructions are provided for waste segregation and disposal. 2. Waste yards should be maintained to an appropriate standard and ensure that waste is correctly stored and segregated	1. Agreed, a review of all bin signage/labelling (ref MA6), will be undertaken. 2. Agreed	Director of Finance	Waste and Compliance Manager	PC	1. Agreed, a review of all bin signage/labelling (ref MA6), will be undertaken. 2. Agreed
2022-23	31.12.2022	Waste Management	R7/8	Low	A critical review of waste volumes and types across the UHB should be considered, to identify potential for waste minimisation in accordance with WHTM 07-01 (5.3 - 8).	Agreed. A critical review of waste volumes and types across the UHB will be considered to identify potential for waste minimisation. This is currently in progress.	Director of Finance	Waste and Compliance Manager	PC	Agreed. A critical review of waste volumes and types across the UHB will be considered to identify potential for waste minimisation. This is currently in progress.
2022-23	31.10.2022	Medical and Dental Staff Bank	R1/3	Low	Management need to review the 'Recruitment of Locum Doctors and Dentists Operational Procedure' (UHB 131), which has been superseded by online resources and consider whether they update it in line with current processes.	The 'Recruitment of Locum Doctors and Dentists Operational Procedure' to be deleted off the online resources as the new Terms of Business for the Medical and Dental Staffbank now override.	Executive Medical Director	Head of Medical Workforce	NA	No update received
2022-23	31.10.2022	Medical and Dental Staff Bank	R2/3	Medium	Rota-Coordinators need to ensure that shifts are made available in a timely manner on the Envoy system to ensure a greater chance of take up by Bank Staff. In instances where the Rota-Coordinator is unavailable, contingency and cover arrangements should be considered.	Short term absence will inevitably take place which will not always allow for a shift to be put on prospectively e.g. same day sickness etc. There will also be occasions whereby a locum will be required over a weekend/bank holiday that was not planned within the week and as the rota co-ordinator only work M-F/BH this will require action on their return. We can adopt a measure that all retrospective shifts are to be put on no later than 72 hours. The Medical and Dental Staffbank team will create a communication to go out to all service areas to update them of the above and will monitor over the next quarter to monitor adherence and report into MWAG.	Executive Medical Director	Head of Medical Workforce	NA	No update received
2022-23	31.10.2022	Medical and Dental Staff Bank	R3/3	Low	Management need to ensure that they meet regularly with Medacs, in accordance with the requirements of the Framework Agreement, so that the performance is regularly reviewed, and any issues can be discussed during the meeting.	These meetings are now scheduled monthly. Audience to include, Head of Medical Resourcing and Systems, Deputy Director of People & Culture, Deputy Medical Director and Medacs Healthcare.	Executive Medical Director	Head of Medical Workforce	NA	No update received
2022-23	30.11.2022 31.01.2023	Staff Wellbeing - Culture and Values	R1/10	Medium	A review of key documentation and sources should be undertaken to ensure the current 'Values and Behaviours Framework' is referenced appropriately. An update of the following is required: • The SharePoint intranet site 'Values and Behaviours' page; and • Medical job description templates.	As the staff intranet pages have been moved into the SharePoint site, this has brought with it some pages that are now out of date. The Assistant Director of OD, Culture and Wellbeing will work with the Head of Education, Culture and OD and the IT Directorate to ensure that the incorrect information is removed from the site. The Assistant Director of OD, Wellbeing and Culture will liaise with the Head of Medical Workforce to ensure that all templates are referencing the current values framework. Assurances have been provided that vacancies going out to advert are checked to ensure current values are communicated, and the incorrect templates will be removed and/or amended.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture Head of Medical Workforce	PC	Due to work on main effort, mandatory November and inputting of data, work on sharepoint has been delayed. To be looked at March 2023.
2022-23	31.12.2022	Staff Wellbeing - Culture and Values	R2/10	Medium	An objective should be added to the People and Culture Plan's Priority Action Plan, relating to the deliverable, 'Provide a voice for our people by strengthening and building networks for those who have shared protected characteristics'. The objective should outline how the Health Board plan to achieve this and how success will be measured.	The Assistant Director of OD, Culture and Wellbeing will work with the Senior Manager for Equity and Inclusion to ensure that the objective is added to the priority action plan under the theme, Engaged, Motivated and Healthy Workforce and further detail on milestones and measures will be included in this document and reported upon in the monthly flash reporting system.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture	PC	ADODWB&C to finalise details attributed with the objective with the Senior Manager for E&I and send through to the Deputy Head of People Assurance and Experience by the **end of January 2023**. Milestones and measures will be influencef by outcomes of conversations around the Anti-Racist Action Plan which will include development of staff networks.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2022-23	31.01.2023	Staff Wellbeing - Culture and Values	R3/10	Medium	To enhance the People and Culture Plan's Priority Action Plan, consideration should be given to the following: • Clarity of the progress made against each objective; • RAG rating objectives; • The use of Microsoft Excel to capture the Plan and utilise the functionality; and • Targets and indicators to measure implementation.	Work is currently underway in strengthening identified KPIs for the plan, and identifying additional KPIs. The first year of the plan has been a learning experience and the development of effective measures and systems will be a focus for the oneyear review in January 2023. This review will include these recommendations. The current monthly reporting of Flash Reports, which inform a 6 monthly update to Strategy and Delivery Committee currently use a RAG rating, but it is recognised this needs enhancing as recommended. The review in January 2023 will strengthen the reporting and tracking of the People and Culture Plan, utilising the most effective platform, e.g. Excel. Work has already started on this, drawing upon the expertise of the Innovation Team. There is the possibility of a slight delay with the review due to the focus on retention within 'Winter Pressures' and focus of effort upon supporting the wellbeing of staff.	Executive Director of People and Culture	Executive Director of People and Culture Deputy Director of People and Culture Assistant Director of Resourcing Assistant Driector of OD, Wellbeing and Culture	PC	Conversations with Ceri Phillips (IM) around measurements and evaluation have taken place and will help inform progress in this area, although the development of the 'system' to record progress will require a significant investment in time.
2022-23	31.01.2023	Staff Wellbeing - Culture and Values	R4/10	Medium	A Terms of Reference for the Strategic Wellbeing Group should be completed to define the Group's purpose in the current climate. Membership, priorities and reporting lines (including that of the anticipated Operational Wellbeing Group) should be clarified.	Work has started on drafting the Terms of Reference for the Strategic Wellbeing Group which was previously focused on supporting staff through the emerging and continuing pandemic. The group continues to function effectively, supporting direction through Winter Pressures but will take a more long-term, strategic approach to staff wellbeing as we move into 2023. The Terms of Reference will be discussed in the December 2022 meeting and agreed by January 2023.	Executive Director of People and Culture	Executive Director of People and Culture Assistant Director of OD, Wellbeing and Culture	PC	Terms of reference were not discussed at the December meeting due to low attendance. TORs currently being drafted at to ensure reference to staff welfare and experience. To be discussed in Feb 2023 meeting, finalised by April 2023.
2022-23	28.02.2023 31.01.2023	Staff Wellbeing - Culture and Values	R5/10	Low	Wellbeing information contained on the Health Board's website and staff SharePoint site, require an update, specifically: • The 'Your Health and Wellbeing' section of the website should be updated to reflect the role of the Strategic Wellbeing Group, and information relating to the former Health and Wellbeing Advisory Group should be removed; and • Links within the SharePoint site require review to ensure effective signposting to dedicated wellbeing pages on the Health Board's website.	The Assistant Director of OD, Wellbeing and Culture will work with the Employee Wellbeing Services Team to ensure that all content is up-to-date, links corrected and out of date information removed. This will be a 'work in progress' as the team are currently responding to increased demand, however, we will work closely with the IT Department to rectify this. The new TORs for the Strategic Wellbeing Group will be agreed in January 2023 and uploaded upon sign-off.	Executive Director of People and Culture	Assistant Director of OD, Culture and Wellbeing	PC	Focus of work for EWS has currently been on supporting the main effort and work around P&C Roadshows. Will pick up in February to finalise by end of March 2023.
2022-23	28.02.2023	Staff Wellbeing - Culture and Values	R6/10	Medium	The monitoring arrangements for the Wellbeing Plan should be enhanced to ensure the timely delivery of agreed actions, within agreed funds available.	The UHB are currently developing the Wellbeing Strategy and Framework, which will include information on measures and monitoring. This will be put to Board for approval in February 2023. The Assistant Director of OD, Wellbeing and Culture is currently working with the Innovation and Improvement Team to develop the monitoring mechanism for the wellbeing projects, which will align with the measurements under the P&C Plan.	Executive Director of People and Culture	Assistant Director of OD, Culture and Wellbeing	PC	Draft Wellbeing Strategy and Framework (design) has been completed and a communication plan to discuss at Clinical Board SMTs is being compiled for Feb/March 2023. Following the communication this will be taken intially to LPF, and discussed at Strategic Wellbeing Group. The Strategy and Framework will include mechanisms for measurement / evaluation. Work is also underway with the EWS re measurement of effectiveness of intervention and a dashboard is being created. Draft to be discussed with the Exec Director of P&C in Feb 2023. Pause on work with I&I due to capacity, to be picked up March 2023.
2022-23	31.01.2023 31.12.2022 31.01.2023	Staff Wellbeing - Culture and Values	R7/10	Medium	To evaluate the success of wellbeing initiatives, the Health Board should instigate a cultural assessment toolkit, or an alternative means of evaluation which will support the effective delivery of the People and Culture Plan.	Monitoring and Evaluation methodology will be developed alongside the Wellbeing Strategy and Framework. In terms of Cultural Assessment Toolkits, the UHB are currently piloting the 'Leadership and Compassion' Programme, designed by Prof Michael West and The King's Fund with NHSE/I, with support from HEIW. This trial will take place Oct-Dec 2022. The UHB is currently undertaking an options appraisal of Cultural Assessment Tools to identify the most appropriate.	Executive Director of People and Culture	Assistant Director of OD, Culture and Wellbeing	PC	Please see above re measurements and evaluation. Cultural Assessment underway in ALAS using the Leadership and Compassion Programme, due for completion and report of recommendations bg March 2023. Review of other Cultural Assessments underway, including Affina OD, Insight, etc. Awaiting update on NHS Wales Staff survey, unlikely to be prior to Q2 2023/24. Pilots of Cultural Assessments to be evaluated for effectivness and ease of use. (C&LP - March 2023; other tbc)
2022-23	31.01.2023	Staff Wellbeing - Culture and Values	R9/10	Low	In advance of finalising the Health Intervention Team's Action Plan, the following enhancements should be considered: • To include an additional column to the 'completed actions' tab, which should outline how and when an action was achieved; • To separate the 'lead and timeframe' column for clarity; • A RAG rating should be used where appropriate; and • To review the information currently outlined in the 'measurement' column to ensure it is quantifiable.	This is currently in development and work is being completed to ensure alignment with the P&C Plan and the developing Wellbeing Strategy and Framework. It is noted that some actions will fall out of the remit of the Health Intervention Team and will be passed to the relevant Clinical Board for implementation and monitoring.	Executive Director of People and Culture	Assistant Director of OD, Culture and Wellbeing	PC	The Health Intervention Team have completed an impact report which is currently being reviewed before sharing wider at necessary forums. Information from both reports will be fed into the P&C Plan to ensure effective monitoring and evaluation, under Health, Engaged and Motivated theme. To be reviewed and incorporated by end of March 2023.
2022-23	31.01.2023	Staff Wellbeing - Culture and Values	R10/10	Medium	The 'Board Assurance Framework Risk: Staff Wellbeing', should be reviewed to ensure key actions being taken to address the Occupational Health referral wait times are included. Where gaps in controls and assurances are identified these should be considered too.	Development is underway to ensure the KPIs of the People Health Services Team, which includes Occupational Health, Physiotherapy, and Employee Wellbeing Services are reported upon monthly as part of the wider reporting within People and Culture. This will be added onto the Board Assurance Framework. It is important to note that the issue is exacerbated by absence within the team due to sickness absence, and the relevant support is being provided to staff to enable timely return to work, including phased return etc.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture Head of Occupational Health for CAV and CTM	PC	Review required of the Wellbeing BAF - current detail linked specificall to COVID, requires update to reflect currentl situation re wellbeing, retention etc. Assistant Director of OD to speak to Governance to agree way foprward - Feb 2023. OH Team produce monthly KPIs, currently looking at a quarterly report, to accompany EWS dashboard, to monitor progress, challenges, areas of success and areas of concern. Decide on format and timescales May 2023.
2022-23	31.12.2022	Implementation of National IT Systems (WNCR)	R1/4	Medium	Noting the improvements in communications with DHCW. The UHB should build on this by ensuring it is aware of the 3-5 year DHCW plan and the level of expected resource commitment from the Health Board for each item. This should feed into the C&V planning process.	Working with DHCW executive director colleagues, the national DHCW plan will be reviewed to ensure there is alignment with C&V's own strategic plans. Once the DHCW plan is available to C&V, we will incorporate into our strategic roadmap and planning process. The existing communication arrangements will continue: The process established includes: • Digital Directors Peer Group. At which DHCW provide an update of their plans and ongoing work; • Quarterly planning sessions with the Health Board and DHCW. These are two way and aim to ensure that plans are synchronised and allow the Health Board to influence and help inform the DHCW plans; • Informal executive to executive meetings planned for every 3 months	Director of Digital & Health Intelligence	Director of Digital & Health Intelligence	PC	Jan '23 Update - * Joint national plan between DHCW and CAV UHB produced (Jan '23). * Joint Exec to Exec meetings in diary (Feb '23) * IMTP plans for 23/24 shared including milestones for delivery of National and Local products.
2022-23	31.10.2022	Implementation of National IT Systems (WNCR)	R2/4	Medium	All digital projects should be subject to a formal governance structure	A formal project governance structure has been put in place including risk monitoring for the whole of the programme including digital. Formal monitoring will be provided via the WNCR Board meetings and any digital risks arising will be reported upwards to exec director level and, if necessary, to the Senior Leadership Board (formerly HSMB). Regular updates will also be submitted to the Digital & Health Intelligence committee.	Director of Digital & Health Intelligence	Nurse Informatics Lead / IT Programme Manager	PC	Jan 23 - All WNCR implementation activity paused until Wifi and device management solution is set up.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2022-23	1. 31.12.2022 2. 31.12.2022	Implementation of National IT Systems (WNCR)	R3/4	Medium	A project plan should be developed that shows the scheduling of wards, and the processes required to implement within wards, along with the timescales and resource requirements.	There are two components to this recommendation: **1. Development of an implementation schedule** A provision roll-out schedule was devised in March 2022. This schedule indicated the data for implementation and equipment required on each ward. However, further WNCR implementation is unlikely to progress in the UHB until April 2023. This pause is necessitated to accommodate the launch of another digital platform Safecare. The UHB will also enter its ePMA implementation phase in April 2023. Actions: - Revise the WNCR roll out schedule in response to the Safecare and ePMA schedule (in to prevent wards having to adopt more than one digital platform at a time). Include within this schedule: • Number of colleagues to train • Quantity/type of equipment to deliver • Training times • Post 'go live' support times **2. Development of process required to implement** Following the pilot of WNCR to three wards, the project team is now able to develop a detailed process that includes: - Device configuration - User account and email set up - Active Directory maintenance - Business continuity configuration on designated PCs - Training guides - Trouble shooting guides - Out of hours support - Provision of supplementary booklets - Additional equipment requirements	Director of Digital & Health Intelligence	Nurse Informatics Lead	PC	Jan 23 - WNCR implementation team unaware of any timelines for WIFI available to implement WNCR. WNCR implementation team unaware of arangements for device management solution. On this basis, the WNCR team are unable to progress with a proposed roll out schedule/timetable. Resources aligned to WNCR have been redeployed to support other work programmes pendings feedback.
2022-23	03.08.2023	Implementation of National IT Systems (WNCR)	R4/4	Medium	The baseline assessment should be fed into a benefits register, and a benefits assessment and realisation process should be included within the project plan.	A benefits register will be developed to record: - Digital skills of nursing workforce - Comparison of documentation completion rates before/after WNCR implementation - Use of WNCR analytics to inform improvement work - Staff feedback - Patient feedback (undertaken by patient experience team) - Cost savings (based on removal of paper documents) - Time savings	Director of Digital & Health Intelligence	Nurse Informatics Lead	PC	Jan 23 - Development of benefits register - Dec 2022 Complete Assessment of benefits by Augst 2023 (or following completion of implementation). Partially complete for x4 live wards. Unable to complete until implementation concludes- awaiting an update from digital as to when work can recommence
2022-23	Q1 2023/24	Digital Strategy	R1/5	Medium	The roadmap should be further developed so that it defines a full plan towards digital transformation. Additional information should be built into the roadmap such as: • key activities; • resourcing; • milestones; and • links to recognised themes such as peoples, processes and technology.	The roadmap will continue to develop and evolve with those key elements around activities, required resources and milestones set out. We will align to the themes of People, Processes and Technology however, the resources and senior management capacity will dictate the speed and pace of delivery. This is a significant amount of work and corelates directly with 2.1.	Director of Digital & Health Intelligence	Director of Digital Transformation	PC	We are waiting confirmation of a funding bid from WG to support the production of a Digital SoC in support of UHW2. If approved, this will provide dedicated resource which will fold this action into it. In the meantime, the IMTP includes major roadmap items as well as the report o DHIC Feb 2023. There is of course other BAU activity which doesnt sit in the roadmap. We anticipate a respons eby end March 2023.
2022-23	Q1 2023/24	Digital Strategy	R2/5	Medium	The resources required to deliver each component within the roadmap should be defined to enable the Digital Directorate to map to available resources, identify gaps and enable planning.	A TOM will be produced following the Enterprise Architecture (EA) review (first stage) which is in progress. Further work and subsequent iteration of the EA will build on strategic documents business cases, the "Case for Investment" and Roadmap documentation. This will also include a high level cut of what is needed to support the SOFs programme as it iterates through its own blueprint and TOM development. These outputs will help populate a mid-term (5 to 10 year) view of the resource plan to support the TOM and subsequent updated roadmap. Delivery plans will be dependent upon investment decisions, Resources and senior management capacity will dictate the speed and pace of delivery.	Director of Digital & Health Intelligence	Director of Digital Transformation	PC	EA work first cut due end January. Work to end Q4 is: •Workshops •Draft EA in Archimate for further discussion •Outputs agreed •Deeper Dives - 4 sessions •Challenge from SMT members •Refine & receive agreed outputs •Key decisions & Standards
2022-23	Q1 2023/2024 Ongoing	Digital Strategy	R3/5	Medium	The Health Board should review the level of funding allocated to Digital to ensure that the organisational strategies and transformation can be realised.	The deliverables in 2.1 will enable the organisation to consider its options on how to achieve the necessary investment in Digital against a strategic investment plan. This investment will be for the transformation required to take the organisation to its New State. 3.1 refers to funding the day to day business of supporting the organisation with some limited capacity to support change. Discussions are taking place with the Director of Finance on an ongoing basis re: support to fund Digital for businessas usual however this requires additionality which is challenging in the current economic climate. Resourcing Digital is on the corporate risk register and will continue to be reviewed there and progress reported at DHIC.	Director of Digital & Health Intelligence	Director of Digital Transformation Director of Digital & Health Intelligence	PC	The digital SoC will contain cost information. Capital and revenue requirements prioritised for 23/24 have been shared as part of IMTP planning. We are in a period of fiscal restraint.
2022-23	Q1 2023/24	Digital Strategy	R4/5	Medium	The UHB should consider increased represeation from Clinical Boards on DHIC	DHIC membership will be reviewed in light of the changes to the ME and CB governance model whereby a new Senior Leadership Board has been established. Wider representation from the SLB will be sought for DHIC committee membership (pending discussion with committee chair)	Director of Digital & Health Intelligence	Director of Digital & Health Intelligence	PC	A discussion on extending membership to include Clinical Board representation and will take place at DHIC meeting on 14th February 2023
2022-23	Q1 2022/23	Digital Strategy	R5/5	Medium	The operation of the Channel Programme Boards should be re-invigorated with regular meetings scheduled. The agenda for these should include an update position for the relevant strategy components. The purpose of the groups should be restated to enable clinicians and other stakeholders to have a greater say in the identification, prioritisation and scheduling of pertinent Digital items.	Governance arrangements were discussed at DSMB October 2022. Channel Boards were established when there was no space for digital conversations with the business providers of the UHB and have worked well to date. The DSMB Chair is leading the review with the CCIO and Directors in Digital to establish a revised governance model that can support digital with identification, prioritisation and scheduling of pertinent Digital items. Operational pressures in the UHB will though continue to potentially have an impact on attendance.	Director of Digital & Health Intelligence	Director of Digital & Health Intelligence Director of Digital Transformation	PC	Meetings comprising DDH&I, DDT, CCIO, chairs of DSMB and channel boards met and agreed that having matured from our start point, it is appropriate to combine boards to have a different emphasis. This is not yet ratified but is likely to incude a technically focussed group that would also act at the TDA and hold the EA alongside a patient/clinical user group. HiF continues to meet monthly with a full agenda and a membershio that exceeds 350. Additionally, a senior group from the COO office is in process of forim to consider organisational priorities D&HI will need to align to in support of 6 Goals.
2022-23	7.12.2022	Medical Equipment	R1/7	Medium	The Medical Equipment Group should seek assurance from its members that they have raised the awareness of the revised policy and procedure within their areas of the Health Board, to ensure staff are aware of any changes to their responsibilities.	Add agenda item to next MEG and MDSO meeting, asking membership to disseminate Policy and Procedure to ensure their staff are aware of the new versions. Senior Leadership Board to discuss policy and disseminate the revised policy.	Executive Director of Therapies and Health Science	Head of Clinical Engineering Executive Director for Therapies and Health Science Director of Corporate Governance	PC	The need to disseminate updates to the Med Equipment Policy and Procedure was disscussed at Decmeber 2022 MEG and MDSO meetings. EDoTH to confirm if discussed at Senior Leadership Board.
2022-23	29.11.2022	Medical Equipment	R2/7	Medium	The updated Medical Equipment Management Policy (UHB 082 v.5) requires the approval of the Quality, Safety and Experience Committee. An accuracy check of the version controls noted in the Policy (UHB 082 v.5) and Procedure (UHB 082 v.5) should be undertaken and references to version '4' replaced with version '5'.	Corporate Governance will submit revised copies of the documents at November's QSE committee for approval.	Executive Director of Therapies and Health Science	Executive Director for Therapies and Health Science	PC	To the best of EC's (aDoTH Med Equip) knowledge this was submitted for the November 2022 Corp QSE meeting, but minutes are yet to be published.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2022-23	1.02.2023	Medical Equipment	R4/7	Medium	The Clinical Engineering Department should liaise with Directorate and Ward Management on a planned and scheduled basis to confirm the ongoing existence and location of medical equipment items, to ensure the accuracy of the Medusa medical equipment database.	Initially, Clinical Engineering will perform an audit of items not seen for over 10 years. Confirmation of accuracy will be sought from Directorates and Ward Management. Depending on the results of this initial audit follow up audits will be scheduled on a regular basis.	Executive Director of Therapies and Health Science	Head of Clinical Engineering	PC	Some preparatory work has begun on the audit, but operational pressures and lack of staff resource have delayed further progress. Implementation date changed to May 2023 to allow time to train staff and carry out work.
2022-23	1.04.2023	Medical Equipment	R7/7	Medium	The Medical Equipment Group should review the current arrangements in place for evidencing and verifying that appropriate training of medical equipment is taking place, particularly for equipment classified as high risk.	The recording of medical equipment training will be discussed at the next MEG to agree on the best way forward and gather evidence of best practice. The existing training on high-risk devices such as Defibrillators, Infusion Devices, POCT and US will be shared with the MEG and MDSO groups to increase awareness. ECOD have some training records on ESR which will be evidenced on as part of this action.	Executive Director of Therapies and Health Science	Head of Clinical Engineering	PC	The recommendations were discussd at the MEG in December 2022. This is a challenging request, aside from specific examples as listed in the actions, records are kept locally by clinical teams. EC rasied the issue at the national CE network meeting, there is variable practice across the NHS. One example of good practice was noted, where competencies were recorded on Health Roster and updated by the relevant teams. This was facilitated and governed by a medical equipment training comittee, to achieve a similar system in CVUHB some staff resource would be needed. Implementation date moved forward to Decemeber 2023 to allow sufficient time to gather evidence and review.
2022-23	31.03.2023	Endoscopy Expansion	R3/9	Low	Further work is required to ensure the Project Bank Account is established and operating in line with Welsh Government policy.	The comment is noted, however, the contract was tendered through the local framework which was established prior to the formal implementation of Project Bank Accounts. The framework is due for re-tendering and will include a requirement for contractors to implement project bank accounts where the value or timescale meets the relevant criteria.	Executive Director of Planning	Project Manager	PC	The framework is due for re-tendering and will include a requirement for contractors to implement project bank accounts where the value or timescale meets the relevant criteria.
2022-23	30.04.2023	Development of Genomics Partnership Wales	R1/6	Low	As the GPW workstream arrangements are finalised and become operational, it should be ensured that for each workstream: • Key deliverables are clearly identified, including target dates for achievement. • The GPW senior teams receive routine highlight reports presenting progress against these milestones/dates; and • Any risks to the achievement of the same, which may impact the wider programme, should be reported to the Project Team and GPW Governance Board through the existing GPW reporting process.	Agreed. • Workstreams established under the Subject Matter Management (SMM) Group jurisdiction, each led by a Project Manager who reports progress to the SMM Group Chair. • Each Project Manager maintains the following (minimum) for each workstream: o Terms of Reference o Project Plan, identifying objectives and deliverables • SMM Group Chair (or deputy) compiles SMM Group Report which is shared with and reported to GPW Estates Senior Team (fortnightly) • Report identifies: o Overall progress report and RAG status o New risks and issues identified at a work stream, or overall level Workstream progress and planned work for next period, as well as any items for escalation to the GPW Estates Senior Team (e.g. for review, approvals, assurance, etc.) • SMM Group maintains a central Risk / Issues / Actions / Decisions log, contributed to by all workstream leads with operational output from workstream activities • All risks to be identified at the SMM Group level, escalated to the GPW Estates Senior Team and risk assessed as appropriate • GPW Estates Senior Team will then capture risks on meeting Risk Log as appropriate, for escalation to Project Team and/or GPW Governance Board through the risk registers as appropriate	Executive Director of Therapies and Health Science	GPW Programme Manager	NA	No update received
2022-23	N/A	Development of Genomics Partnership Wales	R2/6	Low	Key project reports should accurately reflect the supporting detailed financial reporting.	Agreed. The October 2022 Project Manager's report, and the October 2022 Welsh Government PPR, had both been updated as recommended above.	Executive Director of Therapies and Health Science		C	Actioned since fieldwork
2022-23	N/A	Development of Genomics Partnership Wales	R3/6	Medium	The impact of the construction risks should be fully recognised at cost reports (and reported outturn position), highlighting any variances between remaining contingency funds and the residual value of costed risks.	Agreed. A cost review exercise undertaken on 13 October 2022 reviewed the cost forecast and incorporated costed risks into the outturn figure. This resulted in a revised forecast overspend of £639k. This has been reported to Welsh Government, and additional funding support is being sought. Prior to this date, the costs involved were still being confirmed, and it would not have been possible to provide an accurate figure for inclusion in project reports until this time.	Executive Director of Therapies and Health Science		C	Actioned since fieldwork
2022-23	No date provided	Development of Genomics Partnership Wales	R4/6	Medium	4.1a A lessons learned review should be undertaken by Capital, Estates & Facilities, to ensure full understanding of the factors leading to the budget overspend in respect of management of the construction contract. 4.1b A lessons learned review should be undertaken by Digital to ensure full understanding of the factors leading to the budget overspend; and to ensure improved processes can be applied at future projects in respect of the determination of the IT budget requirements at the business case stage. 4.1c A report should be presented to an appropriate forum (e.g., Capital Management Group)setting out the findings of the above exercises.	a. Agreed b. Agreed c. Agreed	Executive Director of Therapies and Health Science	Projector Director Director of Digital & Health Intelligence Project Director	NA	No update received
2022-23	30.11.2022	Development of Genomics Partnership Wales	R5/6	Low	Payments should be made in accordance with contractual and/or legislative requirements.	Agreed. The DocuSign system has recently been implemented, which will expediate the process of payment approvals going forward.	Executive Director of Therapies and Health Science	Project Director	NA	No update received
2022-23	31.01.2023	Development of Genomics Partnership Wales	R6/6	Low	6a The UHB / PM should review the reasons for delays in the PIF issue/receipt process and ensure any avoidable delays are minimised going forward. 6b PIFs should be approved in a timely manner on receipt in Capital, Estates & Facilities.	6a Agreed. This will be completed and further reviewed in the lesson learned. 6b Agreed. The DocuSign system has recently been implemented, which will expediate the process of PIF approvals going forward.	Executive Director of Therapies and Health Science	Project Director	NA	No update received
2022-23	N/A 28.02.2023	Capital Systems Management	R1/4	Medium	Management should ensure appropriate arrangements in place to address / complete the outstanding agreed actions.	1a The Capital Programme is due to come to the Finance Committee every other month. The 10 Year Capital Plan was presented to the Finance Committee in the September 2022 Private meeting due to the commercial details; and prior to that the Capital Plan Delivery was presented to Strategy and Delivery Committee in May 2022. 1b Going forward there will be two further opportunities for the Finance Committee to review the Capital Programme once on 14 December 2022 and again on 22 February 2023.	Director of Finance	Director of Corporate Governance	C	1a Actioned since fieldwork 1b Finance Committee discharging responsibilities in line with Terms of Reference: February 2023
2022-23	31.12.2022 31.12.2022 31.03.2023	Capital Systems Management	R2/4	Medium High Medium	2.1 The consistent application of management processes across the CEF teams at all major capital projects (irrespective of the UHB team managing the schemes). 2.2 Changes should be approved in accordance with the approved scheme of delegation. 2.3 Management may wish to consider the implementation of a revised scheme of delegation for capital schemes funded by Welsh Government.	2.1 Agreed. The implementation of Docusign for the PIF sign off process within the department, and the reinforcement of PIF process for the relevant required schemes. 2.2 Agreed. 2.3 Agreed. The scheme of delegation will be updated regarding PIFs to ensure there is clarity on the allocation of capital programme contingency up to £75k; and will be approved by the Board.	Director of Finance	Director of Capital, Estates and Facilities	NA	No update received

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2022-23	At future schemes	Capital Systems Management	R3/4	Low	Contracts should be in place prior to the commencement of capital schemes.	Agreed. The procurement report is prepared and authorised Agreed. The procurement report is prepared and authorised whilst the contract documentation is prepared. The order is raised once these are complete. With the implementation of Docusign the Contact will be included with the approval of the procurement documentationwhilst the contract documentation is prepared. The order is raised once these are complete. With the implementation of Docusign the Contact will be included with the approval of the procurement documentation	Director of Finance	Head of Procurement in consultation with Director of Capital Estates & Facilities	NA	No update received
2022-23	31.12.2022 31.03.2023 31.03.2023	Capital Systems Management	R4/4	Medium Low Medium	4.1 The required monthly highlight reporting should be applied at all capital projects 4.2 Nominated project Lead Executives should be advised in writing of their responsibilities to the project, as required by the Action Plan. 4.3 Capital, Estates & Facilities should develop supporting procedures to ensure the Lead Executives receive relevant and timely assurance to facilitate their responsibilities.	4.1 Agreed For clarity, this refers to reorting for all major capital schemes. 4.2 Agreed 4.3 Agreed	Director of Finance	Director of Capital, Estates and Facilities	NA	No update received
2022-23	31.03.2023	Engineering Infrastructure	R1/6	Low	Further work is required to ensure the Project Bank Account is established and operating in line with Welsh Government policy.	Agreed. Further discussion ongoing with Contractor to enable project bank account to be put in place for the scheme.	Executive Director of Planning	Project Manager	PC	The framework is due for re-tendering and will include a requirement for contractors to implement project bank accounts where the value or timescale meets the relevant criteria.
2022-23	28.02.2023	Engineering Infrastructure	R2/6	Low	Individuals should be assigned as risk owners to aide effective management.	Agreed. Risk Register to be updated to include individual risk owners instead of organisation.	Executive Director of Planning	Project Manager	C	Risk registers updated.
2022-23	28.02.2023	Engineering Infrastructure	R3/6	Low	The Project Executive Plan (PEP) should be reviewed for accuracy and updated appropriately.	Agreed. Project manager to review PEP and update any changes monthly	Executive Director of Planning	Project Manager	C	Included in PM monthly report
2022-23	At future projects	Engineering Infrastructure	R4/6	Low	At future projects of the type, the Business Justification Case contract strategy should include e.g., contract/appointment considerations enabling more effective scrutiny.	Agreed. To be reviewed for future projects.	Executive Director of Planning	Director of Capital, Estates and Facilities	C	Training has been undertaken with the planning teams to enable them to determine the most appropriate form of contract for each of the projects
2022-23	N/A	Engineering Infrastructure	R5/6	Medium	Change Management Systems - N/A See Capital Systems Report	N/A See Capital Systems Report	Executive Director of Planning	N/A	C	Change Management recommendations have been made within the Capital Systems Management Audit and will be monitoried within responses to recommendation 2 of that Audit
2022-23	N/A 31.03.2023	Engineering Infrastructure	R6/6	Medium Low	6.1 The performance issue with the medical gas and equipment supplier will be resolved so that any time and cost implications can be assessed and factored into the project reporting mechanism. 6.2 A Lesson learned exercise should be undertaken about how best resolve any similar issues in the future	6.1 Agreed. The engagemenet issue with BOC has been resolved and has not currently had any implications on time or cost. 6.2 Agreed. A discussion will be completed with colleagues in procurement as to how future tenders include the need for early engagement associated with similar equipment, is factored into tender documents.	Executive Director of Planning	Director of Capital, Estates and Facilities Project Manager	C	Complete, information has been provided by the supplier
2022-23	28.02.2023	Core Financial Systems (Treasury Management)	R1/4	Medium	The Treasury Management (Incorporating Cash Forecasting and Bank Account Controls) Financial Control Procedure should be strengthened as follows: - The requirements of the Standing Financial Instructions, section 7.3.1 (d) Banking Procedures should be addressed; - Consideration of developing, if not included within the FCP, a separate procedure to cover the access and control arrangements of the online banking system, Bankline; and - To enhance resilience, the inclusion of the process for developing the monthly cashflow forecast, which is a key document used to inform Welsh Government on a monthly basis of the Health Board's cash requirements.	•Agreed to revise FCP to include the requirements of 7.3.1 (d) also addressed in point 2 on management actions. •Agreed FCP to be updated to include control arrangements for access, inputting and authorisation of the online banking system. • Agreed to update the process document for develoing the monthly cashflow	Director of Finance	Rebecca Holliday, Head of Financial Services	PC	Cashflow process recommendation, timeline agreed May 2023 - incomplete as at March 2023. All other actions completed and FCP updated, no issues encountered .
2022-23	28.02.2023	Core Financial Systems (Treasury Management)	R2/4	Medium	To enhance the access and control arrangements of the online banking system, Bankline the following should be considered: - Consideration should be given to the operational arrangements of Bankline and how the requirements of the SFI are met regarding an appropriate payment approval hierarchy for e banking approvers; - To ensure segregation of duties between the administration and payment processes, Bankline administrators should receive cards and card readers from leavers, and should adequately destroythe card to reduce risk of misuse; - An up to date list of Bankline users should be held to include current users and their up to date job titles; and - We support the activation of a fifth user on Bankline to ensure there is adequate cover for absence.	•Agreed – Payments via Bankline >£500k shall require a 2nd authoriser AfC band 8 or above. – FCP to be updated. • Agreed – FCP to be updated to ensure segregation of duties between the administration and payment process for Bankline. Also, the FCP to be updatedwith process for leavers and destroying of Bankline e-cards. • Agreed – An up to date list of Bankline users to be held. • Agreed – To activate an additional inputter if operationally possible within team.	Director of Finance	Head of Financial Services	C	FCP updated to include all recommendations
2022-23	31.03.2023	Core Financial Systems (Treasury Management)	R3/4	Low	It is recommended that the Treasury Management function hold a copy of the Bank Mandate, which is reviewed periodically to ensure it is up to date and meets the needs of the Health Board.	Agreed - Bank Mandate to be reviewed on an annual basis	Director of Finance	Head of Financial Services	C	FCP updated to include all recommendations.Bank mandate reviewed and updated, annual review noted in FCP.
2022-23	31.03.2023	Core Financial Systems (Treasury Management)	R4/4	Low	It is recommended that the Bank Reconciliation is signed off using Microsoft's digital signatures function.	Agreed to bank reconciliation to be signed off using Microsoft's digital signature	Director of Finance	Head of Financial Services	C	Microsoft digital signature now part of month end review . Implemented February 2023.
2022-23	N/A	Assurance Mapping (advisory)	R1/3	N/A	Consideration should be given to reviewing and revising the Health Board's approach to the 'Three Lines of Defence' model, so that it aligns to risk, governance and assurance best practice.	Our review of the updated RM and BAF Strategy 2022 and the Assurance Strategy 2021-24 confirmed that they now adopt the "Three lines Model" in line with best risk management and governance practice. The opportunity identified in phase 1 is therefore complete	Director of Corporate Governance	Head of Risk and Regulation	C	Completion confirmed within Audit Recommendation
2022-23	N/A	Assurance Mapping (advisory)	R2/3	N/A	The Health Board should consider reviewing and revising the current Assurance Map template, appended to the Assurance Strategy, so that the layout and content takes a risk based approach, which will assist in prioritising areas to take forward.	We noted significant improvements with the layout and content of the Assurance Map Template, it now takes a risk-based approach with RAG ratings for the sources of assurance, has clear links with the Corporate Risk Register and includes an assessment on the target/desired assurance level for each risk. The opportunity identified in phase 1 is therefore complete.	Director of Corporate Governance	Head of Risk and Regulation	C	Completion confirmed within Audit Recommendation
2022-23	N/A	Assurance Mapping (advisory)	R3/3	N/A	Consideration should be given to developing a formal action plan with actions, designated responsibility and timescales for implementation / review of the Assurance Strategy.	The Assurance Strategy Action Plan should be further developed to include actions for the medium term, to ensure the strategy becomes fully embedded across the Health Board.	Director of Corporate Governance	Head of Risk and Regulation	C	Agreed - A longer term action plan will be shared at the February Audit and Assurance Committee for approval.
2022-23	31.03.2023 31.07.2023	New IT Service Desk System	R1/4	High	1.1 A Standard Operating Procedure should be developed for the monitoring of open calls and calls set to 'Waiting for Customer' status. Customers with calls set to 'Waiting for Customer' status should receive two reminders, and these calls should be closed if the customer fails to respond after the second reminder. 1.2 Consideration should be given to making the target resolution date a mandatory field for all calls.	1.1 Service Desk Standard Operating Procedures have been created as part of the implementation. Standard reporting within the software has been configured to report Incidents and Service Requests which has passed baseline SLAs. Advanced reporting is currently being installed and configured using dynamic Microsoft Power Business Information reporting tools. 1.2 Target resolution date is already configured within the system, as this is linked to the SLA. Inclusion of a target resolution date is difficult to predict for non standard requests due to external factors, however, an indicative date will be included.	Director of Digital & Health Intelligence	IT Support Manager IT Support Manager	NA	No update received

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2022-23	31.03.2023	New IT Service Desk System	R2/4	Medium	To enable Incidents to be effectively prioritised guidance should be developed for the use of Urgency and Impact levels when logging new Incidents. This should include clear definitions for each level and when they should be used, i.e. What does High, Medium and Low Impact and Urgency mean and when should these be used. The criteria used to automatically assign priority levels should also be reviewed to ensure calls are being effectively prioritised.	Further documentation will be created to ensure that Urgency and Impact of Incidents is clarified. Additionally, the automatic criteria for call priority will be detailed and documented.	Director of Digital & Health Intelligence	IT Support Manager	NA	No update received
2022-23	31.03.2023	New IT Service Desk System	R3/4	Medium	A process should be developed to formally approve access to the system and to allocate appropriate access privileges, and to remove access from users that change post or leave the organisation.	Due to the Service Desk being owned and managed by the CAV IT support function, access is only provided to administrative staff on a need only basis. This is after appropriate training has been provided. As part of the improved Started, Movers and Leavers process within CAVUHB access rights are removed when staff members leave their role or organisation. The ISM platform is licenced using concurrent licences which are reviewed frequently, this provides additional controls around access.	Director of Digital & Health Intelligence	IT Support Manager	NA	No update received
2022-23	31.07.2023	New IT Service Desk System	R4/4	Medium	The service levels provided should be formally agreed with each user department. As part of this process an agreement setting out the responsibilities and expectations of all staff should be defined. Key Performance Indicators for the IT service desk should also be developed and regularly monitored and reported at an appropriate forum within the Digital & Health Intelligence Directorate.	A new Ivanti reporting server has been implemented within the last week. This server will be used to provide detailed, customised reports from Ivanti. KPI and SLA compliance reports will be created and reviewed within the next 3-6 months. These will also be fed formally into the Board via the digital and health intelligence sub-committee on a regular basis.	Director of Digital & Health Intelligence	IT Support Manager	NA	No update received
2022-23	28.02.2023	Access to In-Hours GMS Service Standards	R1/3	Medium	Management should revisit Welsh Government guidance to ensure Access Standards' performance and reporting requirements are met by the Health Board.	Access Standards guidance to be reviewed and appropriate corporate governance structure for reporting within the Health Board confirmed - Process for reporting established - TOR updated We reviewed the Terms of Reference and attendance of four Access Forums meetings, for the period 2021- 2022, and note the following: The Terms of Reference should undergo annual review according to its own review requirements, but we found no evidence of it being reviewed since it was finalised in January 2020. Whilst reviewing Access Forum attendance, we found one forum was not quorate. The Terms of Reference considers the Access Forum to be quorate with the following members in attendance, but we noted the absence of the Local Medical Committee representative at the December 2021 Access Forum: Director of Operations or delegate; Representative from the Primary Care Team; Locality Manager/Assistant Locality Manager;Community Health Council representative; Local Medical Committee Representative; and Practice Manager Representative. Further, we also note the absence of a member of PCIC management at three of the meetings reviewed, although their attendance does not impact on quoracy. As per the Terms of Reference, other membership at the Access Forum should include a Practice Manager representative from each cluster within the Health Board. There is an expectation that each Practice Manager representative shares examples of best practice, discussed at the forum, within their cluster. However, we found two of the Practice Manager representatives failed to attend one of the four forums reviewed, whilst one of the representatives failed to attend three of these four. Absence of these members is significant as GP practices rely on them to disseminate best practice examples to	PCIC Director of Operations	Sarah Griffiths, Head of Primary Care	PC	Audit reviewed in Access Forum 8th February and agreed that TOR /membership would be reviewed by Sarah Griffifths outside of the meeting and sent to members via email and brought back to next Forum on 12th May for sign-off. Reporting arrangements through UHB governance structure to be clarified and TOR updated.
2022-23	28.02.2023	Access to In-Hours GMS Service Standards	R2/3	Medium	The Access Forum's Terms of Reference should be reviewed and updated in accordance with its own requirements. As part of that review consideration should be given to those that make up quoracy of the forum, and the potential for deputy/alternative attendees for Practice Manager Representatives, and PCIC management when they are unable to attend.	TOR to be reviewed, including essential membership to ensure quoracy.	PCIC Director of Operations	Sarah Griffiths, Head of Primary Care	PC	Audit reviewed in Access Forum 8th February and agreed that TOR /membership would be reviewed by Sarah Griffifths outside of the meeting and sent to members via email and brought back to next Forum on 12th May for sign-off. Reporting arrangements through UHB governance structure to be clarified and TOR updated.
2022-23	30.04.2023	Access to In-Hours GMS Service Standards	R3/3	Low	Consideration should be given to the feedback obtained through this review and whether any learning can be taken forward to further support GP practices to implement and achieve the Access Standards.	Explore further the specific support required from practices using Practice Manager representative to identify from their constituent locality practices	PCIC Director of Operations	Sarah Griffiths, Head of Primary Care	PC	Specification developed by Primary Care Contract and Development Manager on key attributes expected from practice manager representative/role requirement. Review of current members continued involvement based on these requirements or whether further advertising of the roles needed to replace
2022-23	N/A	Endoscopy Insourcing	R1/6	Medium	Management should undertake the following to strengthen the performance arrangements with RHS: • The weekend points target should be reviewed against the SLA and current performance levels to ensure it is realistic and achievable; and • Develop a more robust methodology to ensure that the points achieved by RHS are effectively monitored against the weekly points booked and points target to enable an accurate assessment of the contractor's performance.	The weekly target for points / number of patients seen each day has been agreed between the operational and clinical teams in Cardiff and Vale UHB and RHS and agreed as realistic and achievable. RHS performance is monitored on a weekly basis at the weekly Wash-up calls.	Chief Operating Officer	General Manager	C	Complete
2022-23	N/A	Endoscopy Insourcing	R2/6	Medium	The governance arrangements for the Quality & Safety Governance Group, and Weekly Wash-Up meetings could be enhanced, specifically: • The Terms of Reference for the Quality & Safety Group should be updated to include a quorum for meetings; • Administrative arrangements for both forums should be improved to ensure that meeting notes are written up and circulated promptly after meetings; and • Consideration should be given to developing a template document for all weekly wash-up meetings. This should follow the agreed standing agenda and include the weekend dates.	The audit recommendations have been actioned by the department. - The quorum has been added to the Terms of Reference for the both the Weekly Wash-up calls and the Quality and Safety Governance Meetings. A standing agenda remains in place for both meetings. - The minutes of the Quality and Safety Governance meeting held in July were delayed due to sickness within the directorate management team. Minutes and actions from other Quality and Safety meetings have been circulated in a timely manner. - A template document for the weekly wash up calls has been developed and is in use. The action log and notes of the meeting are circulated to attendees within 24hrs of meeting.	Chief Operating Officer	General Manager	C	Complete
2022-23	N/A	Endoscopy Insourcing	R3/6	Medium	Management should ensure that Declaration of Interest forms, and where applicable Working Time Regulations Opt Out forms are fully completed and signed off by management for all Health Board staff that work on the RHS contract.	The outstanding DOI form for one member of staff has now been completed. This member of staff would not require a WTD opt-out form as they do not work over hours. All DOI forms have been fully completed by the line manager.	Chief Operating Officer	Lead Nurse	C	Complete

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Agreed Management Action	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Executive Update for February 2023: Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2022-23	31.01.2024	Endoscopy Insourcing	R4/6	Medium	To ensure staff working on the RHS contract are suitably qualified and experienced, the following records should be available and held by management: • CVs from RHS for all staff working on the contract with evidence of review and approval; • Staff that have not provided suitable CVs should not be allowed to work on the contract; and • Records should be maintained of the names of RHS staff that have worked on the contract each day to verify that the correct number of staff have been provided.	All Operator CVs (consultants and nurse endoscopists) are reviewed by the clinical director before they are authorised to work as part of the insourcing contract. The directorate will ensure that these CVs are kept on file with evidence of authorisation. As with all Agencies that supply nurses to the Health Board, it is the responsibility of the agency to ensure that nurses are qualified for the role they are performing.	Chief Operating Officer	Clinical Director	PC	1. All Operator CVs and evidence of authorisation to work, following review by Clinical Director, now stored by management. The Unit Manager receives confirmation of RHS staff that have worked each day from the local lead and maintains records of this, these will now also be stored centrally. 2. No, completed within Implementation Date set. 3. No challenges. 4. UHB Audit Committee on 07.02.2023
2022-23	31.12.2022	Endoscopy Insourcing	R5/6	Medium	Key Performance Indicators should be developed to monitor the contractor's clinical performance.	The Directorate team has requested that RHS provide a monthly clinical KPI report however this has been delayed partly due to the changeover in staff at RHS. The Directorate team has recently received a draft clinical KPI report from RHS and are working with the provider to finalise this report.	Chief Operating Officer	General Manager	PC	1. KPI report received but further work needed to finalise. 2. Yes, Implementation Date not met as finalisation of KPI report delayed. 3. Re-tendering of contract presented some disruption. 4. As above
2022-23	31.03.2024	Endoscopy Insourcing	R6/6	Medium	It may be prudent to try and instigate an amendment to the contract (see section 6A of the SLA, Variation to Standard Specification) whereby the failure to achieve the agreed points each weekend would result in a proportional financial penalty, rather than the non-payment of invoices in full should the failure be caused by RHS not providing sufficient staff.	The directorate team will consider an amendment to the contract to include proportional financial penalty where RHS is unable to achieve the full weekly points / patient target.	Chief Operating Officer	General Manager	PC	1. Contract amended and all documents with Procurement for final checks. 2. No, Implementation Date of 31.03.2024 remains achievable, should be out to tender by May 2023. 3. Funding approval awaited. 4. As above
2022-23	31.03.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R1/7	High	The Health Board's Records Management Policy (UHB 142 v3) and Procedure (UHB 326 v2) require review.	Review of The Health Board's Records Management Policy (UHB 142 v3) and Procedure (UHB 326 v2) will be undertaken to reflect subsequent changes in national and local legislation and guidance, as well as operational practice, with view to updated versions being approved and available to Health Board teams and employees.	Chief Operating Officer	To be determined following wider cross clinical board and corporate function discussions, led by the Director of Operations, Clinical Diagnostics & Therapeutics Clinical Board.	PC	Collective agreement that the review will be undertaken by Digital & Health Intelligence, with support from CD&T related to key operational aspects.Review process in progress Last shared at the 07/02/23 Assurance Committee
2022-23	31.03.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R2/7	High	In alignment with the review of the Records Management Policy and Procedure, the governance arrangements should be redesigned to provide effective oversight of the tracking of health records, to ensure there is a line of sight to the accountable executive of the policy and procedure.	The Health Board has a monthly Information Governance Sub-group chaired by the SIRO and attended by senior leaders including the Medical Director. Matters relating to the tracking of medical records can be escalated there. The group is linked to the Digital and Health Intelligence Committee (formerly the Information Governance Sub-Committee), and as such relevant points and actions will be raised accordingly at organisational governance fora. It is acknowledged that the mechanism for receiving points of escalation is often responsive in nature. Review of current governance arrangements related to medical records management will be undertaken with recommendations made, and subsequently enacted, to ensure a clearer line of sight to the accountable executive of related policy and procedures and related Heath Board.	Chief Operating Officer		PC	Collective agreement that review of governance arrangements will be undertaken by Digital & Health Intelligence, with support from CD&T related to key operational aspects In process - linked to recommendation R1/7 Last shared at the 07/02/23 Assurance Committee
2022-23	28.02.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R3/7	High	Management should consider viable options to address the issues identified through our observations of security and storage arrangements of Health Records.	The department will develop a Security and Storage action plan addressing all points outlined. The plan will detail which elements the department is responsible for delivering and those requiring Clinical Board or Health Board support e.g. those requiring capital works. It will be submitted to the Clinical Diagnostics & Therapeutics Clinical Board, with review, support and oversight through its Quality, Safety and Patient Experience Sub-Committee programme.	Chief Operating Officer	Directorate Manager, Patient Administration and Outpatients	C	Security & Storage Action Plan' developed and submitted as part of an 'Medical Records Tracking Internal Audit - Management Response' SBAR for approval at CD&T Formal Board Last shared at the 07/02/23 Assurance Committee
2022-23	3.03.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R4/7	Medium	Management should formally track progress of taking forward lessons learnt to mitigate the risk of known issues recurring and to assist in identifying barriers that can be escalated for resolution.	A Health Board 'Tracking of Medical Record Learning and Improvement Proposal' will be developed. This will incorporate the points outlined in the Ombudsman response November 2021. Learning and progress on improvement will be assessed through Clinical Board's Quality, Safety & Patient Experience meetings, with further oversight	Chief Operating Officer	Directors of Nursing, and to be determined following wider discussion	PC	The 'Tracking of Medical Records Learning and Improvement Proposal' draft document remains in progress. Review and onward assessment yet to be discussed with Directors of Nursing (full agendas and several meetings stood down related to operational pressures). Proposal has been discussed with the Assistant Director of Quality and Patient Safety. Considerations to be raised directly with the Executive Director of Nursing. Last shared at the 07/02/23 Assurance Committee
2022-23	31.03.2023 3.02.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R5/7	High	Management should ensure staff are reminded of their responsibilities to return health records once used and the importance of updating PMS or PARIS following a change in location.	This will be taken forward as part of Agreed Management Action 4, specifically in relation to point 4 of Matters Arising 4. Departmental (Health Records), reinforcement of correct processes and good practice related to storage of medical records, will be undertaken prior to this.	Chief Operating Officer	As recommendation 4 Head of Health records	PC	Note R4/7 update The reinforcement of correct processes and good practice related to storage of medical records within Health Records has been undertaken, led by the Head of Health Records Last shared at the 07/02/23 Assurance Committee
2022-23	28.02.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R6/7	Medium	Management should consider enhancing the operational efficiency and effectiveness to track medical records, based on our findings associated with the alternative filing systems in use, the indexing of records, the inconsistencies between UHL and UHW, and random spot checks on locations.	The department will revise its related local Standard Operating Procedures to ensure consistency of practice across sites, particularly in relation to the points outlined. Emphasis will be placed on regular sample location and tracking checks and hierarchy of actions depending on findings. A specific plan to complete the progress made towards a universal filing system (location-based tracking), will be developed. This will link to the Security and Storage action plan aligned to Recommendation 3.	Chief Operating Officer	Directorate Manager Patient Administration and Outpatients	PC	Sharing of tracking checks techniques and actions has been shared. Revision of the related Standard Operating Procedure is in progress. Plan for a universal filing system (location-based tracking) incorporated within the departments 'Security & Storage Action Plan' - note R3/7 Last shared at the 07/02/23 Assurance Committee
2022-23	31.07.2023	Medcial Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board	R7/7	Low	Following the implementation of recommendations 1 and 2 within this report, consideration should be given by management and the relevant governance forums of how the known barriers to digitisation can be addressed, if the Health Board aspires to digitise Health Records.	An assessment and proposal document will be created outlining known and potential barriers to digitisation and how they can be addressed, linking to current Health Board strategies and programmes, and specifically to national and organisational Digital work plans and schemes.	Chief Operating Officer	Director of Digital & Health Intelligence	PC	In progress, led by Digital & Health Intelligence with input from other services including Health Records
2022-23	31.04.2023	Management of Locum Junior Doctors (Children & Women's Clinical Board)	R1/4	Medium	Management within the Acute Child Health Directorate need to ensure that they grant approval for a Locum Junior Doctor working within their respective Directorate prior to them carrying out any shifts.	CHFW: There are some occasions when there is short term sickness, that the vacant shift is put on Envoy retrospectively. This can be during weekends or out of hours when the medical staffing coordinator is not present. Approval is granted prior to the start of the shift by the clinical lead for junior medical workforce, however is not recorded on envoy until the next working day. The directorate management team will work closely with the lead for junior medical workforce to identify a process that will ensure all vacant shifts are recorded prior to any shift being worked when the rota coordinator is not in place (out of hours and at weekends). The efficacy of this process will be regularly audited by the Directorate Management team and amended until it is sustainably embedded as business as usual.	Chief Operating Officer	Dr Genevieve Thueux, Assistant Clinical Director for Workforce (Lead for Junior Medical Workforce) Victoria Taylor, Medical Staffing Coordinator Directorate Management Team	NA	No update received

Key: C – Complete PC – Partially Complete NA – No Action

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2019/20 (April 2023 Update)

Recommendation Status	High	C	PC	NA	Medium	C	PC	NA	Low	C	PC	NA
Overdue under 3 months												
Overdue by over 3 months under 6 months												
Overdue over 6 months under 12 months												
Overdue more than 12 months			1				4					
No date set												
Total			1				4					

Total number of recommendations outstanding as of 17th March 2023 for financial year 2019/20 is 5 compared to the position in February 2023 when a total of 10 outstanding recommendations were noted.

Key: C – Complete PC – Partially Complete NA – No Action

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2020/21 (April 2023 Update)

Recommendation Status	High	C	PC	NA	Medium	C	PC	NA	Low	C	PC	NA
Date not reached												
Overdue under 3 months												
Overdue by over 3 months under 6 months												
Overdue over 6 months under 12 months												
Overdue more than 12 months							3			1	1	
Total					**3**		3		**2**	1	1	

Total number of recommendations outstanding as of 17th March 2023 is 5 (1 of which is listed as complete) compared to the position in September 2022 when a total of 8 outstanding recommendations were noted.

Key: C – Complete PC – Partially Complete NA – No Action

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2021/22 (April 2023 Update)

Recommendation Status	High	C	PC	NA	Medium	C	PC	NA	Low	C	PC	NA
Date not reached												
No date agreed		1				1						
Overdue under 3 months			1				1				1	
Overdue by over 3 months under 6 months			1			1	2	1				
Overdue over 6 months under 12 months				1		1	10	8		1	1	2
Overdue more than 12 months		2	2				1					
Total	**8**	3	4	1	**26**	3	14	9	**5**	1	2	2

Total number of recommendations outstanding as of 17th March 2023 is 39 (7 of which are listed as complete) compared to the position in February 2023 when a total of 65 outstanding recommendations were noted.

Key: C – Complete PC – Partially Complete NA – No Action

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2022/23 (April 2023 Update)

Recommendation Status	High	C	PC	NA	Medium	C	PC	NA	Low	C	PC	NA
Date not reached							8	2			2	1
No date agreed						5		1		2		1
Overdue under 3 months		1	3	1		3	12	5		4	4	1
Overdue by over 3 months under 6 months						2	11	2				4
Overdue over 6 months under 12 months							3				1	
Overdue more than 12 months												
Total	**5**	1	3	1	**53**	10	33	10	**20**	6	7	7

Total number of recommendations outstanding as of 26th January 2023 is 81 (17 of which are listed as complete (including 3 advisory recommendations which aren't included in the above table) compared to the position in February 2023 when a total of 57 outstanding recommendations were noted.

Report Title:	Audit Wales Recommendation Tracking Report				Agenda Item no.	7.6	
Meeting:	Audit and Assurance Committee		Public	x	Meeting Date:	04.04.2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Risk and Regulation Officer						

Main Report
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 Audit Wales by means of an External Audit Recommendation tracking report ("the Tracker"), a copy of which is attached as Appendix 1.

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

The Tracker includes one new report presented to the February 2023 Committee meeting, namely, the Structured Assessment 2022 Report which records 3 new audit recommendations.

The Tracker records a total of 34 recommendations, 3 of which are reported as complete, 25 have been partially completed. There are also 6 entries where no further action has been reported since the February 2023 Committee meeting. The status of the recommendations within the Tracker is as follows:

- One recommendation has no agreed due date for implementation
- Thirteen of the recommendations are yet to reach their agreed implementation dates.
- Nine recommendations are less than 3 months overdue
- One recommendation is over 3+ months overdue.
- Three recommendations are 6+ months overdue
- Seven recommendations are 1+ year's overdue

A review of all outstanding recommendations has been undertaken with executive and operational leads for each recommendation since February 2023. This work will continue and will be reported at each Audit and Assurance Committee to provide regular updates on the status of recommendations.

There are 4 outstanding recommendations dating back to Audit Reviews undertaken in 2019/20 and 2020/21, 1 of which is reported as complete. The remaining 3 recommendations will be reviewed with Audit Wales Colleagues prior to the July Committee meeting to identify opportunities for a further review in these areas or the potential for closure of the same due to recommendations being superseded.

The table at Appendix 2 shows a summary status of each of the recommendations made for external audits undertaken in 2019/20, 2020/21, 2021/22 and 2022/23 as at 21st March 2023.

Recommendation:
The Audit and Assurance Committee Members are asked to: **(a)** Note and receive assurance from the progress which has been made in relation to the completion of Audit Wales recommendations. **(b)** To note the continuing development of the Audit Wales Recommendation Tracker.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration	x	Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
By maintaining an up to date Regulatory Recommendation Tracker, the Health Board mitigates the risk that it may be subject to legal or regulatory penalty.
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No

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

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Recommendation	Management Response	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2019-20	No date specified	Clinical Coding Follow-up From 2014 not yet completed	R2	**Medical Records:** R2 Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include: a) reinforcing the Royal College of Physician (RCP) standards across the Health Board and developing a programme of audits which monitors compliance with the RCP standards; b) improving compliance with the medical records tracker tool within the Health Board Patient Administration system (PAS); c) putting steps in place to ensure that notes that require coding are clearly identified at ward level and that clinical coding staff have early access to medical records, particularly at UHW; e) reducing the level of temporary medical records in circulation; f) considering the roll out of the digitalisation of health records to the Teenage Cancer Unit to allow easier access to clinical information for clinical coders; and g) revisiting the availability of training on the importance of good quality medical records to all staff.	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.	Director of Digital and Health Intelligence	Head of Information Governance	PC	b)The UHB is developing mobile tracking technology which would support an audit programme designed to determine levels of tracking compliance across departments Head of IG working with Medical Record's Directorate Manager to implement regular auditing function. An internal audit plan has been approved to undertake a tracking audit - * Fieldwork - September 2022 * Audit Completion - December 2022
2019-20	Mar-20	Audit of Financial Statements Report Addendum - Recommendations	R4	4: the Phase 2 and Phase 3 continuing healthcare claims require concluding The Health Board should establish the reason for the ongoing delay with each of the remaining Phase 2 and Phase 3 claims and it should seek to conclude them promptly.	Phase 2 – all cases completed	Director of Finance	Deputy Finance Director	C	Phase 2 – All claims completed Phase 3 – All claims completed except for one claim which is at reimbursement stage
2020-21	Mar-22	Follow-up of Operating Theatres	R4	Create standards for professional management and leadership and ensure that team leaders meet that standard.	The regular 2:1 Theatre Managerand Lead Nurse/General Manager meetings and the regular 2:1 Clinical Leader, Lead Nurse and General Manager meetings will continue for the forseeable future. There is also a Directorate Management meeting on a bi-weekly basis and Clinical Leaders meeting with Theatre Managers occurs on a regular basis. These meetings offer the opportunity to ensure that the Managers and Leaders within the Directorate are being supported and any issues can be discussed through a standardised agenda. Update 17/08/2022 - These meetings occur on a reqular basis, are scheduled in advance either monthly or bi-monthly and are well attended. There are agendas and minutes are recordrd that are fed back during Directorate Management Team Meetings by each of the Theatre Managers. Actions are discusssed and closed when completed. THIS RESPONSE CAN BE CLOSED Workforce Manager appointment was made 20/12/2022. This role will ensure that the staff engagement work that is being carried out will continue and will drive not only workforce redesign but also the professional standards of the directorate. This project approach has been implemented and progress will be monitored. Update 17/08/2022 - The current status of main focus/priorities that are discussed at the bi-weekly Directorate Management Meeting and 1:1 with the General Manager are 1) General establishment review, continual progress and good practice is being made that also links in with the whole workforce structure project 2) Band 7 Anaesthetic Associate role - The JD has been finalised and the role will be discussed at the All Wales Recruitment Meeting before approaching the Executive Board for funding approval (awaiting update) 3) Work continues to progress well to recruit additional Anaesthetic Pactitioners 4) The Workforce Manager continues to work closely with the Cardiology and Trauma & Orthopaedic Theatre Teams to resolve ongoing cultural and stafing behaviours and this work will be completed by end of September 2022.	Chief Operating Officer	Ceri Chinn	PC	Workforce Manager appointment was made 20/12/2022. This role will ensure that the staff engagement work that is being carried out will continue and will drive not only workforce redesign but also the professional standards of the directorate. This project approach has been implemented and progress will be monitored. Update 17/08/2022 - The current status of main focus/priorities that are discussed at the bi-weekly Directorate Management Meeting and 1:1 with the General Manager are 1) General establishment review, continual progress and good practice is being made that also links in with the whole workforce structure project 2) Band 7 Anaesthetic Associate role - The JD has been finalised and the role will be discussed at the All Wales Recruitment Meeting before approaching the Executive Board for funding approval (awaiting update) 3) Work continues to progress well to recruit additional Anaesthetic Pactitioners 4) The Workforce Manager continues to work closely with the Cardiology and Trauma & Orthopaedic Theatre Teams to resolve ongoing cultural and stafing behaviours and this work will be completed by end of September 2022
2020-21	Jun-21	Assessment of Progress Against Previous ICT Recommendations	R4/5	Rollout appropriate and regular offline information governance training to employees without PC access.	An IG presentation has been produced that can be delivered by the individual service for staff who are unable to undertake online training. This has been circulated to those services with a dedicated training function.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	PC	A programme for digitally enabling the entire workforce is being developed, focussing initally on nursing staff, provide NADEX and email accounts to them, starting in September 2022 to support the imlpemention of the Welsh Nursing Care Record. the aim is to extend to all staff during 2022/23. Roll out of additional devices to nursing staff on track to commence September 2022.
2021-22	Windows 7 replacement - February 22 Servers - March 2023	Audit of Accounts Report Addendum - Recommendations	R2/6	The Health Board should replace its unsupported servers and devices. Where replacment is not currently feasible, the Health Board should ensure that robust mitigating arrangments are in place. Looking forward, the Health Board needs to be proactive, with better planning for its timely replacement of unsupported IT operating systems and devices.	There are ongoing programmes in place to replace or upgrade all affected devices. Jan 2022 Update: The majority of the CAVUHB workstation estate has now been upgraded with less than 8% left to complete. In Nov 2021 the server team in CAVUHB began decommissioning legacy server operating systems and upgrading where possible, this work is planned to continue throughout 2022/23. DHCW Nessus and SIEMs solutions have also been implemented in Dec 2021, along side a dedicated Ivanti patch management solution. A new Anti-Virus solution has been implemented for the CAVUHB server estate in Dec 2021.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	PC	Over 75% of the existing server base has AV installed. All new servers now have McAfee AV installed by default. All compatible servers have the base AV agent on and the team is working with the clinical boards and departments to agree maintenance windows. Less than 75 Windows 7 machines remain the project is expected to completed by Sept 2022.
2021-22	Feb-22	Audit of Accounts Report Addendum - Recommendations	R3/6	The Health Board should test its DR plan to gain assurance that IT systems can be restored if needed. The Health Board should review the DR plan regularly, and in doing so ensure that changes to the infrastructure and network are fully considered. Once updated and finalised, the Healht Board should test rhe revised DR plan to ensure that it works as intended.	The IT DR Plan is being reviewed and updated as part of a programme to refresh IT Security documentation. Jan 2022 Update: HPE StoreOnce backup and archiving solution with a capacity of 1PB has been purchased and due to be implemented in Feb 2022. This will form part of a new Backup and DR approach for CAVUHB. This will be achieved by retiring tape media and consolidated with Veeam software throughout, to be carried out during early 2022.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	PC	A comprehensive review of CAV server backups has been completed. CAV are in the final stages of consolidating on a single backup vendor/product. Deployment of the new HPE storage will follow this backup work, both are expected to be completed by Dec 2022.

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2021-22	Feb-22	Audit of Accounts Report Addendum - Recommendations	R4/6	The Health Board should update its IT chang control policy and procedure	The change control policy is being updated and will be implemented as part of the new Ivanti helpdesk implementation project which includes change control functionality. Jan 2022 Update: Ivanti Helpdesk and Change Management Module is scheduled to be implemented W/C 10th Jan 2022.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	PC	Ivanti Change Control has been deployed in UAT and tested successful. The adoption of Digital teams using Ivanti has delayed the go live for Change Control which is now expected by Sept 2022
2021-22	Nov-22	Audit of Accounts Report Addendum - Recommendations	R5/6	The Health Board should evaluate and consider upgrading its IT1 and IT2 data centre controls, or, decommissioning and replacing them with a better, fit for purpose, data centre.	Future reliance on these rooms is being reviewed and potential part decommissioning will be considered. Jan 2022 Update: Additional funding has been allocated for these improvements. Further consolidation of the two datacentres has progressed and a remote DR/Backup location in UHL has been identified. This new DR site will be developed over the next 12 months, subject to appropriate funds being available.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	PC	New UPS devices for UHL, Woodland House and CRI have been procured. Cabinets have been delivered and further electrical work is required in Woodland House and UHL before DR sites can be setup. In the interim a small impementation of DR servers have been installed in Woodland House. **Electrical work expected to be completed by Sept 2022 with DR capability in WH by Oct and UHL Dec 2022.**
2021-22	Feb-25	Taking Care of the Carers	R1/6	**Retaining a strong focus on staff wellbeing** NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as eing at higher risk from COVID-19.	Cardiff and Vale University Health Board (CAV UHB) continues to maintain a strong focus on wellbeing through a variety of initiatives which include UHB-wide interventions (e.g. supporting the capacity of the Employee Wellbeing Services; wellbeing conversations promoted as part of VBAs and regular 1-2-1s; effective inductions) and targeted pieces of work (e.g. Shwartz Rounds; Med TRiM, hydration stations and staff rooms and Wellbeing Retreats). The overarching framework for this is the People and Culture plan which has been informed by colleague feedback, data and the Health Intervention Report (specifically in relation to staff wellbeing).	Executive Director of People and Culture	Assistant Director of Organisational Development	PC	The UHB People and Culture Plan 2022-25 sets out the actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce through the 7 themes, and monthly flash report highlight progress in each area, with regular updates to the Strategy and Delivery Committee, Local Partnership Forum; Strategic Wellbeing Group and Strategic Portfolio Steering Group. With COVID Restrictions being removed by Welsh Government, including the requirement to 'shield', the organsation has communicated guidance to staff via national guidelines which can be found at https://gov.wales/public-health-advice-employers-businesses-and-organisations-coronavirus-html . The People and Culture Team continue to porvide support and guidance to managers to manage risk in more complex situations. Work is currently under-way to further support and enhance the focus on staff wellbeing, with the development of a health and wellbeing framework. The H&WB Strategy and Framework will be discussed at Strategic Wellbeing Group Feb 23 and consultation with CBs will take place Feb/March 23 and at LPF. Final version to go initially to SLB May 23.
2021-22	Mar-25	Taking Care of the Carers	R2/6	**Considering workforce issues in recovery plans** NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.	The impact of COVID-19 on the health and care system continues to take its toll on both the delivery of services and the wellbeing of our staff. With many COVID restrictions lifted, the challenges of increasing service demand, waiting lists and financial strain continue. The People and Culture Plan sets out the themes we will focus on over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. This Plan is aligned with the Operational plan; thereby ensuring a whole-system approach. The specific developments under the People and Culture Plan are reported upon monthly and progress is documented in a flash report. Ongoing review of actions and priorities continue, informed by direction provided by WG, feedback from colleagues and workforce data. Recent engagement exercises with staff have included a Wellbeing Survey for the Medical Workforce (closed 31st July 2022), and the launch of a three month engagement platform (Winning Temp) aimed at our Nursing and Midwifery Staff and ODPs. Feedback from these exercises will inform response and priorities to ensure safe, effective and high quality healthcare.	Executive Director of People and Culture	Executive Director of People and Culture Assistant Director of Organisational Development Assistant Director of Resourcing	PC	Work continues to ensure the measures and evaluation that underpin the People and Culture Plan are established, and a review of KPIs is underway. A 12 month review of progress will identify key priorities for 23/24 to support IMTP delivery and the Strategy Refresh. Work on the Wellbeing Strategy and Framework will outline effective means of benchmarking, measureing and evaluating both services and intervention.
2021-22	Mar-22	Taking Care of the Carers	R3/6	**Evaluating the effectiveness and impact of the staff wellbeing offer** NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.	The People Health and Wellbeing Services Team, which includes Occupational Health, Employee Wellbeing Servies, Health Intervention and Physiotherapy Services, are developing effective means of measuring both delivery of services (e.g. Counselling appointments; Pre-Employment Health Checks); and impact of those services. This information is being developed to be incorporated into a quarterly report which will also feed the progress reports on the People and Culture PLan. Base-line information is collated in all areas where targeted interventions are being developed, to ensure an effective means of measuring impact and outcomes. The development of the Wellbeing Framework will also incorporate tools and templates to ensure that interventions, projects etc are effetcively measured. The People and Culture Team are working with Innovation and Improvement to shape monitoring and evaluation.	Executive Director of People and Culture	Assistant Director of Organisational Development	PC	Physical environment work identified in the funding made available in 2021/22 was fully utilised. Issues remain regarding the installation of Water Fountains and the requirements and stipulations of the UHB's Water Safety Group. The UHBs is actively involved with the Welsh Government's Staff Welfare Group and the proposals are currently with the Health Minister. These include: Rest; Environment; Nutrition; Hydration; Education and Development. Evaluation of the Wellbeing Retreats to be undertaken Feb 23.
2021-22	Nov-23	Taking Care of the Carers	R4/6	**Enhancing collaborative approaches to supporting staff wellbeing** NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.	Recent developments in this area include Cardiff and Vale's participation and involvement in the All Wales Staff Welfare Group, looking at ways to support and improve the wellbeing of NHS colleagues across Wales. Part of this involvement is the sharing of the work CAV are doing around Wellbeing Retreats; hydration and physical environment work. Work continues to progress, and the UHB now has representation on the working groups that have stemmed from the over-arching steering group.	Executive Director of People and Culture	Assistant Director of Organisational Development	PC	Dashboards to highlight the themes of the engagement and wellbeing platforms and surveys to be presented to CBs Feb/March 2023. This will inform the focus of targeted intervention which may include: retention; wellbeing; eduaction and development. Review of People and Culture Plan priorities and KPIs to support main effort in the first oinstance, but to incorporate lessons learned 2022/23. Employee Wellbeing Service and Occupational Health Team have developed a dashboard of delivery which is reviewed monthly. Further work on EWS dashboard to identify themes etc to inform work on retention; wellbeing. EHIA recently completed to support Strategy Refresh Work, and review of Shaping Our... EHIAs to be undertaken to ensure relevant. Anti-Racist Action Plan draft has been designed through co-design, and will be discussed as part of Board Development, Feb 2023 and presented to Strategy and Delivery Committee, and Board in March 2023.

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2021-22	Feb-25	Taking Care of the Carers	R5/6	**Providing continued assurance to boards and committees** NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.	Quarterly updates to the Board / more regular reports for management executive team meetings Updates and discussions at Local Partnership Forums and LNCs. Update, discussion and feedback at Clinical Boards Bi-monthly Wellbeing Strategy Group meetings - latest update 03/08/2022 Ongoing evaluation of staff wellbeing offer, including access, impact and value awaiting OH Services evaluation. Feedback and discussion at staff networks to inform priorities / direction of travel Attendance of AD of OD at key strategy meetings / COVID recovery meetings to ensure staff wellbeing at forefront of decisions ; EHIA completion to support policy / process and decision making - EHIA Process currently being reviewed in partnership with Innovation and Improvement Team to embed in organisational programmes of work. Staff feedback regarding wellbeing also obtained via NHS Wales Staff Survey, MES, localised surveys and trial of engagement tool with nursing staff (March-May 2022). MES Workshops took place in March and April 2022, follow up focus groups scheduled for June and July 2022 led by the Medical Director and AD of Organisational Development. Wellbeing Survey for Medical Workforce going live in June 2022. Winning Temp engagement platform being trialled with all Nursing and Midwifery staff opened w/c18th July 2022, open until mid October 2022, enabling weekly 'check ins' and temperature checks. Communication plan in development to be shared with staff to manage expectations and provide regular updates. Wellbeing retreats have started, two held to date - informal feedback very positive with further engagement to obtain more meaningful feedback scheduled for September 2022 working with The Fathom Trust. Analysis of the Medical Workforce Wellbeing Survey to be carried out in August 2022. This information to be triangulated with other engagement outputs (MES; other surveys) to inform wellbeing priorities via the Executive Medical Director. Work also commencing on Anti-Racist Wales Action Plan.	Executive Director of People and Culture	Assistant Director of Organisational Development	PC	Dashboards to highlight the themes of the engagement and wellbeing platforms and surveys to be presented to CBs Feb/March 2023. This will inform the focus of targeted intervention which may include: retention; wellbeing; eduaction and development. Review of People and Culture Plan priorities and KPIs to support main effort in the first oinstance, but to incorporate lessons learned 2022/23. Employee Wellbeing Service and Occupational Health Team have developed a dashboard of delivery which is reviewed monthly. Further work on EWS dashboard to identify themes etc to inform work on retention; wellbeing. EHIA recently completed to support Strategy Refresh Work, and review of Shaping Our... EHIAs to be undertaken to ensure relevant. Anti-Racist Action Plan draft has been designed through co-design, and will be discussed as part of Board Development, Feb 2023 and presented to Strategy and Delivery Committee, and Board in March 2023.
2021-22	Mar-23	Taking Care of the Carers	R6/6	**Building on local and national staff engagement arrangements** NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.	xisting staff engagement mechanisms include: •NHS Wales Staff Survey - planned for October 2022 (as per information from HEIW) •Medical Engagement Scale - follow up online engagement sessions in March/April 2022; focus groups and visits to targeted areas planned in June/July 2022 and a follow-up wellbeing survey to all Medical Workforce June-August 2022 •Freedom to Speak Up - CAV part of all Wales working group •HR Processes and Procedures •Respect and Resolution Policies and Procedures •Trade Union Representatives •Existing Staff Networks – LGBTQ+; One Voice (Black, Asian, Minority Ethnic); Long Covid; Access Ability Network launched April 2022 •34,000 voices campaign (on-site visits / staff groups / teams etc) •Live, online 'Ask the CEO / Exec etc' sessions held bi-monthly •Localised engagement aligned to specific strategic projects, e.g. Shaping our future clinical services	Executive Director of People and Culture	Assistant Director of Organisational Development	PC	All Wales NHS Staff Survey unlikely to take place until at least Summer 2023 (update from HEIW Jan 2023); UHB involvement in Freedom to Speak Up All-Wales work continues and toolkit and information likely to be rolled out Q1 2023/24. Diverse Cymru have been procured to review All Wales NHS Policies and Guidelines with an 'anti-racist' lens. Work to commence Feb 2023. Strategy Refresh work commenced and engagement plan has been agreed, led by Deputy Director of Planning and Strategy. Anti-Racist Action Plan work re Board Development to continue Feb 2023, was delayed from Dec 22 due to industrial action. Staff Networks to be discussed as part of Board Development. Executive Director of P&C, Deputy Director of P&C and assistant Director of OD, Wellbeing and Culture to meet with Strategy and Planning in Feb 2023 to discuss OD requirement for Shaping our.... Challenges will be around lack of OD capacity.
2021-2022	Apr-22	Structured Assessment 2021 (Phase 2)	R2/2	The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by: a. ensuring these plans contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; and b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance .	a. It is intended that the IMTP for 22/23 will have clear actions, timescales and deliverables which can be tracked. This is already well established for the Recovery Programme and the Strategic Programmes so we will ensure it covers the other areas included within the IMTP. b. We will look at how best to report on the key deliverables set out in the Annual Plan/IMTP to ensure the Board is able to scrutinise and seek assurance. We will do this in a way that aims to minimise duplication with the Performance Report that is provided to the Board regularly.	Director of Corporate Governance	Executive Director of Strategic Planning	C	The annual plan for this year includes actions and milestones etc. We are now reporting to S&D Committee and Board on a quarterly basis and continue to develop the quarterly report.
2022/23	Sep-22	Review of Quality Governance Arrangements	R1/7	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 10-year strategy and new Quality, Safety, and Patient Experience Framework.	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 QSE structure. and QSE Committee. These will be reported by exception as required and in totality at their scheduled presentation to the Committee.	Executive Nurse Director	Assistant Director of Patient Experience and Assistant Director of Patient Safety and Quality	NA	No update received for April 2023 meeting
2022/23	Oct-22	Review of Quality Governance Arrangements	R3/7	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: a) complete the work on its clinical audit strategy, policy, and plan. The plan should cover mandated national audits, corporate-wide, and local audits informed by areas of risk. This plan should be approved by the corporate Quality, Safety and Experience Committee and progress of its delivery monitored routinely; and b) ensure that recommendations arising from the Internal Audit review of clinical audit are implemented as a priority.	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 - investment was provided for a Clinical Effectiveness lead Band 8a and an Audit co-ordinator band 5. Additional resource was provided for a band 5 post to support the AMAT programme. AMAT - Audit management and tracking system has been purchased and is being rolled out through a phased implementation	Executive Nurse Director	Head of Quality Assurance & Clinical Effectiveness	PC	•Clinical Audit Policy and Clinical Audit Strategy as been reviwed at CEC and going out for wider commnet through the UHB Policy ratification process • Funding fro the busliness case has been utelised for an AMaT officer and Clinical Effectivness 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 projects, Gudline Implementation (inc. NICE, HTE, and AWMSG) Inpestions Modlue (includes, HIW, NRI action plans etc) and QI module. •We now have oversight of all Clinical Ausit Activity. AN 2023/24 Anual Clinical Audit plan will be submitted to QSE Comittee in April

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2022/23	QSE Framework to 2026 May 2023 Project plan completion October 2022	Review of Quality Governance Arrangements	R4/7	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; b) that the Health Board does not provide feedback about changes put into place following incident reports or inform staff about errors that happen in their team or department; and c) they don't feel free to question the decision or actions of those with more authority and are afraid to ask questions when something does not seem right .	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 supported through the people and culture plan.	Executive Nurse Director	Head of Patient Safety and Quality reporting to Executive Nurse Director as Executive sponsor for the programme	NA	No update received for April 2023 meeting
2022/23	Mar-24	Review of Quality Governance Arrangements	R5/7	**Personal Appraisal Development Reviews (PADRs)** The Health Board compliance rate for appraisals is consistently below the national target of 85%. The Health Board reports that operational pressures are adversely affecting compliance and enabling work has not delivered the level of improvement anticipated over the COVID-19 pandemic period. The Health Board, therefore, should take appropriate action to improve performance in relation to PADRs at both corporate and operational levels.	The UHB has recognised the issue regarding VBA compliance and an improvement plan has been put in place focusing on communication and engagement, training and support and the impact on staff wellbeing and performance outcomes. This improvement plan has been developed with Trade Union Partners and will be delivered in collaboration with TU Partners. Recognising ongoing service pressures across the UHB as we manage the pandemic recovery phase and ever increasing service demands, the UHB target is to increase compliance to 50% in 2022/23, followed by a target of 85% in 2023/24. These KPIs are reflected in the People and Culture Plan and are reviewed monthly. A focus on promotion and engagement of the new VBA approach (launched in 2019), will develop manager capability and team buy-in through effective and accessible training and development, engagement and support, including development in delivering an effective VBA, the importance of VBAs on staff wellbeing, performance, motivation and quality.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture	PC	VBA complaince was a focus of Executive Performance Reviews in November 2022 with a Deep Dive Paper presented to Strategy and Delivery Committee 15th Dec which included current status and trajectory plans (as agreed in Exec Performance Review). The current targets are 65% by the end of March 2023, and 85% end of Quarter 1, 2023/24.
2022/23	Aug-22	Review of Quality Governance Arrangements	R7/7	**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	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.	Director of Corporate Governance	Assistant Director of Patient Experience and Assistant Director of Patient Safety and Quality	NA	No update received for April 2023 meeting
2022/23	Year end 2022/2023	Audit of Accounts Report Addendum	R1/9	**Weaknesses in the stocking taking arrangements:** The Health Board should strengthen its stocktaking procedures. In doing so the Health Board should introduce a corporate set of stocktaking procedures for all its stock sites. As part of the process the Health Board should use sequentially numbered stock-count sheets.	Whilst the Health Board has robust stock procedures documented, it is accepted that these need to be reinforced and recommunicated to the relevant stock take teams and accountants. Training sessions will be held to ensure guidance is followed and understood. If any additional steps are required due to specialised stock being held (i.e. ALAS) additional specific guidance will be issued.	Executive Director of Therapies and Health Sciences	Executive Director of Therapies and Health Sciences	C	Governance: - We will adhere to the Corporate stock take guidance issued by Financial Accounts (including the use of sequential numbered stock-count sheets). Evidence: Comprehensive guidance from Financial Accounts has been distributed to senior management as well as stock leads. This is evidenced through emails as well as F2F and team meetings. There is an exception which should be highlighted in relation to numbered stock-count sheets, whereby this is not possible for wheelchairs due the bar coded system. We do however have another robust procedure planned at month end, which will be implemented in March 2023. - Multiple members of the finance team will be onsite during the 22/23 audit to aid compliance with directions. Evidence: Paula Dainton and Craig Coggins will be based at Treforest on 30-31 March 2023. This has been communicated to Justin Saint, Finance Business Partner for PCIC, who is a representative for Cardiff and Vale UHB, who is co-ordinating stock takes with Welsh Audit. Paula Dainton has made provision to be available on other sites during that week for other ALAS services. Team structure: - Stock team lead formally appointed. - COMPLETE (also recruited 2 x Band 3 Senior stock staff). - Joint finance/operational manger appointed to improve understanding of systems/impact upon stock holdings. - COMPLETE. Commenced 31st January 2023 Education and Training: - Enhanced training/education for all stock team members. Evidence: F2F meeting with Prosthetics and Teams Meeting, called year-end stock plans. Agenda items included presentation using guidance, other stock issues identified previously years, contingency planning, staffing etc. The only outstanding piece of work to be carried out with Andrew's guidance is a comprehensive procedure for ALAS for stock takes Monthly and Year End. This will be undertaken in April 2023.
2022/23	Year end 2022/2023	Audit of Accounts Report Addendum	R3/9	**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.	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.	Director of Finance	Director of Finance	PC	Part of 2022-23 Annual Accounts Processes. A Review prcess 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. 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
2022/23	Year end 2022/2023	Audit of Accounts Report Addendum	R4/9	**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.	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.	Director of Finance	Director of Finance	PC	Part of 2022-23 Annual Accounts Processes. A Review prcess 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.

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2022/23	Year end 2022/2023	Audit of Accounts Report Addendum	R5/9	**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.	Additional controls have been added to the year-end procedures to ensure assets are depreciated correctly.	Director of Finance	Director of Finance	PC	Part of 2022-23 Annual Accounts Processes. A Review prcess 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.
2022/23	Year end 2022/2023	Audit of Accounts Report Addendum	R6/9	**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.	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.	Director of Finance	Director of Finance	PC	Part of 2022-23 Annual Accounts Processes. A Review prcess 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. The UHB is working with Audit Wales to implement the use of Inflo Collaborate software with Audit Wales to manage the Audit Deliverables.
2022/23	Year end 2022/2023	Audit of Accounts Report Addendum	R7/9	**Weaknesses in network security vulnerability assessments:** The Health Board should strengthen its assessment of network security vulnerability by: • completing regular external penetration testing on the network perimeter, including at least annually by an accredited third party; and • actively monitoring the internal network penetration testing to promptly identify and address any weakness.	The UHB is currently in the process of appointing a dedicated cyber team. Two positions have been filled and we are recruiting a further two posts. An externally performed penetration test is being scheduled for Q4 of 2022/23. Once the cyber posts are in place, we will be in a position to proactively use a number of cyber tools at our disposal. This includes: SIEM, which is currently operational and staff are in the process of being trained. Defender for Endpoint, currently in the process of being onboarded and,Nessus, operated by the server team but will be supported by the cyber department. We anticipate that all roles will be appointed to by Q3 of 2022/23	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	NA	No update received for April 2023 meeting
2022/23	31-Mar-23	Audit of Accounts Report Addendum	R8/9	**Monitoring and review of user access to the WellSky Hospital Pharmacy system can be strengthened:** The Health Board should strengthen its formal monitoring of user access rights to the WellSkysystem. 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.	The WellSky 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.	Clinical Director Pharmacy and Medicines Management	Clinical Director Pharmacy and Medicines Management	PC	Working with DHCW to review list of staff with access to WellSky. Process for removing/ammending 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.
2022/23	31/03/2023	Audit of Accounts Report Addendum	R9/9	**Progress against previous years' recommendations:** The quality of some of the Health Board's underlying working papers requires further improvement **1. 2019-20:** The Health Board should review and simplify its supporting records for certain areas of its annual financial statements, including the inappropriate use of manual data entry (rather than formulas) within spreadsheets. To aid the review the Health Board should liaise with us to understand how some of the documentation affects our audit. **2. 2020-21:** The Health Board should replace its unsupported Windows 2008 servers and W7 devices. **3. 2020-21:** The Health Board should update and test its IT Disaster Recovery Plan (DRP) to gain assurance that IT systems can be restored if needed. **4. 2020-21:** The Health Board should update its IT change-control policy and procedure. **5. 2020-21:** The Health Board should evaluate and consider upgrading its IT1 and IT2 data centre controls	1. The Health Board improved some of its processes and records for 2021-22 and we understand that it plans more improvements for 2022-23. We will continue to liaise with the finance team on the improvements. 2. The Health Board has an ongoing programme in place to replace or upgrade all affected devices. 3. The Health Board is reviewing and updating its IT DRP as part of a programme to refresh its IT security documentation. 4. The Health Board is updating its change control policy as part of its new helpdesk system. 5. The Health Board is currently reviewing its data centre rooms and is considering whether to decommission some of them	Director of Finance	Director of Finance	PC	1. Ref : Financial Accounts Issues :-Part of 2022-23 Annual Accounts Processes. A Review prcess 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. 2. Work to replace Win7 devices is complete. work to replace 2008 server estate is on-going due to clinical service dependencies (additional controls have been put in place in the interim, pending migration and replacement). 3. The DR plan has been updated and is scheduled to be tested (Qtr4 22/23) 4. IT change control policy and procedure has been produced in draft, which will be published by end Qtr4 22/23). 5. The IT1 DC is being consolidated into IT2 with a second site identified and being set up as additional resillience (in by Qtr4 22/23 and fully operational by Q1 23/24).
2022/23	31/03/2023	Estates Follow Up Review	R1/3	**Develop a fully-costed Estates Management Strategy:** The Health Board could not provide a copy of its estate management strategy, which it reported was agreed in 2017. However, the Health Board is currently in the early stages of developing a new estates strategy. The new strategy should clearly set out: - a baseline assessment of the condition of the current estate and the total resources (including workforce) needed to maintain it against available resources; - how the estate will be maintained and resourced to the required standard in the short- and medium term; and - plans for maintaining and investing in the current estate whilst implementing its estates investment programme.	A copy of the estate's strategy based on the operational team requirements was provided, but this strategy dealt with service delivery and did not review, in depth, the outlined areas contained within this audit recommendation. The Estates Strategy going forward will provide the following as outlined within the recommendation. In the interim and immediate; it will state how the estate will be maintained, based on current workforce and funding, until the baseline assessment has been completed. The strategy will outline, where necessary, the prioritisation of work in relation to patient safety, health and safety, structural integrity and statutory compliance against the backdrop of available budgets and workforce. It will indicate that a baseline assessment will be completed and programme of completion provided. The baseline assessment will include a condition survey review in accordance with Estatecode, six facet survey or similar. This survey information will then be used to assess, prioritise and re-align the workforce, required to maintain the site, dependent on the highlighted risks within the survey, and the available budget within the Health Board, in the short- and medium-term. It is anticipated that the survey information will take approximately 18 months to procure and complete. A further period of implementation will be essential if workforce changes are required as a result of the outcome. This detail will be provided within the Estate Strategy.	Director of Capital Estates and Facilities	Director of Capital Estates and Facilities	NA	No update received for April 2023 meeting
2022/23	28/02/2023	Estates Follow Up Review	R2/3	**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.	Agreed MiCAD interrogation and monthly reports set up (Complete) Initial agreement of content of inspections and form they will take (October 2022) Initial KPI's developed and monitoring commencement (November 2022). Review of forms and KPI's (February 2023).	Director of Capital Estates and Facilities	Director of Capital Estates and Facilities	PC	Work remains ongoing to achieve recommendation. No substantive update to report.
2022/23	31/01/2023	Estates Follow Up Review	R3/3	**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.	Agreed. Current KPI formats are being assessed along with content (December 2023). 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 (January 2023). The KPI's will help inform and be linked into the Estates Strategy when completed.	Director of Capital Estates and Facilities	Director of Capital Estates and Facilities	PC	Work remains ongoing to achieve recommendation. No substantive update to report.

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Recommendation	Management Response	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the Implementation date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
2022/23	31.03.2023 30.09.2023 30.09.2023 30.09.2023	Structured Assessment 2022	R1/3	**Strategic alignment of processes, structures and resources:** R1 The Health Board plans to refresh its 10-year strategy by 2023. It should seek to use this opportunity to review and reshape its wider processes, structures, resources, and arrangements to ensure they are fully aligned to the organisation's refreshed strategic objectives and associated risks, with a particular focus on its: • Board Assurance Framework; • Performance Management Framework; • Committee structures, terms of reference, and workplans; and • Long-term financial plan.	Agree the work in relation to the **Committee Structures** is in hand and the new Committees and other changes to the Committee Structures will be established for the new financial year after approval at the Board at the end of March 2023 The **Board Assurance Framework** currently reflects the risks to the achievement of the Strategic Objectives of the organisation and once the Strategy refresh is complete the BAF will be reviewed to ensure alignment to the Strategic Objectives. **Performance Management Framework** – This was presented to S&D Committee in 2020 and there is a need to update this document in line with the refreshed Strategy and revised Committee Structure. **Long Term Financial Plan** – The strategy refresh will be supported by the development of a long-term financial model which will build from the current resource position and show how financially the health board will deliver the strategy within its financial allocation. This will show the strategic investments and how they will be afforded over the strategic timeframe for example, public health, estates and digital strategy.	Director of Corporate Governance Director of Corporate Governance Director of Digital Health Intelligence Director of Finance	Director of Corporate Governance Director of Corporate Governance Director of Digital Health Intelligence Director of Finance	PC	Work remains ongoing to achieve recommendation which will feed into the development of the Health Board's Strategy Refresh for 2023/24.
2022/23	Draft to be shared by 31.03.2023	Structured Assessment 2022	R2/3	**Enchancing 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 of the report but not others. The Health Board, therefore, should ensure this information is provided consistently throughout the report to strengthen theassurances provided to the Board that appropriate action is being taken to sustain or improve performance.	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 recommendation and to provide the Board with a more comprehensive report.	Director of Digital and Health Intelligence	Director of Digital and Health Intelligence	NA	No update shared for April Committee meeting.
2022/23	28.02.2023 31.01.2023 31.01.2023 31.03.2023 31.01.2023 31.01.2023	Structured Assessment 2022	R3/3	**Enchancing administrative governance arrangements further** Whilst the Health Board has good arrangements in place for conducting Board and committee business effectively and transparently, opportunities exist to enhance these arrangements further. The Health Board, therefore, should: **a)** Post more frequent reminders about Board and committee meetings on social media and provide links to papers; **b)** Ensure the papers for all Advisory Group meetings are published on the Health Board's website in a timely manner; **c)** Make abridged minutes of private Board and committee meetingsavailable publicly as soon as possible after each meeting; **d)** Ensure the dates Terms of Reference were last reviewed and approvedare clearly displayed on the documents; **e)** Circulate presentations in advance of meetings or, where this is not possible, make copies available to members and the public (via the website) as soon as possible afterwards; and **f)** Ensure public papers include an explanation as to why some matters are being discussed in private rather than in public	**a)** We worked with our Communications department last year to issue tweets and reminders to the public via the Health Board's social media platforms. At the moment, our Communications team issues a monthly post/tweet at the beginning of the month which sets out the details of the Board and Committee meetings due to take place that month. The concern raised by our Communications team was that the public may not interact if we issue frequent posts during the month with regards to its Board / Committee meetings, and if that happens it could harm the Health Board's accounts / social media "overall reach". We will have a further conversation with our Communications team to see if it is feasible to issue more frequent reminders via our social media platforms. **b)** Noted. The Corporate Governance team will work with our colleagues to ensure that the papers for the advisory groups are published on the Health Board's website in a timely manner and to ensure that the website page is up to date with regards to the Advisory Group's meeting dates. **c)** Noted. We will attend to this straightway. **d)** Noted. We will ensure that the dates on which the Committees' Terms of Reference were reviewed and approved are clearly shown on the cover sheet of the document. **e)** As far as possible, we publish copies of presentations in advance of the meetings. Where the presentation slides have not been made available before the meeting, we endeavour to publish copies of the same as soon as possible after the meeting. We will strengthen our processes in relation to this to ensure appropriate publication of the presentations. **f)** Noted. Going forward, we will insert some appropriate wording in the Public agenda to explain why certain items are being referred to our Private Board/Committees.	Director of Corporate Governance	Head of Corporate Governance	PC	Work remains ongoing to achieve this recommendation. Discussions are underway with the Health Board Communications team and plans are being developed to achieve the remaining procedural and logistical recommendations as soon as possible.

Audit Wales Recommendations 2019/20 – 2022/23 (April 2023)

External Audit	Complete	No action	Partially complete	No Date Specified	0 mths	< 3 mths	> 3 mths	+6 mths	+ 1 year	Grand Total
Assessment of Progress Against Previous ICT Recommendations			1						1	1
Audit of Accounts Report Addendum – Recommendations 2022-23	1	1	6		6	2				8
Audit of Accounts Report Addendum – Recommendations 2021-22			4			1	1		2	4
Audit of Financial Statement – Report Addendum - Recommendations	1								1	1
Clinical Coding Follow-up from 2014			1	1						1
Estates Follow-up Review		1	2			**3**				3
Follow-up of Operating Theatres			1						1	1
Review of Quality Governance Arrangements		**3**	2		2			3		5
Structured Assessment 2021 (Phase 2)	**1**								1	1
Structured Assessment 2022		**1**	2		1	2				3
Taking Care of Carers			6		4	1			1	6
Total	**3**	**6**	**25**	**1**	**13**	**9**	**1**	**3**	**7**	**34**

According to the table above, 3 recommendations have been added to the tracking report since the last report to Committee in February 2023. The total number of recommendations is currently 38, with 7 completed. Twenty-three actions are partially completed and 8 indicate that no action has been taken. Eight outstanding actions were more than a year behind schedule but four of these are now closed. Two are more than six months overdue, with another two indicating no date specified. Nineteen actions have not exceeded their agreed-upon deadlines.

Report Title:	Regulatory Compliance Tracking Report				Agenda Item no.	7.7
Meeting:	Audit and Assurance Committee		Public	x	Meeting Date:	04.04.2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					

Main Report
Background and current situation:

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

This report also continues to include commentary on the Health Boards management of Welsh Health Circulars and Patient Safety Solutions: Alerts and Notices which will continue to be reported as a matter of course.

At the September 2022 Committee Meeting it was agreed that the procedure for Internal and External Tracking Report updates would be varied (See minute: AAC 5/7/22 018) so that the Tracker is now reported at alternating Committee meetings, as opposed to every meeting.

The rationale for this change was to provide those with responsibility for actioning audit recommendations with additional time to implement required changes, inform updates and close out recommendations. The additional time between meetings will also provide the Risk and Regulation team with the ability to meet with colleagues, internally and externally to provide support and guidance to ensure that recommendations are proactively managed. This support will enable the identification of superseded entries (as a result of subsequent Follow Up and/or external reviews) and the identification of other aged recommendations that can legitimately be regarded as complete.

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

The tracker provides the following details:

- All Regulatory Bodies that have active recommendations with the Health Board. Also contained within the tracker are the details of Regulatory Bodies that have previously inspected the Health Board despite there being no live recommendations. This is to ensure that the tracker remains a comprehensive list of all potential regulatory bodies.
- The Regulatory Standard which is being inspected is listed where this information is available.
- The Lead Executive in each case is detailed as is the accountable operational lead so that it is clear who is responsible for completion of the recommendation at an executive and operational level.
- The Assurance Committee where any inspection reports will be presented along with any action plans as a result of inspection. This column, coupled with the comments section, provides assurance to the Committee that progress against and compliance with recommendations is being routinely monitored and scrutinised.

- A Red, Amber, Green (RAG) rating that highlights where the recommendation sits against the agreed implementation date. Entries are rag rates as follows:

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

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

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

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

Since the February 2023 Committee meeting the following Circulars have been added to the tracker and triaged to executive colleagues for action:

- WHC/2023/002 - Faecal immunochemical testing (FIT) in symptomatic colorectal cancer referral.
- WHC/2023/004 – COVID-19 spring booster 2023.

As of the 21.03.2023 the Health Board's WHC tracker was fully up to date and each WHC detailed on the Welsh Government website had been allocated to an Executive Lead to monitor and action.

Patient Safety Solutions: Alerts and Notices

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

Compliance with Patient Safety Solutions: Alerts and Notices can also be tracked at the following NHS Wales Delivery Unit website: https://du.nhs.wales/patient-safety-wales/patient-safety-solutions-compliance/ (this link will need to be copied and pasted into your internet browser for access).

As of the 21.03.2023 the Health Board is reported to be compliant with all 63 Patient Safety Notices which date back to the 31.07.2014.

The Health Board is currently Non-Compliant with the following two Patient Safety Alerts:

PSA Number:	Title of Safety Solution:	Compliance Date:	PSQ Team update:
PSA008	Nasogastric tube misplacement: continuing risk of death and severe harm	30.11.2017	An All Wales Training Solution is awaited to enable compliance with this alert across Wales.
PSA012	Deterioration due to rapid offload of pleural effusion fluid from chest drains	01.07.2021	A Pleural Effusion pathway has been developed and approved by the Medicine Clinical Board Quality and Safety Group. This will be adopted more widely across the Health Board in the coming months to demonstrate compliance with this Alert.

Regulatory Tracker

The Regulatory Tracker attached to this report is up to date as of the 21st March 2023 and will continue to be updated throughout the organisation and reported to the Committee on a bi-meeting basis.

Following the February 2023 Committee Meeting a total of 1 completed entry has been removed from the register. Two further entries have been reported as complete since the November Committee Meeting with the remaining entries reported as partially complete on the attached Tracker.

Following the February 2023 Committee Meeting the following additional entries have been added to the Tracker:

External Regulator	Report Area	Number of Recommendations	Responsible Executive Officer
Welsh Scientific Advisory Committee (WSAC)	Audiology – Adult Rehabilitation	4	Executive Director of Therapies and Health Science

It should be noted that further inspections by the Health and Safety Executive were undertaken on the 01.02.2023. The outputs of those investigations will be shared once communicated to the Health Board.

Re-inspections are also expected from the All Wales Quality Assurance Pharmacy Services during May 2023.

The ongoing review of progress against regulatory body inspections and recommendations should reduce the risk that key regulatory requirements are missed and the procedure for tracking such progress will also enable the Committee and Board to have oversight of the Health Board's compliance with regulatory requirements so that appropriate action can be taken to address emerging trends.

Assurance can be taken from the ongoing monitoring and management of External Regulatory Reports and Recommendations.

Recommendation:

The Committee are requested to:

(a) To review the updates shared and to take assurance from the continuing development and review of the Legislative and Regulatory Compliance Tracker.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration	x	Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
By maintaining an up to date Regulatory Recommendation Tracker, the Health Board mitigates the risk that it may be subject to legal or regulatory penalty.
Safety: No
Financial: No
Workforce: No
Legal: Yes
Whilst no specific Legal Impact assessment has been undertaken the monitoring and tracking of compliance with regulatory recommendations contribute to the Health Board's compliance with it's legal requirements.
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

Clinical Board	Directorate	Regulatory body/inspector	Service area	Initial - Inspection Date:	Title of Inspection/Regulation/Standards	Lead Executive	Assurance Committee or Group	Accountable individual	Next Inspection Date	Recommendation Narrative / Inspection outcome	Date for Implementation of recommendations:	Management Response / Update	RAG Rating	Please Confirm if completed (c), partially completed (pc), no action taken (na)
ALL WALES THERAPEUTICS AND TOXICOLOGY CENTRE														
AUTHORISING ENGINEER - NWSSP														
Capital Estates and Facilities	**Capital Estates and Facilities**	NWSSP	Ventilation AE	May-22	Authorising Engineer (Ventilation) Annual Report - Ventilation AE	Executive Director of Finance	Strategy and Delivery Committee/Ventilation Safety Group	Director of Capital Estates and Facilities	May-23	4 recommendations	May-23	A review of recommendations made has been undertaken. 1 of the 4 Recommendations has complete - 3 remain Partially Complete		PC
Capital Estates and Facilities	**Capital Estates and Facilities**	NWSSP	Low Voltage Systems	Feb-22	Authorising Engineer (Low Voltage) Annual Report	Executive Director of Finance	Strategy and Delivery Committee	Director of Capital Estates and Facilities	Feb-23	9 recommendations	Feb-23	A review of recommendations made has been undertaken. 2 of the 9 Recommendations have been completed - 7 remain Partially Complete		**PC**
Capital Estates and Facilities	**Capital Estates and Facilities**	NWSSP	(Medical Gas Pipe Line Systems	May-22	Authorising Engineer (Medical Gas Pipe Line Systems) Annual Report	Executive Director of Finance	Strategy and Delivery Committee	Director of Capital Estates and Facilities	May-23	13 recommendations	May-23	A review of recommendations made has been undertaken. 3 of the 13 Recommendations have been completed - 10 remain Partially Complete		**PC**
ALL WALES QUALITY ASSURANCE PHARMACY														
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy SMPU	27.01.2020 - Re - Inspected 04.05.2022	Quality Assurance of Aseptic Preparation Services	Executive Medical Director	QSE Committee/ Management of medicines group	Clinical Director of Pharmacy and Medicines Management	05.05.2023	105 Actions Highlighted	05.05.2023	27 out of 1015 action plans completed.		**pc**
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy UHL	06.08.2020 - Re Inspected - 22.11.21	Quality Assurance of Aseptic Preparation Services	Executive Medical Director	QSE Committee/ Management of medicines group	Clinical Director of Pharmacy and Medicines Management	01.11.2023	50 deficiencies highlighted	01.11.2023	16/01/23 16 Deficiencies addressed and completed. Decision as to the funding for the 4 glove isolator and the required works on the facilities required to progress several of the deficiencies. Repy to the audit with actions submitted 17/2/23. Awaiting if ations accepted by Auditor.		**pc**
BRITISH STANDARDS INSTITUTE														
CARDIFF AND VALE OF GLAMORGAN FOOD HYGIENE RATINGS														
Capital Estates and Facilities	Catering and Hospitality	Cardiff and Vale of Glamorgan Food Hygeine Ratings	Central Production UHW	12.05.2022	Unnanounced inspection	Executive Director of Finance	Health and Safety Committee	**Head of Catering Services**	N/A	A Food Hygiene rating of 2 was received which, in the main, was due to kitchen drains leaking into a non food store room located below the production kitchen	23.06.2022	Structural works have been completed and it is planned to recommence production in March 2023. The EHO have indiciated that they will be visiting during the month to undertake an inspection		**PC**
CAPITAL EXPENDITURE INTERNAL REVIEW														
Clinical Coding														
Digital Health	Clinical Coding	DHCW	Clinical Coding	24.06.2022	Clinical Coding Audit	Director of Digital Health Intelligence	Digital Heath Intelligence Committee	**Director of Digital Health Intelligence**	N/A	A total of 5 recommendations were made regarding clinical coding practice within the Health Board.	N/A	Of the 5 recommendations, 4 are recorded as complete. Work remains ongoing within endoscopy to compete/close out the final recommendation.		**PC**
COMMUNITY HEALTH COUNCIL														
Specialist Services - Ward B1	Ward B1	CHC	Ward B1	TBC	CHC Recommendations	Executive Director of Strategic Planning	QSE Committee	Specialist Services CB Director of Nursing	N/A	A total of 7 recommendations were made regarding ward B1's facilities.	ASAP	3 of the 7 Recommendations are reported as complete. The remaining recommendations remain in progress.		**pc**
Medicine	Stroke Rehab Ward	CHC	Medicine CB - Stroke Rehab Ward	31.08.2022	CHC Recommendations	Executive Director of Strategic Planning	QSE Committee	Medicine CB Director of Nursing	31.08.2022	A total of 4 recommendations were made regarding the Stroke Rehab Ward's facilities.	ASAP	All 4 recommendations require estates input. 1 recommendation is completion, the remaining 3 recommendations remain partially complete pending refurbishment works.		**pc**
Children and Women	Childrens Hospital for Wales	CHC	Island Ward	08.08.2022	CHC Recommendations	Executive Director of Strategic Planning	QSE Committee	Children and Women CB Director of Nursing	N/A	A total of 4 recommendations were made regarding the Patient and Parent Experience and facilities within Island Ward	ASAP	2 of the 4 recommendations is reported as complete.		**PC**
Medicine	Medicine	CHC	Ward East 4	06.07.2022	CHC Recommendations	Executive Director of Strategic Planning	QSE Committee	Medicine CB Director of Nursing	N/A	A total of 7 recommendations were made regarding ward East 4's facilities.	ASAP	4 of 7 Recommendations are reported as complete. The remaining recommendations remain in progress and require estates input and purchase of equipment.		**PC**
Children and Women	Maternity Led Unit	CHC	Maternity Led Unit	18.07.2022	CHC Recommendations	Executive Director of Strategic Planning	QSE Committee	Children and Women CB Director of Nursing	N/A	A total of 4 recommendations were made regarding Patient and Staff experience, Staffing Levels and Estates infrastructure, most notably lift services.	ASAP	All 4 recommendations require are partially complete but rely on wider UHB support to finalise.		**PC**
FIRE AND RESCUE SERVICES														
Mental Health	Capital and Asset Management	Fire and Rescue Services	Mental Health HYC and Vale MH Services, Barry Hospital	14.04.2021	Regluatory Reform (Fire Safety) Order 2005	Executive Director of People and Culture	Health and Safety	**Head of Health and Safety**	N/A	Duty of Works: EN01 - (EN3/21) Article 8 - Duty to take general fire precaution's is not being complied with EN3/21 Schedule states: "During the inspection carried out on 14th April 2021 there was evidence of illicit smoking found throughout the premises. These matters have previously been raised by this Authority and also within previous FRA's carried out by the UHB fire safety advisor. This is unacceptable. The UBN's smoking policy should be appropriately managed to ensure that smoking and ignition sources are controlled and monitored to reduce the potential for accidental and deliberate fire setting."	Ongoing	Robust control measures have been agreed and implemented between the Director of CEF and senior premises managers. This has been communicated to the enforcing authority. A further inspection was carried out on 20th May by the enforcing authority and due to a number of non compliances found at that time an EN 03 was served i.e. ' Enforcement Notice not complied with'. This matter still rests with the Fire Authority's Compliance team for deliberation as to whether they might proceed with prosecution. N.B. An Article 27 letter dated 15th September 2021 was served on the CEO requiring pertinent information to be forwarded to the Fire Authority within 14 days of the date of the letter. This information was duly forwarded to the Fire Authority. A letter under caution was issued against the executive director for public health on 01/12/2021. This has been responded to and a subsequent meeting held with the chief fire officer for SWFRS, the UHB CEO, new responsible exec for fire and new fire safety manager. The notice remains open but close collaboration exists between the two parties. On 1st November 2021 significant organisational changes were made resulting in the fire team moving to sit under H&S. 11/01/2023: SWFRS have taken the decision to prosecute the UHB for alleged contraventions. A plea hearing was conducted by Cardiff magistrate court where the UHB entered 'No plea'. Hearing was held at Cardiff Crown court on 13th January 2023 where the UHB entered 'Not guilty' pleas to all 4 offences.		**PC**

Medicine	Capital and Asset Management /UHW - Ward A4	Fire and Rescue Services	UHW Ward A4	29.09.2021	Regluatory Reform (Fire Safety) Order 2005	Executive Director of People and Culture	Health and Safety	**Head of Health and Safety**	31.03.2023	Duty of Works: EN59/21 - Article 8: Duty to take general fire precautions Article 13: Fire fighting and fire detection Article 15: Procedures for Serious and Imminent Danger and for Danger Areas Arcile 21: Training	31.03.2023	Measures have been agreed with and implemented by senior managers of the UHB's Estates Service Board. Consequenlty the enforcing authority inspector has agreed to extend the date of this notice for 12 months to enable all works to be completed. The reasonably practicable work has been completed within the timesacale, work is currently being undertaken to complete the outstanding scope of work. Compliance date is 31/03/2023. The work has now been completed by the CEF team with the exception of a fire door set which has yet to be delivered. The head of health and safety is to obtain assurance that all aspects of the enforcement notice have been satisfied before inviting SWFRS back for a reinspection. This is likey to take place in early February.		**PC**
HEALTH EDUCATION AND IMPROVEMENT WALES														
HEALTH INSPECTORATE WALES														
PCIC	HMP Cardiff	HIW	HMP Cardiff	N/A - Desktop review	HIW	Executive Nurse Director	QSE Committee	Executive Director of Nursing - Head of HMP Cardiff Healthcare	**N/A**	A total of 11 recommendations made.	**Various**	2 of the 11 recommendations have completed with a number of the remaining entries recroded as partially complete.		**PC**
Medicine	Welsh Ambulance Services NHS Trust	HIW	A&E	Oct-21	HIW	Executive Nurse Director	QSE Committee	Executive Nurse Director/Chief Operating Officer	**N/A**	A total of 13 recommendations were made.	**N/A**	9 of the 13 recommendations have completed. The remaining 4 recommendations are parially complete.		**PC**
Medicine	Emergency / Assessment Units	HIW	A&E	20.06.2022	HIW	Executive Nurse Director	QSE Committee	Executive Nurse Director	**TBC**	A total of 16 recommendatons were made	**N/A**	4 of the 16 recommendations are reported as complete completed. The remaining 12 recommendations have not been progressed with additional detail required to update HIW.		**PC**
Specialist Services	Cardiothoracic Services	HIW	Surgery Ward 6	Mar-22	HIW	Executive Nurse Director	QSE Committee	Specialist Services Clinical Board Triumvirate	**TBC**	A total of 21 recommendations were made in relation to a number of issues, including Patient Safety, Patient Experience, Quality and Estates.	**N/A**	3 recommendations are reported as complete. The remaining 18 recommendations are reported as partially complete with progress being made against sub-recommendations which are reported as complete.		**NA**
CD&T	Diagnostic Imaging Department	HIW	Diagnostic Imaging Department	Aug-22	HIW	Executive Director of Therapies and Health Science	QSE Committee	CD&T Clinical Board Triumvirate	**TBC**	A total of 9 recommendationswere made relating to improvement of Staffing and operational procedures and guidelines.	**N/A**	All 9 recommendations are reported as Partially Complete with detailed progress updates provided		**NA**
CD&T	Nuclear Medicine Department	HIW	Nuclear Medicine Department	Oct-22	HIW	Executive Director of Therapies and Health Science	QSE Committee	CD&T Clinical Board Triumvirate	**TBC**	A total of 7 recommendationswere made relating to improvement of Staffing and operational procedures and guidelines, including Welsh Language Standards.	**N/A**	Updates are awaited in relation to all 7 recommendations.		**NA**
HEALTH AND SAFETY EXECUTIVE														
Capital Estates	CEF- Led by Health and Safety	HSE	Laboratory Testing Services - UHW	27/01/2022	HSE Statutory Inspection	Executive Director of People and Culture	Health and Safety Committee	Head of Health & Safety	01.02.2023	Request for information in relation to local exhaust an extract ventilation systems. Details of maintenance and agreements in place between UHB and Cardiff University forwarded to HSE.	Ongoing	Information provided to HSE. 05/01/2023 - Meeting held at the request of HSE with the intention of taking a voluntary statement from the Head of Estates and Facilities. Agreement on the day that CAVUHB would formally provide answers to HSE questions by the end of January 2023 and the Head of Estates and Facilities would then sign a voluntary statement to this. The Head of H&S signed a voluntary statemtent during the meeting in relation to information previously sent to them in February 2022.		**PC**
Surgery	Surgery - Led by Health and Safety	HSE	UHW Theatres	27/01/2022	HSE Statutory Inspection	Executive Director of People and Culture	Health and Safety Committee	Head of Health & Safety	01.02.2023	25/01/2022. Request to review Theatres manual handling systems in relation to the pushing and pulling of theatre trolleys.	Ongoing	Information provided to HSE. No feedback from HSE, the Head of Health and Safety requested an update during a meeting in relation to T2 animal house and the issue was verbally closed out. Requested this be put into writing.		**PC**
HUMAN TISSUE AUTHORITY														
INFORMATION COMMISSIONERS OFFICE														
Digital Health Intelligence	IM&T and Information Governance	ICO	Digital Health	13.03.2020	ICO Data Protection Audit	Director of Digital Health	Digital and Health Intelligence Committee	Head of Information Governance	TBC	25 recommendations were made in relation to Governance and Acocuntability. 1 of these recommendations required urgent action, 14 were rated high, 7 medium and 3 low. 20 recommendations were made in relation to Cyber Security. 1 of these recommendations required urgent action, 9 were rated high, 9 medium and 1 low. An overall assurance rating of reasonable was achieved in both areas.	25.10.2021	9 of the 25 recommendations made by the ICO remain outstanding. The ICO undertook a follow up investigation in November 2021 and concluded that there was still a risk of non-compliance with data protection legislation and recommended urgent action tto complete outstanding recommendations. Updates are shared at the Digital Health Intelligence Committee.		**NA**
JOINT ACCREDIATION COMMITTEE														
Specialist Services	Haematology	JACIE	South Wales BMT Programme	TBC	6th edition of JACIE standards	Executive Director of Medicine	QSE Committee	Executive Director of Medicine	01.09.2024	Minor deficiencies noted	01.09.2024	Programme received formal re-accrediation notice - There are ongong discussions with the executive board regarding a new facility for BMT / Haematology as the service will not achieve re-accreditation post he next inspection cycle. A capital planning project team has been established to develop the business case to support the development of a refurbhsied facility for the service.		**PC**
MEDICAL GENETICS														
MHRA														
CD&T	Pharmacy	MHRA	Pharmacy UHL	TBC	Good manufacturing practice (GMP) and good distribution practice (GDP)	Executive Medical Director	QSE Committee	Clinical Director of Pharmacy and Medicines Management	TBC	3 majors 2 others	31.03.2020	Complete		**C**
CD&T	Pharmacy	MHRA	Pharmacy SMPU	TBC	Good manufacturing practice (GMP) and good distribution practice (GDP)	Executive Medical Director	QSE Committee	Clinical Director of Pharmacy and Medicines Management	TBC	8 Recommendations	16/12/2021	Following inspection and KPI improvement, restrictions to licence removed and no longer subject to IAG but de-escalation to compliance management team. 3/17 actions to complete		**PC**
NATURAL RESOURCES WALES														
OFFICE FOR NUCLEAR REGULATION														
QUALITY IN PRIMARY IMMUNODEFICIENCY SERVICES														
RESEARCH AND DEVELOPMENT														
UKAS														

WELSH WATER														
Capital Estates and Facilities	UHW	Welsh Water	UHW	13.05.2022	Site Inspection	Executive Director of Finance	Health and Safety Committee	Director of Capital Estates and Facilities	tbc	Contraventions of sections 73-75 Water Industry Act 1991 and Water Supply (water fittings) Regulations 1999 (The Regulations) relating to contamination, waste, misuse, erroneous meassurement and undue consumption of water at the premises.112	20.06.2022	Action plan developed and working through actions before Revisit.		PC
Capital Estates and Facilities	St Davids	Welsh Water	St Davids Hospital	24.06.2022	Site Inspection	Executive Director of Finance	Health and Safety Committee	Director of Capital Estates and Facilities	n/a	Remedial works recommended pursuant to the Water Supply (Water Fittings) Regulations 1999 (The Regulations).	TBC	Actions that have been extended for a further 28 days are 0015, 0012, 0008, 0007, 0001, these were primarily due to the manufacturers confirming there is an air gap as required but the Welsh water inspector has asked that double check valves be fitted due to the steam that is produced and the possibility of it re-entering the water system. Valves fitted and othe tap locked off.		C
WSAC														
Surgery	Audiology	WSAC	Audiology - paediatrics	04.11.2021	Audiology / Paediatric QS	Executive Director of Therapies and Health Science	QSE Committee	Paediatric Cochlear Implant Lead - Razun Miah/Rhian Hughes/Ellen Thomas	01.11.2024	85% target met in individual standards and 90% overall target met - 95.22% overall compliance score achieved	01.11.2024	5 recommendations made relating to Standards, 1a.3, 2a.8, 3a.5 &3a.6, 6a.1 and 7b.1. 3 of the 5 recommendations are reported as complete, Two recommendations remain partially complete with action plans in place.		**PC**
Surgery	Audiology	WSAC	Audiology - Adult Rehabilitation	22.11.2022	Audiology - Adult Rehabilitation	Executive Director of Therapies and Health Science	QSE Committee	Lorraine Lewis	22.11.2025	85% target met in individual standards except for one and 90% overall target met - ~ 94% overall compliance score achieved	22.11.2025	4 r ecommendations made relating to standardss 1.a.5, 1.c.6, 5.d.3 and 6.b.1, one of which is reported as completed.		**PC**
WEST MIDLANDS QRS														

Report Title:	**Shared Services Scheme of Delegation and Governance Structure**				Agenda Item no.	7.9	
Meeting:	**Audit & Assurance Committee**		Public	X	Meeting Date:	04.04.23	
			Private				
Status *(please tick one only):*	Assurance	**x**	Approval		Information		
Lead Executive:	**Executive Director of Finance**						
Report Author (Title):	**Deputy Director of Finance**						

Main Report
Background and current situation:

Background and current situation:

NHS Wales Shared Services Partnership (NWSSP) provides a wide range to the organisations that constitute NHS Wales including Cardiff and Vale UHB. These include payroll, laundry, and procurement services amongst a wider range. Cardiff and Vale UHB pays for its share of these services through an annual top slice of its allocation from Welsh Government.

The attachment to this paper highlight :-

- The services provided by NWSSP
- The internal governance and scheme of delegation to directors within NWSSP
- The linkages between NWSSP and Cardiff and Vale UHB for the services provided.

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

Committee members are asked to note the series provided by NWSSP and their linkages into Cardiff and Vale UHB.

Attachment 1 - NSSP Organisation map
Attachment 2 - Summary of Key Points of Contact – NWSSP

Recommendation

The Committee are requested to:

- **NOTE** the Scheme of Delegation and Governance Structure of NHS Wales Shared Services

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

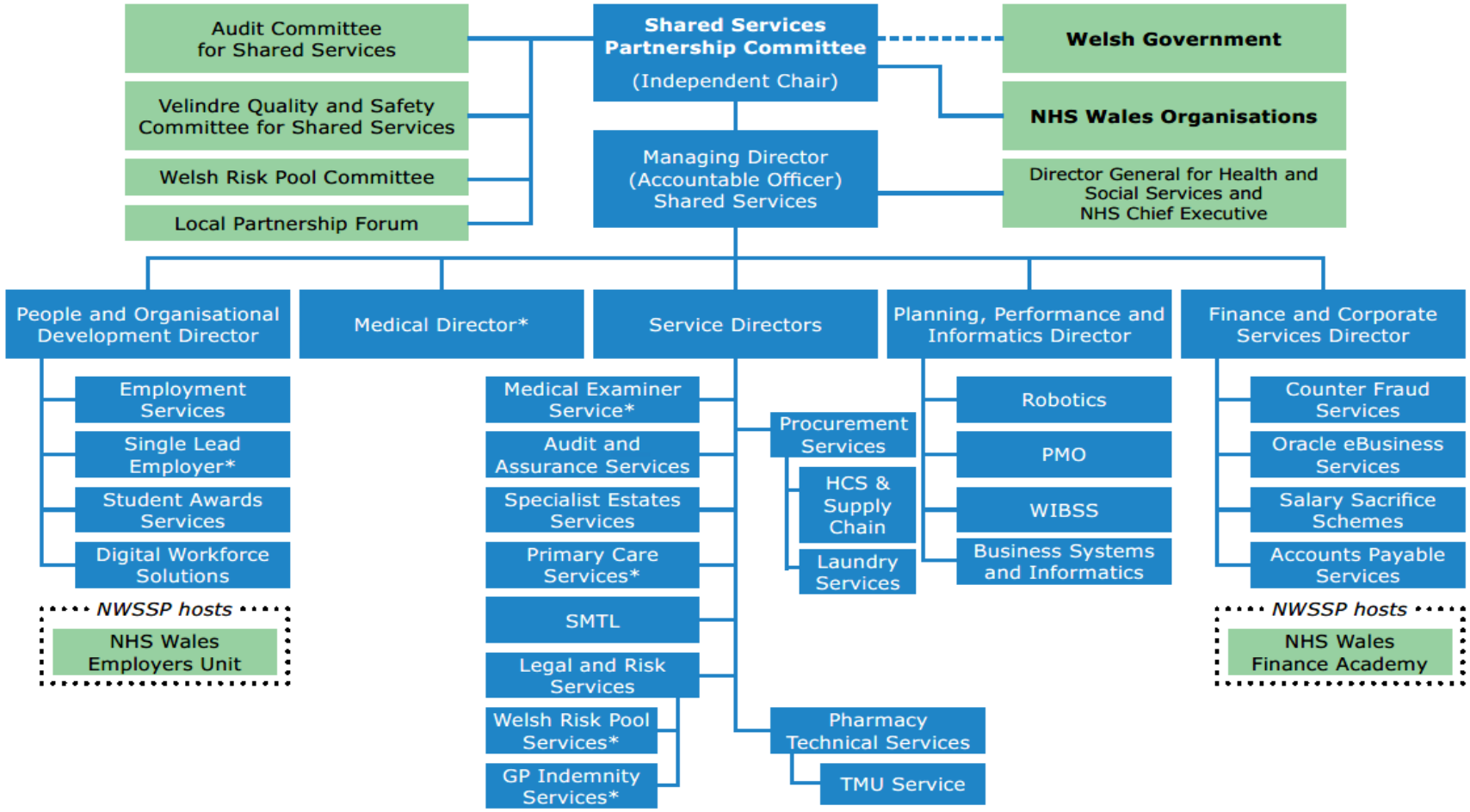
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
n/a
Safety: Yes/No
n/a
Financial: Yes
Clarifies working relationships with Shared Services
Workforce: Yes
Clarifies working relationships with Shared Services
Legal: Yes/No
n/a
Reputational: Yes/No
n/a
Socio Economic: Yes
Clarifies working relationships with Shared Services
Equality and Health: Yes/No
n/a
Decarbonisation: Yes/No
n/a

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

Organisation map



NWSSP operates utilising the Velindre NHS University Trust legal framework and Establishment Order

Adding Value Through Partnership Innovation and Excellence

NHS Wales Shared Services Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

- Accounts Payable
- Audit and Assurance
- Central E Business Team
- Counter Fraud Wales
- Digital Workforce Solutions
- e-Enablement
- Employment Services
- Finance Academy (Hosted)
- Finance and Corporate Services
- Health Courier Services
- **Lead Employer for medical, dental & pharmacy trainees**
- Legal & Risk
- Medical Examiner
- People and Organisational Development
- Laundry Services
- Pharmacy Technical Services
- Planning, Performance and Informatics
- Primary Care Services
- Procurement Services
- Salary Sacrifice
- Student Award Services
- Special Estates Services
- Surgical Materials Testing Laboratory
- Wales Infected Blood Support Scheme
- Welsh Risk Pool

Adding Value Through Partnership Innovation and Excellence

Summary of Key Points of Contact – NWSSP

Service Area	Director	Deputy Director or Head of Service	NHS Org Lead
Accounts Payable and E-enablement	Andy Butler	Russell Ward Head of Service	Finance
Laundry Services	Jonathan Irvine	Anthony Hayward Head of Service	Facilities
Pharmacy Technical Services	Colin Powell	[redacted]	Pharmacy
Student Award Services	Gareth Hardacre	Steve Withers Head of Service	Mainly HEIW and the Universities
Audit and Assurance	Simon Cookson	[redacted]	Board Sec
Employment Services	Gareth Hardacre	Darren Rees Head of Service Steve Withers – Payroll Kelly Skene - Recruitment	Workforce
Lead Employer for medical, dental and pharmacy trainees	Gareth Hardacre	Dr Ruth Alcolado Sarah M Evans - Head of Service	Workforce
Specialist Estates Services	Neil H Davies Also SRO for Decarbonisation	Stuart Douglas	Dependent on portfolio, main contact is Facilities and Estates Usually sits under Finance or Planning
Central e-Business (Oracle) Team	Andy Butler	Stuart Fraser Head of Service	Finance

Service Area	Director	Deputy Director or Head of Service	NHS Org Lead
Legal and Risk Services and the Welsh Risk Pool	Mark Harris	Daniela Mahapatra Jonathan Webb Head of Service – Welsh Risk Pool	Patient Experience team and Board Sec Commercial work e.g., employment law would be workforce, property/leases etc would be facilities
Primary Care Services	Andrew Evans	Nicola Phillips	Primary Care Director
Surgical Medical Testing Laboratory	Dr Gavin Hughes	[redacted]	Dependent on the medical device. Usually approached Procurement team
Counter Fraud Wales	Andy Butler	Graham Dainty – Head of Service	Finance
Medical Examiner Service	Andrew Evans	Dr Jason Shannon – Medical Examiner for Wales Daisy Shale – lead Medical Examiner officer	Medical Director
Procurement Services	Jonathan Irvine	Claire Salisbury	Finance
Wales Infected Blood Support Scheme	Alison Ramsey	Mary Swiffen Walker - Head of Service	Welsh Government in the main
Digital Workforce Solutions (ESR and e-learning)	Gareth Hardacre	Angela Jones - Head of Service	Workforce
Supply Chain, Logistics and Transport	Jonathan Irvine	Graham Davies- Head of Service	Facilities in the main
Salary Sacrifice	Andy Butler	Russell Ward- Head of Service	Finance and Workforce
Finance and Corporate Services	Andy Butler	Linsay Payne	Finance

Service Area	Director	Deputy Director or Head of Service	NHS Org Lead
Planning, Performance and Informatics	Alison Ramsey	Neil Jenkins - Chief Digital Officer	Planning Chief Digital Officer
People and Organisational Development	Gareth Hardacre	Sarah M Evans	WoD
Partnership Committee matters	[redacted]	Peter Stephenson	SSPC member

Report Title:	Review changes to Standing Financial Instructions and Accounting Policies			Agenda Item no.	7.10
Meeting:	Audit and Assurance Committee	Public	x	Meeting Date:	4 April 2023
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance/Head of Corporate Governance				

Main Report
Background and current situation:

Standing Financial Instructions

NHS Bodies in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They have effect as if incorporated in the Health Board's Standing Orders ("SOs") (incorporated as Schedule 2.1 of the SOs).

The SFIs detail the financial responsibilities, policies and procedures adopted by the Health Board. They are designed to ensure that the Health Board's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency effectiveness and sustainability.

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

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

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

On 7 November 2022 the Welsh Government wrote to the Welsh Health Boards and Trusts to inform them of an addendum made to the SFIs. For ease of reference, a copy of that addendum is attached to this report. The Addendum was reported to Board at is meeting in January for noting.

Since the review undertaken by Welsh Government in March 2021 and the Addendum issued in November 2022, the Welsh Government has not carried out any further reviews of the Model Standing Financial Instructions.

Accordingly, no further amendments to the Health Board's Standing Financial Instructions are required at present.

Accounting Policies – IFRS 16 Leases

International Financial Reporting Standards (IFRS) are the 'best practice' accounting rules established by the International Accounting Standards Board.

IFRS 16 introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. A lessee is required to recognise a right-of-use asset representing its right to use the underlying leased asset and a lease liability representing its obligation to make lease payments.

In 2022-23 health boards in Wales have implemented IFRS 16 and capitalised leased assets.

Previously the cost of leased assets would have been reflected as an in year expense with no impact on the UHB Balance Sheet.

The exercise to implement IFRS 16 requires the collation of all applicable leases including those brought forward (transitional assets) and those leases signed in 2022-23. Equivalent Revenue funding is withdrawn from the UHB by Welsh Government and reissued as Capital Funding to support the in-year financing costs and the impact of the amortisation of the lease.

The final impact on the UHB Balance Sheet will be finalised during preparation of the 2022-23 Annual Accounts. Current 'work in progress' indicates additional capitalisation arising from IFRS 16 of £24m.

As a new accounting policy, with a material impact on the UHB accounts, IFRS 16 accounting will attract enhanced scrutiny from Audit Wales during the 2022-23 audit programme.

Addendum 2 to this report details the IFRS 16 Accounting Policy disclosure included in the Annual Accounts template to be used by all NHS Wales Health Boards for the 2022-23 accounts.

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

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

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

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

For completeness, it is proposed that an update report (based upon the content of this report) will be presented to full Board in May 2023 for noting.

The UHB has implemented IFRS 16 accounting in 2022-23.

Recommendation:

The Committee is requested to:

a) **Note** the update, as set out in the body of this report, with regards to the Health Board's Standing Financial Instructions and Accounting policies

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: Yes. Changes the capitalized assets on the UHB's Balance Sheet in accordance with international accounting standards
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	25 May 2023

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health & Social Services Group

Llywodraeth Cymru
Welsh Government

7 November 2022

Chief Executives of Local Health Boards and NHS Trusts

Dear All

ADDENDUM TO STANDING FINANCIAL INSTRUCTIONS

PROCEDURES FOR CONSENT FOR LOCAL HEALTH BOARDS TO ENTER INTO CONTRACTS EXCEEDING £1 MILLION

Some confusion has arisen in relation to the procedures for the consent to enter contracts over £ 1 million. The latest version of the Standing Financial Instructions issued in April 2021 state in paragraph 11.6.2 :

General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4 All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

Paragraph 11.6.4 states that the exceptions mentioned above are as follows :

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

i) Contracts of employment between LHBs and their staff;

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ii) Transfers of land or contracts effected by Statutory Instrument Model Standing Orders, Reservation and Delegation of Powers for LHBs Schedule 2.1: Standing Financial Instructions Status: Update – March 2021;
iii) Out of Hours contracts;
iv) All NHS contracts, that is where one health service body contracts with another health service body.

To ensure consistency with guidance issued to NWSSP Procurement Services, further exceptions highlighted below should be applied;

v) Contracts over £ 500k - £1 million (for noting) and £ 1 million + (for approval);

i) Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSSP (not exhaustive) - <u>no further approval required to award contracts under these Frameworks through a direct award or mini competition.</u>

ii) ***Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – <u>no further approval required to award contracts under these Frameworks through a direct award.</u> Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.***

All Health Boards in Wales and Special Health Authorities bodies should apply these exceptions from the date of this letter.

The revision introduced in point v) above will be included formally in the next version of the Standing Financial Instructions.

Yours sincerely

SR Elliot

Steve Elliot

Cyfarwyddwr Cyllid dros dro | Interim Director of Finance

Addendum 2 - Extract from 2022-23 Annual Accounts Template - Accounting Policies

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standar been employed. These are as follows: Cardiff & Vale UHB has applied the practical expedient of the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identifie containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining an arrangement contains a lease and not to those that were identified as not containing a lease u previous leasing standards.

On initial application Cardiff & Vale UHB has measured the right of use assets for leases previou classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adju accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low valu paragraph C9 (a) of the standard.
The transitional provisions have not been applied to operating leases whose terms end within 12 of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.
Hindsight is used to determine the lease term when contracts or arrangements contain options to or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraph of IFRS 16 are not employed for leases in existence at the initial date of application. Leases ente on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.
There are further expedients or election that have been employed by Cardiff & Vale UHB in apply IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 m less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlyin is of a low value which are identified as those assets of a value of less than £5,000, excludi irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Cardiff & Vale UHB will not apply IFRS 16 to any new leases of in tangible assets applying the tre described in section 1.14 instead.

Cardiff & Vale UHB is required to apply IFRS 16 to lease like arrangements entered into with oth public sector entities that are in substance akin to an enforceable contract, that in their formal l form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 Cardiff & UHB has assessed that in all other respects these arrangements meet the definition of a lease u standard.
The entity is required to apply IFRS 16 to lease like arrangements entered into in which consider exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition o in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in sub to arrangements in which consideration is below market value but not significantly below marke The nature of the accounting policy change for the lessee is more significant than for the lessor IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in whi lessees recognise a right of use asset.
For the lessor leases remain classified as finance leases when substantially all the risks and rewa incidental to ownership of an underlying asset are transferred to the lessee. When this transfer not occur, leases are classified as operating leases.

Report Title:	Procurement Compliance Report				Agenda Item no.	7.11	
Meeting:	Audit Committee		Public	X	Meeting Date:	4 April 2023	
			Private				
Status *(please tick one only):*	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 where 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.

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

ASSESSMENT AND ASSURANCE

Non-Compliant Activity (13)

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	Contract Expiry	Length at Risk/Breach	Clinical Board	Reason	Action /Status
Echo Locum	£29,615.50	N/A	6 months	Specialist	No Procurement involvement, urgent requirement	Closed – new compliant contract put in place
Rubicon Dance Hospital Session UHW	£1,560.00	N/A	One off service	Executives – Strategic Planning	No Procurement involvement	Closed - One off service, advised project lead on Procurement regulations
USW Post Graduation credits	£69,015.00	N/A	12 months	Executives - Nursing	No Procurement involvement	Closed – on workplan for renewal
Development services for online diabetes education	£30,883.33	N/A	12 months	Children and Women	This is a collaboration with Dorset hospital, however there was no procurement involvement.	Closed – on workplan if renewal required
Service for Child Health (AXIS Esmears)	£35,173.02	N/A	12 months	Children and Women	No Procurement involvement.	Closed – The provision has finished and is no longer required
Cardiff University MRI Scans	£11,038.00	N/A	5 months	Medicine	No Procurement involvement in the engagement of the service.	Closed - One off service
Thornbury nursing care provision	£28,362.00	N/A	2 months	Medicine	No Procurement involvement in the engagement of the service.	In Progress – Procurement awaiting information from the service to put a compliant contract in place
Shaping Our Future Wellbeing - Strategy Refresh Engagement	£20,250.00	N/A	One off service	Executives – Communications	No Procurement involvement in the engagement of the service.	Closed - One off service
Learning Disability Grant	£19,282.00	N/A	One off service	Executives - RPB	No Procurement involvement in the engagement of the service.	Closed – One off grant, no further requirement.
Mental Health Patient Transport	£15,566.25	N/A	1.5 months	Mental Health	No Procurement involvement in the	In Progress – Reviewing options with

					engagement of the service.	Service on contracting for ongoing provision
External 2nd Opinion on Medical Report	£5,582.10	N/A	One off service	Specialist	No Procurement involvement in the engagement of the service.	Closed – One off report
Msc Course Fee	£6,400.00	N/A	12 months	Mental Health	No Procurement involvement in the engagement of the service.	Closed – Final year, Procurement advised Service of the Procurement regulations for future requirements
CTU R&D Project with Swansea University	£60,536.00	N/A	11 months	Surgery Services and Dental	No procurement involvement when the research contract was put in place	Closed – One off service

Contracts value breached/ extended at risk as a result of emergency/unforeseen circumstances (2 Return)

Contract Title	Value at Risk Excl VAT	Contract Expiry	Length at risk/Breach	Clinical Board	Reason	Action /Status
Cardiac Output Monitors License	£6,666.67	N/A	1 month	Surgery	One month value breach prior to new contract put in place due to delay in contract approval	Closed – New contract in place
Salud Maintenance & Support	£5,906.50	N/A	1 month	Surgery - Dental	Delays from the Service meant one month was non compliant	Closed – new contract put in place

Other Non-Compliant Activity (3 Return)

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	Contract Expiry	Length at risk/Breach	Clinical Board	Reason	Action /Status
Barrister Fees	£195,232.96	N/A	One off services	Executives – Legal and Risk	NWSSP Legal and Risk select barristers with no Procurement or Health Board involvement in appointment	Closed – Payments processed for 6 Barristers within this amount.
Cardiology Nursing staff	£23,852.50	N/A	2 months	Surgery	Emergency requirement for nursing provision and delays in approvals meant that the service	Closed – new contract put in place

					commenced as a non compliant agreement until resolved.	
Emergency Works	£10,000.00	N/A	One off work	Capital Planning, Estates and Facilities	Emergency work	Closed – One off emergency

Contracts engaged at risk as a result of Covid-19 requirements (Nil Return)

Contract Title	Value at Risk	Contract Expiry	Length at risk/Breach	Clinical Board	Reason	Action/Status

Report of Single Tender/Quotations Actions

Retrospective – (1 Return)

The report outlines all SQA/STA (1) requests during the period the 1st January 2023 to 28th February 2023.

Clinical Board	Supplier	Name of Project	Retrospective Value of Contract Excl VAT	STA Type
Executives	Agored Cymru	Educational Credits for HCSW Training	£16,792.02	Sole Supplier of Goods or Services

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 (18) requests during the period the 1st January 2023 to 28th February 2023.The volume processed was higher than normal activity, 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/ Unforeseen circumstances/Emergencies
12. Exemptions

Clinical Board	Proposed Supplier	Name of Project	Total Value of Contract excl VAT	Type
CD&T	Horiba	Pentra 400C Maintenance Contract	£8,222.05	Sole Supplier of Goods or Services
Executives	C3SC	Unpaid Carers Grant	£327,000.00	Sole Supplier of Goods or Services
Executives	New Diagnostics Services Limited (NDS)	A1c material Weqas patent fee	£15,000.00	Proprietary items, i.e. Trademarked, patented
Executives	R Hurton	Financial Accounting Practitioner	£24,999.00	Urgent Operational Requirement
Executives	Cardiff University School of Optometry and Vision Sciences	Technical support at The School of Optometry and Vision Sciences	£25,770.64	Sole Supplier of Goods or Services
Executives	Cardiff University	Medical Education Teaching Licenses	£37,800.00	Sole Supplier of Goods or Services
Surgery	BK Medical	Maintenance - Ultrasound Machine	£34,234.80	Capability with existing equipment or service
Specialist	RGK	Specialist active wheelchair	£5,897.01	Sole Supplier of Goods or Services
Surgery	Two-Ten Health	Provision of SALUD Patient Management System Maintenance	£212,635.32	Capability with existing equipment or service
Surgery	Depuy Synthes (Johnson & Johnson)	Maintenance of Depuy Synthes Power Tools	£41,160.00	Capability with existing equipment or service
Mental Health	PinPoint	Maintenance of Security System	£114,380.00	Sole Supplier of Goods or Services
CD&T	Tecan UK Ltd	3 Year Maintenance contract for TECAN Freedom EVO 100 Te-Care complete	£45,411.00	Sole Supplier of Goods or Services
Executives	Hayne Solutions	IBM Cognos Business Intelligence System	£292,816.11	Sole Supplier of Goods or Services
CD&T	CellPath Ltd	CellNass off-site storage	£10,976.00	Capability with existing equipment or service
PCIC	NECCTA	Group Reflection and Support Service for staff within Dept of Sexual Health and HMP Cardiff	£12,000.00	Urgent Operational Requirement
Specialist	Gentinge	Cardiohelp Service Contract	£50,664.45	Sole Supplier of Goods or Services
Executives	The Maltings	Provision of Off-Site Document Storage and Retrieval Services	£20,000.00	Urgent Operational Requirement
CD&T	Fotoware Ltd	Provision of photography licences	£48,405.60	Sole Supplier of Goods or Services

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.

Year	2021/22			2022/23		
Clinical Board	**Non-Compliant Breaches**	**Exemption**	**Covid-19**	**Non-Compliant Breaches**	**Exemption**	**Covid-19**
AWMGS	1	0	0	1	0	0
Children and Women	2	1	0	2	0	0
Capital Planning, Estates and Facilities	7	8	1	3	2	1
Clinical, Diagnostics and Therapies	6	0	1	2	0	0
Executives	14	8	3	8	5	0
Medicine	3	0	0	2	1	0
Mental Health	0	0	0	0	0	0
PCIC	1	0	0	0	0	0
Specialist	6	0	0	3	1	0
Surgery and Dental	4	0	1	9	1	0
TOTALS	**44**	**17**	**6**	**31**	**10**	**1**

Please note that in February 2021, the reporting of non-compliant activity was spilt into the above criteria to reflect accuracy in reporting the justifications behind certain breaches i.e., emergency works.

STA/SQA's by Department

	2020/21		2021/22		2022/23 (Year To Date)	
Clinical Board	**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	N/A – Previously recorded as part of CD&T		4	3	3	3
Children and Women	3	0	2	0	3	1
Capital Planning, Estates and Facilities	3	1	2	0	15	2
Clinical, Diagnostics and Therapies	28	4	14	1	26	2
Executives	20	4	9	3	23	1
Medicine	6	3	6	1	4	0
Mental Health	3	0	1	0	3	0
PCIC	8	2	2	0	11	3
Public Health Commissioning Team	0	0	1	0	7	0
Specialist Services	7	1	6	2	11	1
Surgery Services and Dental	9	3	5	1	11	0
Grand Total	**87**	**18**	**52**	**11**	**117**	**13**

Recommendation:

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

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:

Report Title:	Procurement Compliance Report – Chair's Action Review				Agenda Item no.	7.12	
Meeting:	Audit Committee		Public	X	Meeting Date:	4 April 2023	
			Private				
Status *(please tick one only):*	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 Board approval is obtained for the purchase of all goods and services for contracts over the value of £500k.

There are some situations where approval must be sought outside Board approval and therefore, a Chair's Action request is submitted. The reasons can be as follows;-

- Urgent Operational Requirement
- Unforeseen/unplanned circumstances
- Emergencies
- Exemptions

A review of the number of Board and Chair's Actions reports was requested by the Director of Finance.

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

A review of Board approvals was undertaken for financial year 2021/22 and up to December 2022 for this financial year.

In 2021/22 the majority of approvals (72) were issued via the Chair's Action route with 2 through the formal Board meeting. This was highlighted to Procurement Services and therefore, planning for approval was advised to be in line with Board meeting dates.

During the financial year 2022/23, Procurement Services have issued 36 requests to date. In order to confirm the number of genuine Chair's Action requests, Procurement commenced tracking these requests from September 2022 with the following categories;

1. Board Agenda does not have capacity for request
2. Emergency/Unforeseen circumstances
3. Exemption - contract value above estimated contract value
4. Procurement have not provided sufficient time within Board dates for approval
5. Urgent Operational Requirement

Unfortunately, a number of these requests were issued via Chair's Action for the reasons outlined in the table below.

2022/23 (YTD)	Category of Request					Total Number
	1	2	3	4	5	
Chair's Action	7	3	0	0	24	34
Board Meeting Approval	N/A	N/A	N/A	N/A	N/A	2

It should be noted that the majority of urgent operational requirements were a result of CEF unplanned additional works.

Examples of category 5 (urgent operational requirements)

	Contract Title	Reason
1	Provision of Pulse Oximetry & Consumables	Approval by Director of Governance to progress as an urgent Chair's Action due to a number of reasons including current Paediatric equipment being aged and continuously failing with the new Procurement establishing up to date specification machines with higher number of monitoring equipment to provide improved patient care and avoiding delayed patient discharges.
2	DC22015 Replacement of Boiler Number 2 UHL	New contract requirement which was requested by CEF in June and due to the replacement of boiler equipment. There was an interim arrangement whilst this Procurement was completed, however, a Board meeting was not available until end of January 2023 and therefore, a Chair's Action was submitted to award the successful bidder in late December.
3	DC22039 - UHW Orthopaedic Trauma Clinic	New contract requirement which was requested by CEF in late September and due to urgency of works and equipment being re-located a Chair's Action was submitted to award the successful bidder on the 21st November.
4	DC22017 UHL CT Suite Refurbishment	New contract requirement which was requested by CEF in late August. Due to a lengthy evaluation process with the service complexity, CEF did not complete by the Board meeting date in late September, hence the Chari's Action in October.
5	Provision of an Early Support Mental Hub Service	Unplanned request from Clinical Board which required an urgent award for the successful organisation to commence implement of the service due to other services being withdrawn. The request to Board was not able to be submitted until beginning of August due to the Procurement process and the Board had recently met in July. The next Board meeting was the 29th September, hence the Chair's Agreement.

Procurement will continue to work with the Clinical Boards to channel all over £500k requests via the appropriate formal Board approval process.

Recommendation:

The Committee is requested to:

- **NOTE** the contents of the Report

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

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:

Report Title:	Counter Fraud Progress Report				Agenda Item no.	7.13
Meeting:	Audit and Assurance Committee		Public	X	Meeting Date:	04/04/2023
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	X
Lead Executive:	Catherine Phillips - Executive Director of Finance					
Report Author (Title):	Gareth Lavington – Head of Counter Fraud					

Main Report
Background and current situation:

This report builds on the previous Counter Fraud progress reports verbally presented at Audit Committee. This report provides an update of all the work undertaken by the CF team at CAVUHB on behalf of CAVUHB for this reporting period. This is the final Counter Fraud Progress Report for the Financial Year 2022-2023.

The reports seeks to provide assurance that the planned activity in the Annual Plan is being carried out and that the CF fraud provision for CAVUHB is robust and fit for purpose.

It is asked that the Committee note the content of the report.

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

Progress made against the Annual Counter Fraud Plan.
Current Investigations.
Other activity

Recommendation:

The Committee is requested to:

a) **Note** the content of the report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Financial loss impacting upon patient care. Risk of reputational impact as a secondary result.
Safety: No
Financial: Yes
Possible financial loss as a result of fraud which will lead to impact upon patient care
Workforce: Yes
Reduction of available staff during investigations and sanctions; demotivation
Legal: Yes
Use Statutory legislation to conduct investigations
Reputational: Yes
Negative publicity resulting in negative publicity that undermines public confidence
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

NHS WALES
Cardiff and Vale University Health Board

Counter Fraud Progress Report
01/01/2023 - 31/03/2023

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

TABLE OF CONTENTS

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 Cardiff and Vale Health Board from the 1st January 2023 to 31st March 2023.

The report's format has been adopted in order to update the Audit and Assurance Committee about counter fraud referrals, investigations, activity and operational issues.

At 31st March 2023, 362 days of Counter Fraud work have been completed against the agreed 500 days in the Counter Fraud Annual Work-Plan for the 2022/23 financial year. This is 138 days less than planned for. This has been due to being under resourced for a significant amount of time in Quarter 3, and also due to resources being deployed to other organisations in relation to formal investigation. The days completed, have been used strategically in preparing quarterly and annual reports for, and attending, the organisation's audit committee meetings; the creation and planning for renewed infrastructure in relation to the organisation's counter fraud response; staff awareness; investigating referrals in relation to fraud and financial crime; National Fraud Initiative instigated investigations; and responding to the final Thematic Assessment report from the NHS Counter Fraud Authority.

This report builds upon previous progress reports delivered to Audit Committee during the financial year 2022-2023.

The breakdown of these days is as follows: (P=Period)

TYPE	Days P1	Days P2	Days P3	Days P4	Days P5
Proactive	15	14	35	37	46
Reactive	70	42	25	38	50
TOTAL	85	56	60	75	96

2. Progress

Staffing

The team have been fully resourced for the duration of this period.

Activity

Infrastructure/Annual Plan

During this reporting period, work has continued in maintaining the infrastructure that works towards successful compliance with the Counter Fraud Plan for 2022-2023, and the NHS CFA functional standards. In this period the below activity has taken place in relation to this area of work -

a. The continued maintenance of a comprehensive activity database which is already assisting in maintaining a detailed and accurate record of work undertaken.
b. Review of the Counter Fraud Bribery and Corruption Policy/Procedure – the CAVUHB Counter Fraud Bribery and Corruption Policy review has now been completed and the documents re-written. The new CFBC Policy/Procedure documents have been published to the intranet site as required for consultation purposes to all staff members. It is intended the new policy will be submitted for approval at Audit Committee at the May '23 meeting.
c. Maintenance of Counter Fraud digital presence – Fully functional, modern, Counter Fraud Intranet site continues to be developed and improved (Link

to the site for reference : Counter Fraud - Home (sharepoint.com)) https://nhswales365.sharepoint.com/sites/CAV_Counter%20Fraud%20%26%20Internal%20Audit

d. Counter Fraud e-Learning arrangements – the situation with regard to this remains the same as previously reported. (Development of Counter Fraud education page on the All Wales 'Learning @ Wales Platform' is now complete. This awaits the new All Wales eLearning package to be finalised and distributed by the Counter Fraud Service Wales. When complete this will be available to all Cardiff and Vale University Health Board staff as a, Counter Fraud, education, learning and awareness tool. It will be signposted internally within the organisation and will be available to all staff.)

Fraud Prevention Notices and IBURN notices

(These notices are issued nationally by the NHS Counter Fraud Authority and require action by Local Counter Fraud Teams)

During this reporting period there have been no fraud prevention notices issued by the NHS Counter Fraud Authority. There has been one IBURN notice issued. This relates to a serial fraudster who targets public sector organisations. Enquiries made with ESR, Health Roster, NFI and TRAC and assurance can be provided that this person has not had any employment with the organisation and is not connected to it in any way. Request made to TRAC and ESR to flag this individual for future reference as a prevention measure.

Newsletter

The latest newsletter has been produced and published and can be viewed at the following links;

February 2023 Counter Fraud Newsletter (office.com)

https://sway.office.com/enn0HcqsBH3X25hR?ref=email

or; at the Counter Fraud Team Share Point Pages below –

Counter Fraud - Home (sharepoint.com)

https://nhswales365.sharepoint.com/sites/CAV_Counter%20Fraud%20&%20Internal%20Audit

Local Alerts/Bulletins

During this reporting period there have been two local alerts issued by the team. One in relation to Bogus Pharmacy Calls to community patients. And one in relation to thefts of Entonox at another Health Board. These are supplied at Appendix 1a and 1b (Private Session Only).

Awareness Sessions

During this reporting period (6) six awareness sessions have been delivered. Five (5) of these have been via the Microsoft Teams Platform and one (1) in person.

Referrals/Enquiries

During this reporting period the Counter Fraud team have received fifteen (15) new referrals. Eleven (11) of these have been promoted to formal investigation and reported on the CLUE database. They can be seen at **Appendix 2** (Private session only) highlighted in red.

Four (4) referrals have been informally resolved as below without the need for formal investigation.

1. Request for support from Department for Work and Pensions in relation to suspected benefits fraud – Enquiries completed and shared with DWP. **Resolved.**
2. Minor staff overpayment issue (£300) – no criminal issues. Advice issued only. **Resolved.**
3. Alteration to application form to DVLA – Advice issued and report passed on to DVLA who would be the victim. **Resolved.**

4. Assistance requested from MetPol in relation to Missing Person enquiry - enquiries carried out and information shared. **Resolved.**

Investigations

A summary of investigations carried out by the team since the beginning of this financial year is provided at **Appendix 2** (Private session only). The cases highlighted in (Red) relate to the twelve (12) new investigations commenced within this reporting period. These are made up of Eleven (11) new referrals this Quarter and One (1) referral from a previous Quarter promoted to formal investigation during this Quarter.

During this reporting period seven (7) investigations have been closed (as shown in Green).

One Case has been transferred to CFS Wales team (as shown in Yellow)

There are therefore, eight (8) investigations open at the time of reporting.

Other

In February 2023 a final report was issued to Cardiff and Vale University Health Board from the NHS Counter Fraud Authority (NHSCFA) in relation to a Thematic Assessment incepted by them in 2020. The aim of the Thematic Assessment was to provide assurance to the NHS Wales Counter Fraud Steering Group, that appropriate measures to prevent Fraud in the areas of Pre-employment, Procurement and Invoice Payment were/are in place. This report highlighted a number of actions still outstanding at February 2023. These actions have subsequently been addressed. This document and responses to the outstanding actions is provided at **Appendix 3**. (Private Session Only). The work in regard of this document is now complete.

Report Title:	Review Draft UHB Annual Report				Agenda Item no.	7.14
Meeting:	Audit and Assurance Committee		Public	x	Meeting Date:	4 April 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					

Main Report
Background and current situation:

The purpose of this report is to provide the Audit and Assurance Committee with an update on the progress being made with the drafting of the 2022-23 Annual Report.

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

The proposed timetable for the production of the Annual Report 2022//23 was presented to the Committee on 7 February 2023 and the Committee was informed that the reporting timescales set out in the 2022/23 Manual for Accounts had not yet been confirmed and could be subject to change. That position remains the same and the Health Board is working towards the proposed timescales set out in the draft guidance, pending confirmation from Welsh Government.

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

Part 1 The Performance Report, which must include:

- An overview
- Performance analysis

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

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

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

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

Part 3 The Financial Statements – this includes: -

- The Audited Annual Accounts 2022-23

For 2022-23: -

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

- The Sustainability Report should be included in the Annual Report if available by the Accounts final submission date of 14 June 2023. If the data is not available at this date, the Health Board should make a statement in its Annual Report indicating where and when the metrics will be available, and when available, these should be published on the Health Board's website.

Based upon the current draft Manual for Accounts guidance, the Final Annual Report including the Performance Report, Accountability Report and Financial Statements (Accounts) should be completed and submitted to Welsh Government by 14 June 2023.

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

The Committee is asked to note that at the time of writing this covering report, the reporting timescales set out in the 2022/23 Manual for Accounts have not yet been confirmed and are likely to change. Whilst the current draft guidance states that the Final Annual Report and Accounts are to be submitted to the Welsh Government and Audit Wales by 14 June 2023, a submission date of 31 July has been proposed by Audit Wales. Until written confirmation of the submission date is received from Welsh Government and/or the final guidance is issued, the Health Board is working towards a submission date of 14 June 2023. Should the end of July date be confirmed, the dates of the Special Audit Committee and Special Board meeting (currently scheduled on 13 June 2023) and the AGM (provisionally scheduled for 18 July 2023) will need to be rearranged.

If the Welsh Government confirms the submission date is postponed to 31 July 2023, the Health Board (along with the other Welsh Health Boards and Trusts) will not be able to comply with Standing Order 7.2.5 (which requires the Health Board to hold an AGM in public no later than 31 July each year). In that event, the Health Board will require a variation to Standing Order 7.2.5 from the Welsh Government. Members of the Audit Committee and the Board will be updated should there be a change to the current proposed submission date for the Annual Report and Accounts.

The current proposed timetable and approach for the production of the 2022-23 Annual Report was considered by the Committee when it met in February 2023. A summary of progress against key deadlines is provided at Appendix 1.

Committee Members will note further that there are a number of gaps within the draft Annual Report and accordingly the draft Report continues to be a "work in progress". A further draft of the Annual Report is due to be considered by the Committee in May 2023.

Recommendation:

The Committee are requested to:

a) **NOTE** the progress made in relation to the drafting of the 2022-23 Annual Report; and

b) **REVIEW** and provide any comments with regard to the content of the draft report attached as Appendix 2.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Potential breach of SO 7.2.5 as referred to in the body of this report.
Safety: No
Financial: No
Workforce: No
Legal: Yes
Potential breach of SO 7.2.5 as referred to in the body of this report.
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Management Executive	27 March 2023

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Appendix 1

ANNUAL REPORT AND ACCOUNTS TIMETABLE 2022-23 : PROGRESS UPDATE

(Please note – the reporting timescales set out in the 2022/23 Manual for Accounts have not yet been confirmed and may be subject to change)

Date	Meeting	Required	Completed
2 February	Senior Leadership Board	Annual Report Contents and Format List and timetable	
7 February	Audit Committee	Annual Report Contents and Format List and timetable	
27 March	Management Executives	Review Draft Annual Report (including performance Report and Accountability Report)	Draft Report due to be presented to ME on 27 March Financial Statements not available until May
4 April	Audit Committee	Review Draft Annual Report (including performance Report and Accountability Report)	Draft report circulated to Committee Members. Financial Statements not available until May
28 April	WAO	Submission of Draft Accounts to Audit Wales	
5 May	WAO	Submission of Draft Annual Report (including performance Report and Accountability Report) to WAO and WG	

11 May	Audit Committee Workshop	Review draft Letter of Representation, draft Annual Accounts and Acountability Report and support and endorse sign off of the same by Board.	
12 June	WG	Comments from WG to be incorporated for approval of the final draft Annual Report by Audit Committee	
13 June (AM)	Audit Committee	Review Annual Report and Financial Statements and recommend approval to the Board Receive WAO on Financial Statements	
13 June (PM)	Board Meeting	Approve Annual Report and Financial Statement and recommend and consider WAO on Financial Statements	
14 June	Welsh Government	Submission of Whole of Government Accounts Return to Welsh Government	
18 July	AGM	Presentation of Annual Report and Accounts.	

Key:

	Deadline met
	Slight delay but no significant impact on overall timeline
	On track to meet deadline

Report Title:	Audit Committee Effectiveness Survey 2022-2023				Agenda Item no.	7.15
Meeting:	Audit and Assurance Committee		Public	x	Meeting Date:	4 April 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					

Main Report
Background and current situation:

Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in February to March 2023 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

- the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives;
- the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions;
- maximising the value of the input from non-executive directors, given their limited time commitment; and
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

For the 2022-2023 self-assessment, surveys were disseminated via Microsoft Forms to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2022-2023, which relate to the Audit and Assurance Committee (attached as **Appendix 1**).

This year, as part of the annual review, it is proposed that a workshop will take place with the Board Committee Chairs and/or Board Committee members to discuss any common themes and wider learning arising from the Committees' survey results. Any actions flowing from the same will be set out in the action plan to be presented to the Audit and Assurance Committee on 11 May 2023.

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

- The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2022-2023 were issued in February 2023.

- The individual findings of the Annual Board Commmittee Effectiveness Survery 2022-2023 relating to the Audit and Assurance Committee are presented at Appendix 1 for information. No areas were identified for improvement.

- Overall the findings were very positive and that provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committee is effectively supporting the Board in fulfilling its role.

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

To ensure effective governance the Board Committee Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2024 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2023-2024.

Recommendation:

The Committee is requested to:

a) **Note** the results of the Annual Board Effectiveness Survey 2022-2023 relating to the Audit and Assurance Committee

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

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit and Assurance Committee	11 May 2023

Appendix 1 -Annual Board Effectiveness Survey - Audit & Assurance

8

Responses

1. The Audit & Assurance Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with Welsh Government guidance and have been approved by the Committee and the Board.

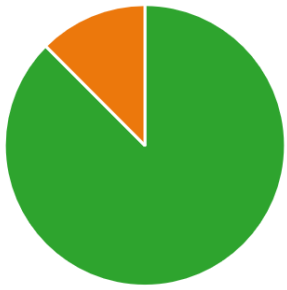
Needs Improvement	0
Adequate	1
Strong	7

2. The Board was active in its consideration of Audit & Assurance Committee composition, including the designation or consideration of an "audit committee financial expert."

Needs Improvement	0
Adequate	2
Strong	6

3. Are the terms of reference reviewed annually to take into account governance developments (including integrated governance principles) and the remit of other committees within the organisation?

Yes	7
No	0
Unsure	1

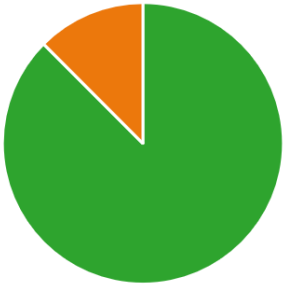


4. There is appropriate consideration of the UHB's financial reporting risks and the related internal controls, which are reflected in the Audit Committee's discussions and agenda items.

Needs Improvement	0
Adequate	2
Strong	6

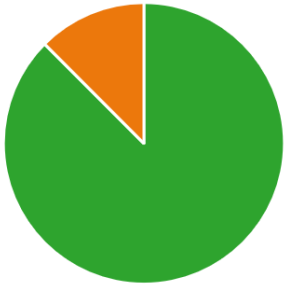
5. Is the Committee's role in the approval of the Annual Accounts clearly defined?

Yes	7
No	0
Unsure	1



6. Is a Committee meeting scheduled to discuss proposed adjustments to the Accounts and issues arising from the audit, and does the Committee annually review the accounting policies of the organisation?

Yes	7
No	0
Unsure	1

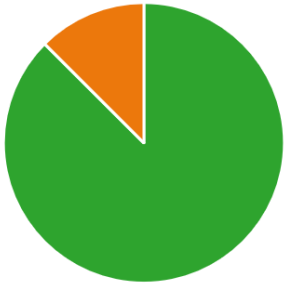


7. Has the Committee formally considered how it integrates with other committees that are reviewing risk e.g. risk management and clinical governance?

Yes	6
No	0
Unsure	2

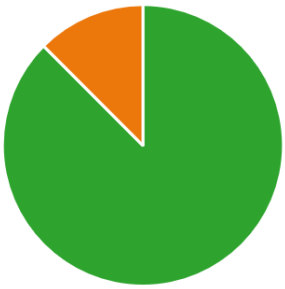
8. Has the Committee been briefed on its assurance responsibilities with regard to internal control and risk management, particularly with regard to the Statement of Internal Control, the Assurance Framework, Standards for better Health and the Head of Internal Audit's opinion?

Yes	7
No	0
Unsure	1



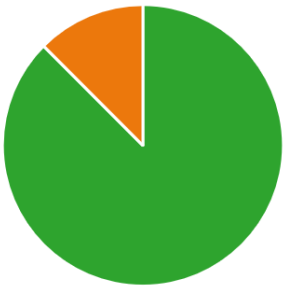
9. Has the Committee reviewed whether the reports it receives (including assurance statements from the Head of Internal Audit) are timely and have the right format and content to ensure its internal control and risk management responsibilities are discharged?

Yes	7
No	0
Unsure	1



10. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge both line management and auditors on critical and sensitive matters?

Yes	7
No	0
Unsure	1



11. There is active considerations of audit plans and results of external audit.

Needs Improvement	0
Adequate	1
Strong	7

12. There is appropriate consideration of Internal Audit's plan, resources, and ability.

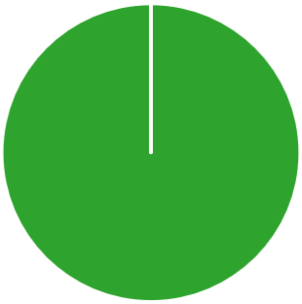
Needs Improvement	0
Adequate	1
Strong	7

13. There is appropriate consideration of Internal Audit's reports, management's response, and improvement actions.

Needs Improvement	0
Adequate	1
Strong	7

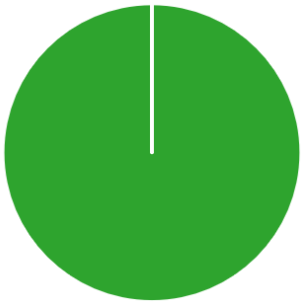
14. Are the terms of reference for Internal Audit approved by the Committee and routinely reviewed?

Yes	8
No	0
Unsure	0



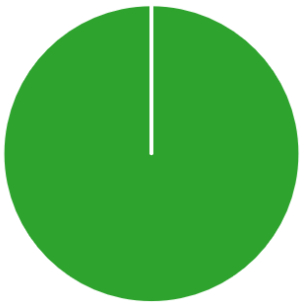
15. Does the Committee review and approve the internal audit plan at the beginning of the financial year?

Yes	8
No	0
Unsure	0



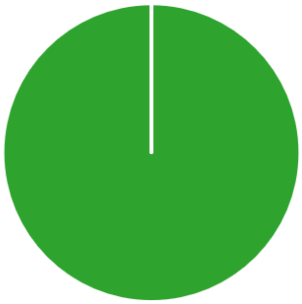
16. Does the Committee approve any material changes to the Internal Audit plan?

Yes	8
No	0
Unsure	0



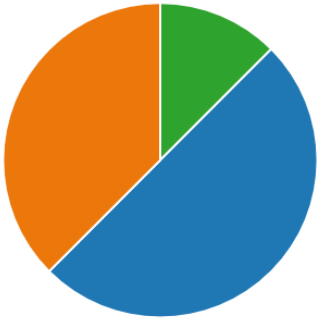
17. Does the Committee effectively monitor the implementation of management actions arising from Internal Audit reports?

Yes	8
No	0
Unsure	0



18. Are any scope restrictions placed on Internal Audit and, if so, what are they and who establishes them?

Yes	1
No	4
Unsure	3



19. Does the Committee review the effectiveness of Internal Audit and the adequacy of staffing and resources within Internal Audit?

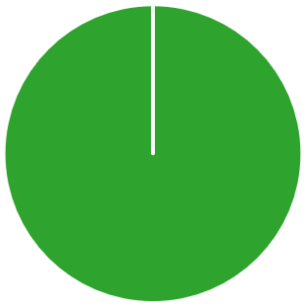
Yes	6
No	0
Unsure	2

20. Has the Committee agreed a range of Internal Audit performance measures to be reported on a routine basis?

Yes	6
No	0
Unsure	2

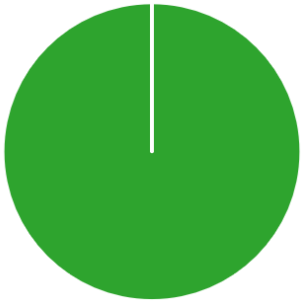
21. Does the Committee receive and monitor actions taken in respect of prior year External Audit plans?

Yes	8
No	0
Unsure	0



22. Does the Committee review the External Auditor's Annual audit letter and asses the performance of the External Audit?

Yes	8
No	0
Unsure	0

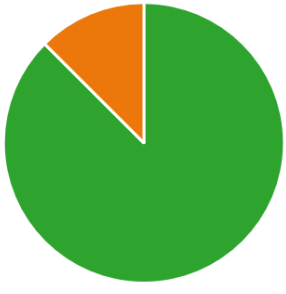


23. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

Needs Improvement	0
Adequate	1
Strong	7

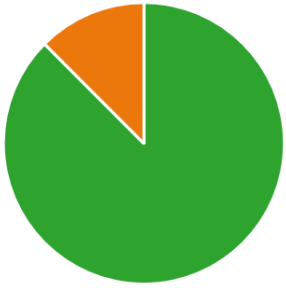
24. Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?

Yes	7
No	0
Unsure	1



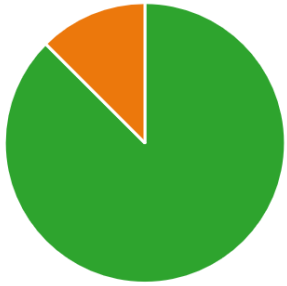
25. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

Yes	7
No	0
Unsure	1



26. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

Yes	7
No	0
Unsure	1



27. The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

Needs Improvement	0
Adequate	2
Strong	6

28. The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

Needs Improvement	0
Adequate	2
Strong	6

29. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.

Needs Improvement	0
Adequate	1
Strong	7

30. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

Needs Improvement	0
Adequate	2
Strong	6

31. The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

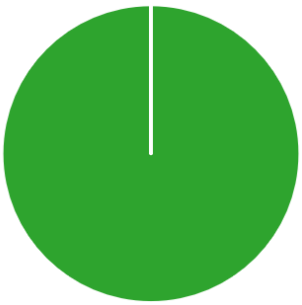
Needs Improvement	0
Adequate	1
Strong	7

32. Are changes to the Committee's current and future workload discussed and approved at Board level?

Yes	6
No	0
Unsure	2

33. Are Committee members independent of the management team?

Yes	8
No	0
Unsure	0

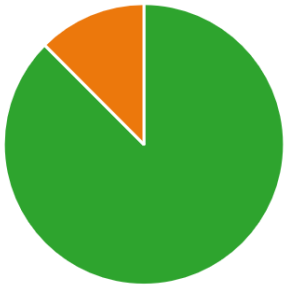


34. The Committee agenda-setting process is thorough and led by the Committee Chair.

Needs Improvement	0
Adequate	1
Strong	7

35. Has the Committee established a plan for the conduct of its work across the year?

Yes	7
No	0
Unsure	1

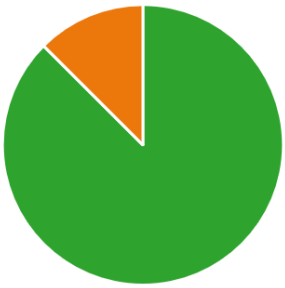


36. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?

Yes	6
No	0
Unsure	2

37. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

Yes	7
No	0
Unsure	1



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38. The Committee's self-evaluation process is in place and effective.

Needs Improvement	0
Adequate	1
Strong	7

39. What is your overall assessment of the performance of the Committee?

- The Committee functions extremely well.
- Committee is well chaired and has strong scrutiny. When low assurance is noted, the Clinical board attends the committee to show actions and improvement.
- Committee members continue to welcome feedback and ongoing improvement.
- Strong committee which is clear on its purpose and discharges that effectively.
- The Committee is effectively and efficiently run with excellent engagement with Internal Audit and Audit Wales
- The Committee has the appropriate expertise to provide adequate scrutiny and support. The relationship between IMs and Executives is collegiate but with appropriate independence to provide professional scrutiny.
- Adequate
- Operates effectively with a clear remit and effective oversight of key matters. The Committee is well chaired and supported by effective independent members with a reasonable level of scrutiny.

Report Title:	**Draft Internal Audit Plan 2023/24**				Agenda Item no.	8.1
Meeting:	Audit Committee	Public	X		Meeting Date:	04/04/23
		Private				
Status *(please tick one only):*	Assurance		Approval	X	Information	
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 Public Sector 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 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 Charter has been updated as at April 2023 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 draft Internal Audit plan for 2023/24 has been developed following review of the Health Board's key objectives, Corporate Risk Register, 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 and Chairman 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 2023/24 audit year but will be subject to regular on-going review and adjustment as required to ensure that the audits reflect the Health Boards evolving risks and changing priorities and therefore provide effective assurance.

Recommendation:

The Audit Committee is requested to:

- **Approve** the Internal Audit plan for 2023/24.
- **Approve** the Internal Audit Charter as at March 2023.
- **Note** the associated Internal Audit resource requirements and Key Performance Indicators.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*										
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement		

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 provides the Executives with a level of assurance around the management of a series of risks covered within the specific audit assignments.
Safety: Yes/~~No~~
The draft Internal Audit plan for 2023/24 includes a number of proposed audits which will provide assurance around controls and processes relating to patient safety.
Financial: Yes/~~No~~
The draft Internal Audit plan for 2023/24 includes a number of proposed audits which will provide assurance around financial controls and processes.
Workforce: Yes/~~No~~
The draft Internal Audit plan for 2023/24 includes a number of proposed audits which will provide assurance around workforce issues.
Legal: Yes/~~No~~
The draft Internal Audit plan for 2023/24 includes a number of proposed audits which will provide assurance around compliance with legal requirements.
Reputational: Yes/~~No~~
The draft Internal Audit plan for 2023/24 includes a number of proposed audits which will provide assurance around potential reputational.
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/No
The draft Internal Audit plan for 2023/24 includes a number of proposed audits which will provide assurance around equality and health issues.
Decarbonisation: Yes/No
The draft Internal Audit plan for 2023/24 includes a proposed audit of decarbonization.

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

Annual Internal Audit Plan: Draft Internal Audit Charter

March 2023

Cardiff and Vale University Health Board

Contents

1. Introduction

This document sets out the Internal Audit Plan for 2023/24 (the Plan) detailing the audits to be undertaken and an analysis of the corresponding resources. It also contains the Internal Audit 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 Health Board 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 findings and recommendations from internal audit reviews may be used by Health Board management to improve governance, risk management, and control within their operational areas.

The Public Sector Internal Audit Standards (the Standards) require that 'The risk-based plan must take into account the requirement to produce an annual internal audit opinion and the assurance framework. It must incorporate or be linked to a strategic or high-level statement of how the internal audit service will be delivered in accordance with the internal audit charter and how it links to the organisational objectives and priorities.'

Accordingly, this document sets out the risk-based approach and the Plan for 2023/24. The Plan will be delivered in accordance with the Internal Audit 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 Digital Health and Care Wales (DHCW), NWSSP, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) on behalf of NHS Wales. 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 WHSSC and EASC) but the results, as in previous years, are reported to the relevant organisation 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 Public Sector Internal Audit Standards

The Plan has been developed in accordance with Standard 2010 – Planning, 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 takes into account 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 any significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) (Recovery and Sustainability Plan) and Annual Plan 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 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 Board Secretaries 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 audit plan is made up of a number of key components:

1) Consideration of key governance and risk areas: We have identified a number of areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover Governance, Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management and an overall IM&T assessment. 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 no/unsatisfactory assurance reports as well as other 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 Board Secretaries, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by a number of organisations. This may be advisory work in order to identify areas of best practice or shared learning.

5) The impact of audits undertaken at other NHS Wales bodies that impacts on the Health Board, namely NWSSP, DHCW, WHSSC and EASC.

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 Board's vision, values and forward priorities as outlined in the Annual Plan and three year Integrated Medium Term Plan (IMTP) (Recovery and Sustainability Plan);
- 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 and the Patient Experience, Quality and Safety 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;
- 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, WHSSC and EASC;
- 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 and Healthcare Inspectorate Wales (HIW); and
- 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 a number of Health Board Executive Directors and Independent Members to discuss current areas of risk and related assurance needs.

The draft Plan has been provided to the Health Board's Executive

Committee to ensure that Internal Audit's focus is best targeted to areas of risk.

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 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 takes into account corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

4. Planned internal audit coverage

4.1 Internal Audit Plan 2023/24

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 makes cross reference 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.

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

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 appraised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Committee meeting.

The majority of the audit work will be undertaken by our regionally based teams with support from our national Capital & 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.

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 Management 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 Audi, Risk 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 on the basis of 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 2450 – Overall Opinions.

Audit & Assurance Services confirms that it has the necessary 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 is necessary to deliver the plan, we will look to deliver it from within our resources. It is possible, in exceptional cases, that an additional fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit 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.

In addition, capital audit work will be charged for separately on the basis of separately agreed Integrated Audit & Assurance Plans.

Provisions for this work will be included by the Health Board in its respective business case submissions and accordingly funded through the Welsh Government's capital project allocations.

The following programme/project audits are currently scheduled to be progressed during 2023/24:

- University Hospital Llandough – Endoscopy; and
- University Hospital of Wales – Vascular Hybrid Theatre and MTC Theatres.

6. Action required

The Audit and Assurance Committee is invited to consider the Internal Audit Plan for 2023/24 and:

- approve the Internal Audit Plan for 2023/24;
- approve the Internal Audit Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

Ian Virgill

Head of Internal Audit (Cardiff and Vale University Health Board)
Audit and Assurance Services
NHS Wales Shared Services Partnership

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Core Financial Systems	1	BAF Risk 14	Annual review of controls in place to manage key risk areas across the main financial systems. Focus on Asset Register Management.	Executive Director of Finance	Q2 / Q3
Financial Management Within Clinical Boards	2	BAF Risk 14	Review the processes operating within the Clinical Boards around financial management, budgetary control and delivery of savings.	Executive Director of Finance	Q2
Capital Systems	3		Recognising previous breaches to UHB Standing Financial Instructions and Standing Order requirements and subsequent audit assessments, a further review of capital procurement activity will be undertaken to ensure operational procedures / working practices are embedded.	Executive Director of Finance	Q4
Estates Assurance – Estate Condition	4	BAF Risk 12	Recognising the high profile afforded to the condition of the NHS Estates and the associated risks, focus during 2023/24 will be targeted to the Estate Condition. The areas of review may include for example, Estates Strategy, Scale of the issue, Risk Exposure, Records management, delivery	Executive Director of Finance	TBC

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
			of EFAB funding and progress in addressing key risk areas.		
Risk Management / Board Assurance Framework	5	BAF & CRR	Review the on-going development, implementation and application of the Health Boards Risk Management and Board Assurance processes.	Director of Corporate Governance	Q4
Recommendation Tracking	6		Review the Health Board's processes for monitoring the implementation of recommendations from internal and external assurance and review bodies and reporting into the Audit and Assurance Committee.	Director of Corporate Governance	Q1
Payroll Costs	7	BAF Risk 14	Review the processes and controls in place relating to the Health Board's payroll costs, from recruitment through to payment of salaries. Linked into the Health Board's review of overpayment of salaries. Exact scope of audit to be agreed with lead Executives.	Executive Director of People & Culture / Executive Director of Finance	Q3
Implementation of People & Culture Plan	8	BAF Risk 9 & 10	Review of the processes in place for ensuring appropriate implementation of the Plan. Include review of planned actions around recruitment and retention of staff.	Executive Director of People & Culture	Q4

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
			Specific focus on how the plan is being embedded within the Clinical Boards.		
Implementation of Health Roster System	9	BAF Risk 1	Review of the project arrangements for on-going delivery of the system. Establish progress made and on-going plans to ensure system is utilised by all areas of the Health Board.	Executive Director of People & Culture	Q2 / Q3
Leadership and Management Training / Development	10	BAF Risk 5	Potential advisory review of the on-going work to develop leadership and management training within the Health Board.	Executive Director of People & Culture	Q1
Performance Reporting	11	BAF Risk 6 & 7	Following on from the 22/23 advisory review, undertake an assurance review of the operation / effectiveness of the Integrated Performance.	Executive Director of Digital	Q4
Departmental IT System	12	BAF Risk 12	Review controls in place to manage a local IT system. Potentially review the PARIS system.	Executive Director of Digital	Q1
Technical Continuity	13	BAF Risk 12	Review of the enactment of technical continuity and fault domain awareness within the organisation.	Executive Director of Digital	Q2

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Information Governance	14		Review the resourcing, capacity, and resilience of the Information Governance structures to achieve compliance with GDPR and FoI requirements.	Executive Director of Digital	Q3
Cyber Security Follow-up	15		Follow-up of 22/23 Limited Assurance report (currently out in draft).	Executive Director of Digital	TBC
IMTP Development Process	16	BAF Risk 13	Review of the process undertaken for development of the 23/24 IMTP and the processes for subsequent monitoring of delivery.	Executive Director of Digital	Q3
Business Continuity Planning	17		Establish if the Health Board has appropriate arrangements in place to ensure effective business continuity across all areas and services. Provide assurance around the development of plans and that effective communication, training and testing of plans is undertaken.	Executive Director of Digital	Q3
Refresh of the Health Board's Strategy	18		Review of the Health Board's approach to undertaking engagement with all stakeholders to inform the development of the refreshed 10-year strategy.	Executive Director of Strategic Planning	Q1
Decarbonisation	19	IA	To consider progress against the NHS Wales Decarbonisation Strategic Delivery	Executive Director of	TBC

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
			Plan and the UHB's Decarbonisation Action Plan (demonstrating how the UHB will implement the Strategic Delivery Plan initiatives). Following on from the advisory review delivered in 2022/23	Strategic Planning	
Shaping Our Future Hospitals Programme	20	BAF Risk 12	A provision of time is included to enable a mixed audit provision at the programme and allow for pro-active input and delivery of an interim audit through the period. May include an assessment of progress against key programme delivery objectives, programme governance arrangements, the appointment and management of external advisers, business continuity planning etc.	Executive Director of Strategic Planning	TBC
Alcohol Standards	21		Review the processes in place within the Health Board in relation to compliance with alcohol standards. Include review of alcohol screening and opportunities to provide support and intervention.	Executive Director of Public Health	Q2 / Q3
Urgent & Emergency Care – WG 6 Goals Programme	22	BAF Risk 5	Review development of controls and actions around urgent and emergency care linked into the Welsh Government '6 Goals for Urgent and Emergency Care' programme.	Chief Operating Officer	Q2

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
			Specific area of focus for the review to be agreed with the COO.		
Cancer Services	23	BAF Risk 4	Review the effectiveness of the structures and processes in place to provide sustainable cancer services that deliver the single cancer pathway standard. Specific area of focus for the review to be agreed with the COO.	Chief Operating Officer	Q3
Mental Health CB Audit	24		Review of the structure and Governance arrangements within the Clinical Board. Including escalation processes and how the Clinical Board feed into the Health Board's Committees and Board.	Chief Operating Officer	Q1
PCIC CB Audit	25		Review of the structure and Governance arrangements within the Clinical Board. Including escalation processes and how the Clinical Board feed into the Health Board's Committees and Board.	Chief Operating Officer	Q2
Medicine CB Audit	26		Review of the arrangements in place for development and delivery of the Acute Position Model / Same Day Emergency Care. Are they effectively delivering the changes required?	Chief Operating Officer	Q3

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Medical Records Tracking (CD&T CB) Follow-up	27		Follow-up of 22/23 Limited Assurance report (currently out in draft). Will need to agree the timescale for carrying out the follow-up.	Chief Operating Officer	TBC
QS&E Governance Advisory review (Deferred from 22/23 plan) To included Duty of Quality and Candour	28		Review of the Health Board's Quality & Safety Governance arrangements and any supporting implementation programmes to ensure compliance with the requirements set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.	Executive Nurse Director / Medical Director	Q1
Patient Safety Incident Management	29	BAF Risk 1	Review the arrangements in place within the Health Board for the identification, recording, investigation and management of incidents and learning lessons.	Executive Nurse Director	Q2
Infection Prevention and Control	30		Review of the structures, plans, monitoring and reporting arrangements in place to ensure that the risk of infection is minimised, and the spread of infection is effectively controlled, and all relevant guidelines and legislation are complied with.	Executive Nurse Director	Q3
Maternity Care - Ockenden Review	31		Assess the progress made by the Health Board in implementing the actions from	Executive Nurse Director	Q4

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
			the Ockenden review and ensuring compliance with recommendations		
ISO Accreditation within ALAC	32		Review the system in place within ALAC for ensuring business processes are subject to appropriate audit as per the requirements of ISO accreditation.	Executive Director of Therapies	Q1
Mortality Reviews	33		With introduction of mortality review, how are they being delivered in each Clinical Board. Interaction with Medical Examiner and learning within Clinical Boards.	Medical Director	Q2
Integrated Audit & Assurance Plans					
Development of Integrated Audit Plans	34	BAFF Risk 12	In accordance with the NHS Wales Infrastructure Investment Guidance (2018), Audit will work with the health board to "assess the risk profile of the scheme and provide appropriate levels of review". A small provision of days is included within the 2023/24 plan to enable us to work with the health board to develop audit plans for inclusion within the respective business case submissions for major projects/ programmes.	Executive Director of Strategic Planning	See IAAPs

Please note: The national audits undertaken at DHCW, NWSSP, WHSSC and EASC will be added later.

Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2023/24
Audit plan 2023/24 agreed/in draft by 30 April	✓	To deliver plan
Audit opinion 2022/23 delivered by 31 May	✓	To deliver opinion
Audits reported versus total planned audits, and in line with Audit Committee expectations	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 working days]	✓	80%
Report turnaround management response to draft report [15 working days maximum]	✓	80%
Report turnaround draft response to final reporting [10 working days]	✓	80%

Appendix C: Internal Audit Charter

1 Introduction

1.1 This Charter is produced and updated annually to comply with the Public Sector Internal Audit Standards. The Charter is 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 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 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 Charter for an operational interface with internal audit activity through the 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 Swansea Bay University 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 as described in the Public Sector 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 Committee and Accountable Officer.

3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Audit Committee:

- approving the internal audit 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 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 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 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 Public Sector 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 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 Committee and the Chair of the organisation if deemed necessary.

4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit 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 Board Secretary 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 Board Secretary 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. In particular, 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, WHSSC and EASC.

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 Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit 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 Definition of Internal Auditing, the Core Principles, Public Sector Internal Audit Standards and the professional Code of Ethics, as published on the NHS Wales e-governance website.

6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2021) and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes a number of 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 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
- 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 Committee consider that the level of audit resources or the 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 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
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives
	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 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 Assurance 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 Board Secretary.

9 Reporting

9.1 Internal Audit will report formally to the Audit 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 actually 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 Committee requirements; and
- The Audit
- 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 Board Secretary. The Head of Internal Audit may present the draft report to the Audit 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 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 Board Secretary. The Head of Internal Audit may present the draft report to the Audit 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, Board Secretary and the Chair of the Audit Committee will be copied into any correspondence.
- The final report will be copied to the Accountable Officer and Board Secretary and placed on the agenda for the next available Audit 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 the course of 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 shall be 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 Public Sector 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 Public Sector 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 Charter

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

Simon Cookson
Director of Audit & Assurance
NHS Wales Shared Services Partnership
February 2023

Archwilio Cymru
Audit Wales

Cardiff and Vale University Health Board

2023 Outline Audit Plan

Date issued: March 2023

This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our Statement of Responsibilities.

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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.

About Audit Wales

Our aims:

Assure

the people of Wales that public money is well managed

Explain

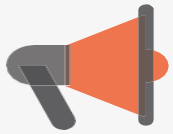
how public money is being used to meet people's needs

Inspire

and empower the Welsh public sector to improve

Our ambitions:

Fully exploit our unique perspective, expertise and depth of insight



Strengthen our position as an authoritative, trusted and independent voice

Increase our visibility, influence and relevance

Be a model organisation for the public sector in Wales and beyond

Contents

Introduction

This Outline Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice. It also sets out details of my audit team and key dates for delivering my audit team's activities and planned outputs. I intend sharing a Detailed Audit Plan later in the year following the completion of my planning work. It will set out my estimated audit fee and the work my team intends undertaking to address the audit risks identified and other key areas of audit focus during 2023.

Adrian Crompton
Auditor General for Wales

My audit responsibilities

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. and the proper preparation of key elements of your Remuneration and Staff 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 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 misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material will be reported to you in my Detailed Audit Plan.

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

Performance audit work

I must satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources. I do this by undertaking an appropriate programme of performance audit work each year.

My work programme is informed by specific issues and risks facing the Health Board and the wider NHS in Wales. I have also taken account of the work that is being undertaken or planned by other external review bodies and by internal audit.

Fees and audit team

In January 2023 I published the fee scheme for the year, approved by the Senedd Finance Committee. This sets out my fee rates and also highlights the impact of the revised auditing standard ISA 315 on my financial audit approach. More details of the revised auditing standard and what it means for the audit I undertake is set out in **Appendix 1**.

I will provide an estimate of your fee in my Detailed Audit Plan in May 2023, following completion of my detailed risk assessment.

Your engagement team:

Dave Thomas	**Engagement Director & Audit Director Performance Audit**
Anthony Veale	**Audit Director Financial Audit**
Mark Jones	**Audit Manager Financial Audit**
Darren Griffiths	**Audit Manager Performance Audit**
Rhodri Davies	**Audit Lead Financial Audit**
Urvisha Perez	**Audit Lead Performance Audit**

Our audit team members are all independent of the Health Board and your officers. There are two potential conflicts of interest that we draw to your attention. They relate to Mark Jones, in that his cousin is the Health Board's Counter Fraud Manager and the CFM's wife is a Consultant in Paediatric Endocrinology and Diabetes at the Health Board. Arrangements are in place to manage these circumstances.

Audit timeline

We set out below key dates for delivery of our audit work and planned outputs.

Planned output	Work undertaken	Report finalised
2023 Outline Audit Plan	March 2023	March 2023
2023 Detailed Audit Plan	February – May 2023	May 2023
Financial audit work[1]: • Audit of Financial Statements Report • Opinion on the Financial Statements. • Audit of Financial Statements Addendum Report	May - July 2023	July 2023 September 2023
Performance audit work: • Structured Assessment, incorporating a deep dive into a specific thematic area which will be confirmed in the detailed plan in May 2023. • All-Wales thematic review of planned care, following on from my previous work in this area in 2022. • Local project work (to be confirmed in detailed plan in May 2023).	Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each study.	
2023 Annual Audit Report	Throughout 2023	January 2024

[1] Excludes the Charity Account, which has a separate audit plan.

Audit quality

My commitment to audit quality in Audit Wales is absolute.

I 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 QAD[2] and our Chair acts as a link to our Board on audit quality. For more information see our Audit Quality Report 2022.

.

Our People

The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

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

Arrangements for achieving audit quality

The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

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

Independent assurance

The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.

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

[2] QAD is the Quality Assurance Department of ICAEW

Appendix 1 – the key changes to ISA315 and the potential impact on your organisation

Key change	Potential impact on your organisation
More detailed and extensive risk identification and assessment procedures	Your finance team and others in your organisation may receive a greater number of enquiries from our audit teams at the planning stage of the audit. Requests for information may include: • information on your organisation's business model and how it integrates the use of information technology (IT); • information about your organisation's risk assessment process and how your organisation monitors the system of internal control; • more detailed information on how transactions are initiated, recorded, processed, and reported. This may include access to supporting documentation such as policy and procedure manuals; and • more detailed discussions with your organisation to support the audit team's assessment of inherent risk.
Obtaining an enhanced understanding of your organisation's environment, particularly in relation to IT	Your organisation may receive more enquiries to assist the audit team in understanding the IT environment. This may include information on: • IT applications relevant to financial reporting; • the supporting IT infrastructure (e.g. the network, databases); • IT processes (e.g. managing program changes, IT operations); and • the IT personnel involved in the IT processes.

Key change	Potential impact on your organisation
	Audit teams may need to test the general IT controls and this may require obtaining more detailed audit evidence on the operation of IT controls within your organisation. On some audits, our audit teams may involve IT audit specialists to assist with their work. Our IT auditors may need to engage with members of your IT team who have not previously been involved in the audit process.
Enhanced requirements relating to exercising professional scepticism	Our audit teams may make additional inquiries if they identify information which appears to contradict what they have already learned in the audit.
Risk assessments are scalable depending on the nature and complexity of the audited body	The audit team's expectations regarding the formality of your organisation's policies, procedures, processes, and systems will depend on the complexity of your organisation.
Audit teams may make greater use of technology in the performance of their audit	Our audit teams may make use of automated tools and techniques such as data analytics when performing their audit. Our teams may request different information or information in a different format from previous audits so that they can perform their audit procedures.

Archwilio Cymru
Audit Wales

Report Title:	Counter Fraud Annual Plan 2023 - 2024			Agenda Item no.	8.3
Meeting:	Audit Committee	Public	✓	Meeting Date:	4th April 2023
		Private			
Status *(please tick one only):*	Assurance		Approval ✓	Information	
Lead Executive:	Catherine Phillips				
Report Author (Title):	Gareth Lavington Counter Fraud Manager				

Main Report
Background and current situation:

Counter Fraud Annual Plan 2023/2024 – annual plan outlining the work proposed to be undertaken in order to meet the Counter Fraud requirements for Cardiff and Vale UHB for the forthcoming year. This plan aligns with the NHS Counter Fraud Authority Functional Standard requirements. It is broad in its nature as the provision will need to remain flexible and dynamic throughout the year to meet the needs of the organisation as they arise.

The current process of determining the effectiveness of local counter fraud services is based on an annual return to the NHS Counter Fraud Authority of compliance with the functional standards as detailed in the report. This report is completed in conjunction with the Annual Plan and the Annual Report. Reporting to the NHS CFA in relation to compliance with this plan will be undertaken in May 2024.

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

The plan has already been approved and agreed by Executive Director Finance. Audit committee members are asked to review and approve the report. Discussion and questioning of the plan are welcomed.

Recommendation:

The Committee is requested to:

a) Review, discuss and approve the Counter Fraud Annual Plan 2023 - 2024.

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

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	✓	Long term	✓	Integration		Collaboration	✓	Involvement	✓

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:

Saunders,Nathan
29/03/2023 10:24:20

NHS WALES
CARDIFF AND VALE
UNIVERSITY HEALTH BOARD

COUNTER FRAUD PLAN
2023/2024

Gareth Lavington
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 – Gareth Lavington

Workplan agreed by:

Executive Director of Finance – Catherine Phillips

Date: 27/02/2023

WORKPLAN 2022-2023

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 will be responsible for ensuring the effective implementation of the NHS Counter Fraud Requirements. The requirements have superseded our own fraud, bribery and corruption standards for providers, commissioners and NHS bodies in England and Wales. 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 on or about 31/05/2024. 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.

In order to achieve the standards, set by the NHSCFA Cardiff and Vale University Health Board follows the Welsh Government Directions on Countering Fraud, Bribery and Corruption within the NHS in Wales and 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 2023-2024. 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 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. 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.

Meeting key personnel in the health board and using the information from staff surveys are important methods for forming action plans. The responses may also reveal areas of risk highlighting a need for pro-active prevention or detection work. Any 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 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 risk is being suitably managed and is **owned**. 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. 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 Wales Audit as required.

Resource Provision

Resource Provision for CAVUHB	Days Planned 23 / 24
Counter Fraud Manager directly employed by Organisation	110
LCFS directly employed by Organisation	390
Total	500

Resource by Activity

Activity	Days Planned 23 / 24
Proactive	250
Reactive	250
Total	500

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 involving risk assessment. Reactive work will involve activities such as, investigation into referrals received, carrying out system weakness analysis as a result of investigation findings.

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.

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
1: Accountable individual 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. The accountable board member is responsible for ensuring that nominations to the NHSCFA for	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. 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.	Q1/2/3/4 Q4 (22/23)

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
the accountable board member, audit committee chair and counter fraud champion are accurate.	CFM to provide quarterly progress reports to Dof and Audit Committee.	Q1/2/3/4
NHS Requirement 1B: 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.	Checks to be carried out by CFM that nominations to NHS Counter Fraud Authority (NHSCFA) are correct, up to date and in order.	Q1
	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.	As required
The counter fraud champion understands the threat posed and promotes awareness of fraud, bribery and corruption within the organisation.	In addition to this CFM to attend pre-audit committee meetings with non-executive Audit Committee and Board Members.	Q1/2/3/4
Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented. Where recommendations have been made by NHSCFA	Counter Fraud to remain a standing agenda item at Audit Committee. Counter Fraud Manager to provide	Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
following an engagement, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation. 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.	written and oral reports to this forum, annually and progressively throughout the year. 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. 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. CFM to complete annual report and submit to Audit Committee. CFM to complete NHSCFA Functional Standard return.	Q1/2/3/4 Q2/Q4 And as required Q1 (24/25)

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
2: Counter fraud bribery and corruption strategy NHS Requirement 2: 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.	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. 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.	Q1/2/3/4 Q1/2/3/4
3: Fraud bribery and corruption risk assessment NHS Requirement 3: 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	Counter Fraud Department to carry out risk analysis in line with the Government Counter Fraud Profession (GCFP) fraud risk methodology. Locally identified risk to be recorded in line with the organisations Risk Management Policy and entered on to the appropriate risk registers. All risks identified to be assessed and remedial action identified and reported to key stakeholders. All matters arising to be reported	Throughout the year and dynamically as the needs arise

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
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). For NHS organisations the fraud risk assessments should also consider the fraud risks within any associated sub company of the NHS organisation.	to DoF and AC by way of counter fraud progress reporting. Fraud Risk Assessment action plan and proposed timetable to be devised and developed targeting all areas of inherent Fraud Risk to the organisation and providing a timescale of intended work. Proposed action plan to be submitted to Audit Committee for approval/noting. 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. Local Proactive exercises to be undertaken by LCFS as the need arises throughout the year as a result of	Q1 Q1/2/3/4 As required

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	local identification or if informed by CFA Fraud Prevention Notices and national exercises. All risk analysis work to be subject to timed ongoing review to assess if recommendations acted upon.	
4: Policy and response plan NHS Requirement 4: 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.	Counter Fraud Policy rewritten. CFM to ensure that new Counter Fraud Bribery and Corruption strategy is submitted to Executive Management Board and Audit Committee for Approval. Counter Fraud team to promote awareness of the policy at presentations and through newsletters. 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.	Q1 Q1/2/3/4 Q3

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
5: Annual action plan NHS Requirement 5: 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).	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. CF Manager to ensure the plan is agreed by DoF, ratified by Audit Committee. CF manager to provide quarterly reports to Audit Committee. CF manager to provide quarterly statistics to Counter Fraud Service Wales to appraise Welsh Government of work undertaken and costs of service. CF manager to provide annual report measuring the effectiveness of the plan.	Q4 (22/23) Q1 Q1/2/3/4 Q1/2/3/4 Q1 (24/25)

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
6: Outcome-based metrics NHS Requirement 6: The organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance. This should be informed by national and local risk assessment, national benchmarking and other comparable data. Proactive and reactive outcomes and progress are recorded on the approved NHS fraud case management system. Metrics should include all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.	The new contact, enquiry and reporting methods now in place benefit from the automatic facility of analytical data collection. This will be utilised as an important tool to measure the effectiveness of the actions and work undertaken by the CF Team throughout the year. Where necessary regular review will be used to inform change. Maintenance and use of the following resources already successfully implemented will be utilised and improved where necessary:- CLUE Management System Interactive feedback forms Interactive Staff Surveys Fraud Risk Profile Risk Management Policy Locally developed database Electronic Staff Record CFS Statistics	Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	Microsoft Share point 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. 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. Statistical report of work areas drawn from newly implemented local database to be provided in Annual Report. (To provide work benchmarked year on year)	Q/1/2/34 Q1 (24/25) Q1 (24/25)

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
7: Reporting routes for staff, contractors and members of the public NHS Requirement 7: 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. The incident reporting routes are publicised, reviewed, evaluated and updated as required, and levels of staff awareness are measured.	New reporting routes have been put into place during the course of 2022/2023 that compliment existing national routes of reporting. 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. 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 Share point Intranet Site, The all Wales Learning Platform and throughout structured awareness and training sessions, and pop up stalls at key locations. 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.	Q1/2/3/4 Q1/2/3/4 Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	Continuance of 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.	Q1/2/3/4
8: Report identified loss NHS Requirement 8: 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	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. 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. CF Manager to supervise the reporting of cases on CLUE ensuring that all referrals are suitably recorded and investigated.	Q1/2/3/4 Q2/Q4 Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	CF manager to oversee and direct live investigations on CLUE. CF manager to supervise the recording of all proactive work carried by way of Local Proactive exercise/System Weakness reporting. 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.	Q1/2/3/4 Q1/2/3/4 Q1/2/3/4
9: Access to trained investigators NHS Requirement 9: 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	The organisation currently employs/has access to provision from, four fully accredited, nominated and qualified LCFS. All members work on a full-time basis. 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	Q1 /Q3

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account. 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.	manager to review all staff levels of training and arrange remedial action where necessary. 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 with role throughout the year as they become available. All staff to maintain full compliance with mandatory training/e learning as measured on the ESR system. 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	Q1/2/3/4 Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	relevant IT systems.). Review of staff awareness/compliance to take place. 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. All training and development to be recorded and annual staff appraisals to be carried out.	Q2 Q1/2/3/4 Q4
10: Undertake detection activity NHS Requirement 10: 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	CF team to finalise the work already completed in relation to the Thematic Assessment exercise published by the NHS CFA in 2020. Any work left incomplete to be carried out in period stated and reported via Audit Committee.	Q1

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
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. 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.	CF team to undertake national exercise work as it is published by NHS CFA throughout the year. 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. CF team will undertake Local Proactive exercises in response to locally identified risk if appropriate in order to detect offences. CF Team to undertake the 2023-2024 National Fraud Initiative exercise in relation to Payroll data CF team to foster and maintain a close working relationship with Contractor Services ensuring a flow of intelligence from primary care, PPV, dental and	As required As required Q1/2/3/4 Q1/2/3/4 Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	optical teams with the aim of identifying areas of weakness and to assist/incept any investigations as the result of the identification of outlying information. 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.	Q1/2/3/4
11: Access to and completion of training NHS Requirement 11: 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	CFM to continue to work towards making Fraud Awareness Training module mandatory. CFM to continue to work towards ensuring that Fraud Awareness training is a standing item of agenda at all corporate inductions. CF manager to liaise with workforce / education and development directorates. CFM to assist with the smooth roll out of the newly developed All Wales Counter Fraud Training module.	Q1/Q2

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
providing a standardised approach to counter fraud work. 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.	CF team to maintain a promotion strategy in relation to the new module through effective communication to staffing cohorts. CF team to design and implement monthly webinars in relation to General Fraud Awareness Training and Mandate Fraud Awareness Training that all members of staff can register to attend. CF team to develop awareness of the Counter Fraud Department team through all available avenues. To include but not limited to • Digital banners on organisation intranet site • Regular publishing of Counter Fraud news items via Counter Fraud Newsletter • Regular messaging across available social media systems • All staff email bulletins to advise of fraud alerts	Q1/2/3/4 Q1 Implementation Delivery throughout the Year Q1/2/3/4

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	• 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 CF team to fully conversant with the use of the NHSCFA 'ngage' tool in accessing materials and literature suitable for dissemination organisation wide and to the general public. Review of team competence to be carried out. CF team to fully participate in International Counter Fraud Week initiative.	Q3
12: Policies and registers for gifts and hospitality and COI.	CFM to liaise with Corporate Governance Team to ensure policies are current.	Q1

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
NHS Requirement 12: 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	CF fraud team to raise awareness of the registers and policies by way of fraud awareness sessions and news bulletins/letters. CF manager to provide a presence and input into relevant policy review, and to record and document changes. CF team to complete National Fraud Initiative exercise in relation to payroll versus Company Director matches to test effectiveness of declarations of interest policy.	Q1/2/3/4 As Required Q1/2/3/4

Report Title:	**Internal Audit Reports for Information**				Agenda Item no.	9.1	
Meeting:	Audit & Assurance Committee		Public	X	Meeting Date:	04/04/23	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		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.

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

The 2022/23 plan was formally approved by the Audit Committee at its April 22 meeting.

As individual audit reviews are completed, the final reports are submitted to the Committee for assurance and information.

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

Three audit reports have been finalised since the last meeting of the Committee, with the following assurance ratings:

- One Substantial Assurance
- One Reasonable Assurance
- One Advisory

Recommendation:

The Audit & Assurance Committee are requested to:

- **Consider and note** the final Internal Audit reports.

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
The finalised audit reports provide assurance around a number highlighted risks and also identify areas requiring improvement.
Safety: Yes/~~No~~
A number of the finalised audits provide assurance around controls and processes relating to patient safety.
Financial: Yes/~~No~~
One of the finalised audits provides assurance around financial controls and processes.
Workforce: Yes/~~No~~
A number of the finalised audits provide assurance around workforce issues.
Legal: ~~Yes/~~No
Reputational: Yes~~/No~~
A number of the finalised audits provide assurance around reputational risks.
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes/~~No
Decarbonisation: ~~Yes~~/No

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

Saunders,Nathan
29/03/2023 10:24:20

Decarbonisation
Final Report

February 2023

NWSSP Audit and Assurance Services

Cardiff & Vale University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Contents

Report status:	Final
Draft report issued:	19th December 2022
Management response received:	16th February 2023
Final report issued:	16th February 2023
Auditors:	NWSSP Audit & Assurance: Specialist Services Unit
Committee:	Audit Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

1. Context

1.1 The Welsh Government is party to international agreements to reduce carbon emissions and control climate change, most notably those arising from the 2016 Paris Accord.

1.2 The "NHS Wales Decarbonisation Strategic Delivery Plan" was published in March 2021, setting interim targets (from a 2018/19 base) of a 16% reduction by 2025 and a 34% reduction by 2030.

1.3 In October 2021 the Welsh Government set out its second carbon budget, Net Zero Wales, which confirmed:

> "Our ambition is for the public sector to be collectively net zero by 2030".
>
> *Welsh Government, October 2021*

1.4 NHS Wales is also required to comply with the Well-being of Future Generations (Wales) Act 2015. It requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities, and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

2. Background

2.1 In accordance with the "NHS Wales Decarbonisation Strategic Delivery Plan", Health Boards, Trusts and Special Health Authorities were required to develop their own Decarbonisation Action Plans (DAP), demonstrating how NHS Wales organisations would implement the Strategic Delivery Plan initiatives. The DAP's were submitted to Welsh Government in March 2022.

2.2 A peer review of DAP strategies was held on 12 July 2022 led by Welsh Government and attended by all NHS Wales organisations. The general conclusions across all plans were:

- the targets detailed within the plans showed low aspirations;
- there were concerns associated with their successful delivery, primarily due to resource availability (financial and physical); and
- there were a small number of issues associated with their compilation/format.

2.3 Specific feedback was also provided to each organisation by Welsh Government.

2.4 Also in July 2022, Audit Wales issued their review of Public Sector Readiness for Net Zero Carbon by 2030 (fieldwork conducted between November 2021 and January 2022). The review included an assessment of NHS Wales organisations and concluded that:

> "There is clear uncertainty about whether the public sector will meet its 2030 collective ambition. Our work identifies significant, common barriers to progress that public bodies must collectively address to meet the ambition of a net zero public sector by 2030. And while public bodies are demonstrating commitment to carbon reduction, they must now significantly ramp up their activities, increase collaboration and place decarbonisation at the heart of their day-to-day operations and decisions".
>
> *Audit Wales, July 2022*

2.5 In September 2022, Health bodies were required to make two separate submissions to Welsh Government, the first of these being quantitative (i.e., showing progress against the baseline $C0_2$ figures set in 2019) and the second qualitative, being a report detailing progress against the DAP.

3. Approach

3.1 Audits were planned to be undertaken simultaneously across NHS Wales to provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change as outlined above. Reviews were not scheduled at Public Health Wales or Health Education and Improvement Wales for 2022/23.

3.2 Risks to be considered included:

- Regulatory/legislative risk through not achieving mandated reductions in carbon emissions;
- Reputational risk by failing to meet emission targets.
- Failing key stakeholders by not reducing carbon emissions which have a detrimental effect on health, and thereby, not meeting the requirements of the Well-being of Future Generations (Wales) Act (2015).

3.3 Having reviewed all DAPs, supporting information for most NHS Wales bodies and fully concluding the fieldwork at five of 11 audits, it was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees.

3.4 Fieldwork on the initial five audits concluded in August 2022.

3.5 Accordingly, the decision was taken to affirm common themes within this report, to provide an overview of the overarching position across NHS Wales. An action plan of common themes is provided at **Appendix A.**

4. Summary Observations

4.1 While there are variations between the NHS Wales bodies, broadly each is at an early stage of implementation. The following were common themes observed across those reviewed:

Governance

- Governance arrangements at a strategic level were generally good with senior leadership demonstrated.
- Recruiting to additional operational posts has proven difficult – with the limited appointments to date coming from the existing public sector staff pool. These appointments are key to being able to implement the agreed strategies (see **Management Action 1**).

Localised strategy

- All NHS Wales organisations supplied their Decarbonisation Action Plan (DAP) by 31 March 2022 detailing their response to the NHS Wales Decarbonisation Strategic Delivery Plan and the 46 associated initiatives.
- WG provided positive feedback to each organisation on their submissions but concluded overall that there were concerns associated with their successful delivery (primarily due to the availability of financial and physical resource), together with low aspirational targets detailed within the plans.
- Few of the strategies had been costed, and none had associated funding strategies – particularly noting that ring-fenced central funding for 2021/22 was £16m with no provision made in 2022/23 (see **Management Actions 2 & 3**).
- In each instance, the decarbonisation strategies were clearly part of corporate planning and included/reflected within the respective Integrated Medium-Term Plans (IMTPs).

Monitoring & reporting

- Organisations were ISO 14001 accredited ensuring that appropriate Environment Management Systems were in place to manage their environmental performance.
- Each NHS Wales organisation's performance will be assessed against baseline data prepared by the Carbon Trust. Issues have been identified with the baseline data and the disaggregation of the data for reporting purposes. Each organisation should seek assurance on the accuracy of the baseline data (see **Management Action 4**).
- Each NHS Wales organisation should ensure that appropriate engagement is established with NWSSP Procurement Services as a significant contributor to the carbon reductions outlined within respective DAPs and formalise arrangements as appropriate (see **Management Action 5**).

- Each organisation had met its obligations for national reporting to date.
- Internal reporting to date had understandably been limited, with the level of reporting increasing after Welsh Government's review of the DAPs.
- There was therefore a need to fully roll-out the structures to support appropriate monitoring and reporting within the NHS Wales organisations reviewed (see **Management Action 6**).
- It is important that the profile of decarbonisation is increased to reflect the challenge faced, for example general Terms of Reference are reviewed to reflect decarbonisation commitments, and decarbonisation is set as a standard agenda at all appropriate Executive meetings (see **Management Action 7**).
- Potential collaboration should be considered on an All-Wales basis, particularly in relation to consultancy advice and training resource (see **Management Actions 8 & 9**).

Project delivery

- The Welsh Government Estates Funding Advisory Board (EFAB) oversaw the allocation and delivery of the £16m decarbonisation funding for 2021/22 with each NHS Wales organisation successfully securing funding.
- In each instance, adequate records were retained to support the expenditure and the achievement of the original objectives; Post Project Completion Reports were produced and submitted to WG for all funded schemes.
- No ring-fenced WG capital funding was made available for 2022/23. WG offered up to £60k of revenue funding for schemes, however several NHS Wales organisations' bids could not be supported due to them being considered capital bids (see **Management Action 10**).
- NHS Wales Organisations were also self-funding initiatives from their discretionary programme. It is important that the cost benefit of these schemes is also subject to challenge and scrutiny for inclusion within the overall data (see **Management Action 11**).

5. Conclusion

5.1 In conclusion, whilst some progress has been observed, this has been restricted by the availability of financial and staff resource. The recommendations made aim to aid management in driving forward the strategies, whilst also highlighting some of the competing pressures/ risks.

5.2 It is recommended that an audit is scheduled for early 2023/24 with the proposed scope to include governance, strategy progress and implementation.

5.3 Additionally, as part of 2023/24 Internal Audit planning update, discussions will be held with management on the appropriateness of other areas within the decarbonisation programme including, for example:

- Procurement and supply chains.
- Application of "Best practice Pharmaceutical waste practice".
- Transport.
- Fleet and business travel.
- Staff, patient and visitor travel.
- Catering; and
- People and workforce e.g., training, policies, and working arrangements.

Appendix A: Common Management Action Plan

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
MA 1	Appropriate strategies should be developed to ensure that recruitment and retention issues experienced to date do not impact significantly on the achievement of the DAPs.	This is not an issue for C&V at this time. An Environmental Sustainability Manager was appointed in May 2022.	Executive Director of Planning/ Complete
MA 2	DAPs should be fully costed to fully determine the total funding required.	This point is noted. C&V are producing their new DAP before end March 2023. Feasibility studies will need to be commissioned as part of that plan.	Executive Director of Planning/ March 2023
MA 3	DAPs should be supported by funding strategies e.g. differentiating between local/ national funding, revenue or capital funding etc.	This point is noted. C&V are producing their new DAP before end March 2023. For this year, funding has been received from WG Decarb fund,	Executive Director of Planning/ March 2023

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		and Re:Fit. Bids have gone in to EFAB. To quantify.	
MA 4	NHS Wales Organisation's baselines should be adequately scrutinised and challenged, as errors and overreporting has been identified in a few examples to date.	C&V do not have confidence in this data given that the means of calculation was different to the reporting WG requested in 2022. Using data input into EFPMS, C&V have established a carbon footprint for 18/19 through to 21/22. Stripping out supply chain it shows a 1% reduction in emissions over that period. WG have provided an interim response to these and other data concerns and they will determine what action to be taken to baselines and targets	Executive Director of Planning/ Complete

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		after the next set of data is compiled in summer 2023 (for f/y 22/23).	
MA 5	As a major contributor to the achievement of the targeted reductions appropriate engagement will be established with NWSSP Procurement Services (and formalised as appropriate).	C&V have engaged with Procurement Services. The Head of Procurement (AD Procurement Services) sits on C&V's Decarbonisation Delivery Group and the Head of Sustainability and Net Zero Carbon Management sits on our Decarbonisation Working Group.	Executive Director of Planning/ Complete
MA 6	Proposed management/accountability structures should be fully implemented as intended within the DAPs.	Governance in place, though is still new with first gathering of Delivery and Working Group members formally in November.	Executive Director of Planning/ Complete

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
MA 7	Where decarbonisation falls within the existing environmental remit of committees/ meetings, it is important that an appropriate profile is set. Terms of Reference and agendas should be reviewed to ensure that sufficient focus is provided.	Decarbonisation governance has been established as an independent entity. Requirements to review Terms of Reference has been noted and feature in C&V's draft DAP for 23/24.	Executive Director of Planning/ Incomplete
MA 8	Potential collaboration and common utilisation of decarbonisation resource should be considered on an All-Wales basis, particularly in relation to consultancy advice and training resource.	Noted. C&V's experience of Nitrous Oxide use reduction has been shared across Welsh colleagues as an example. Green Health Wales is also being hosted by C&V.	Programme Director-Redevelop /Complete
MA 9	In accordance with the NHS Wales Decarbonisation Strategic Delivery Plan, HEIW/ collaborative training should be commissioned on an All-Wales basis to provide both common and tailored decarbonisation training.	Noted. Cardiff and Vale UHB would support the development and role	Programme Director - Redevelop/ Ongoing

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		out of Decarbonisation training.	
MA10	Given the scarcity of funding, it is important that bids for funding are appropriately considered prior to submission.	C&V successfully bid for £145k.	Executive Director of Planning/Complete
MA11	The same rigour and monitoring should be applied to internally commissioned/ funded initiatives to ensure the outcomes are adequately recorded/reported.	Noted, we will scope the additional opportunities across the organisation.	Executive Director of Planning/Ongoing

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Financial Reporting and Savings Targets

Final Internal Audit Report

February 2023

Cardiff & Vale University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Contents

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Committee:	Audit & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

To evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to 'Financial Reporting and Savings Targets'.

Overview

We have issued substantial assurance on this area.

Our report makes three low priority recommendations, which if taken forward would enhance current arrangements, which include:

- The creation of a desktop procedure to support the resilience of completing the Monthly Monitoring Return to Welsh Government and associated Finance Reports;
- Greater transparency of the data sources which inform the monthly Finance Report; and
- Clarity of the Saving Scheme 'RAG' rating system, used within the publicly available Finance Report.

It is noted that the assurance rating for this review relates to the processes in place for monitoring and reporting the Health Board's financial position and delivery of savings.

We are not providing assurance around the actual financial position of the Health Board, or the level of savings being delivered.

Report Opinion

Substantial

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary[1]

	Objectives	Assurance
	Financial Reporting	
1	Monthly review, monitoring and reporting of the Financial Plan at Health Board level and to Welsh Government	Substantial
2	Monthly review, monitoring and reporting is carried out at a Clinical Board level	Substantial
	Savings Targets	
3	Collaboration with Clinical Boards when developing the 2022/23 savings plans	Substantial
4	Implementation of agreed savings plans are monitored, reported and acted upon at Clinical Board and Health Board level	Substantial

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

There are no key matters arising to report.

1. Introduction

1.1 Our review of 'Financial Reporting and Savings Targets' was completed in line with the 2022/23 Internal Audit Plan for the Cardiff and Vale University Health Board (the 'Health Board').

1.2 The Health Board submitted a Draft Financial Plan (the Plan) to Welsh Government at the end of March 2022. This was revised in the re-submission of the Plan on 30 June 2022. The Plan was structured in three parts, in line with Welsh Government discussions, as follows:

- Core Financial Plan including recovery;
- Exceptional inflationary pressures; and
- Ongoing COVID response costs (Local and Welsh Government COVID Programmes).

1.3 The Health Board's revised financial plan for 2022/23 is reporting a deficit of £17.1m. The Plan incorporates £19.7m savings from the efficiency programme, which consists of recurrent cost improvement plans of £12m, non-recurrent cost improvement plans of £4m, and further financial recovery plans from quarter one for £3.7m.[1]

1.4 The Executive Director of Finance is the lead for this review

Audit Risks

1.5 The following risks were taken from the Finance Risk Register, July 2022:[1]

Key Corporate Risks

Approved three year Financial Plan - A revised financial plan was submitted into Welsh Government on 30 June 2022. The plan projected a £17.1m deficit by the end of 2022-23. Welsh Government has yet to approve the plan.

Revenue Funding Limit - The UHB has submitted a £17.1m deficit plan and therefore will breach its Three Year Rolling Breakeven Duty in 2022-23. The risk beyond this is that the UHB breaches the approved spending limit control to be received from Welsh Government if the submitted plan is approved.

Financial Performance

Operational delegated positions deteriorate in year resulting from cost and service pressures and excess inflation - New in year cost pressures arising from demand and staffing pressures whilst still maintaining a COVID ready environment.

Failure to deliver 2022-23 Savings Programme - Most savings have been identified to address the 2022-23 programme but the lack of recurrent savings within this will bring pressure on the underlying carry forward deficit of the UHB. In addition, the UHB has to identify £3.7m of new savings to deliver the revised £17.1m deficit plan.

[1] https://cavuhb.nhs.wales/files/board-and-committees/finance-committee-2022-23/24822-finance-public-boardbook-v2pdf/ (Paper 2.1)

2. Detailed Audit Findings

Objective 1: The Health Board has a Financial Plan in place and monthly review, monitoring and reporting is carried out at a Health Board level and to Welsh Government

2.1 The Health Board's revised financial plan of £17.1m was presented to the Finance Committee in July 2022. This revised amount is what the Health Board is reporting against in the monthly monitoring returns to Welsh Government (WG) and to the Finance Committee each month.

2.2 The level of monitoring against the Plan is dictated by the Welsh Health Circular (2022) 013 and the monitoring returns. In addition, the role of the Finance Committee is to provide assurance to the Board and the Accountable Officer that appropriate scrutiny is taking place against the Financial Plan and delivery of the Efficiency Programme.

2.3 We reviewed and compared the terms of reference (TOR) for the Finance Committee to the 'Finance Report for the Period Ended 30th September 2022'. The information reported aligned to the requirements that had been set out in the TOR.

2.4 The Principal Finance Manager facilitates the collation of the month end finance report, which is presented to the Finance Committee following completion of the Welsh Government Monthly Monitoring Return. Month end finance activity is an established process, but there is currently no desktop procedure to support the process. **(Matter Arising 1 – Low Priority)**

2.5 The monitoring returns to Welsh Government consists of a narrative report and an electronic template spreadsheet, which incorporates all the tables that are set out in the Welsh Health Circular (WHC) that require completion. Financial Services follows a month end timetable which is a process map that structures the month end reporting process.

2.6 Timescales of when the monitoring returns should be submitted have been set within the WHC. We can confirm that Financial Services submitted the Month 6 monitoring return within the required timeframe and the narrative report had been signed by the Chief Executive and the Executive Director of Finance as required.

2.7 For the same period, we compared the Monthly Monitoring Return narrative report to the Finance Committee paper and in all instances the figures shown within the tables corresponded to what was submitted to Welsh Government.

2.8 We reviewed the 'Finance Report for the Period Ended 30th September 2022', presented to the Finance Committee in October 2022 (Agenda item 2.1) to establish and evaluate the systems in place for capturing the data. We attempted to validate 14 data entries across a range of tables within the report. There were two instances where the data source was either not evident or retraceable by us at a Health Board level. **(Matter Arising 2 – Low Priority)**

2.9 We were advised that no additional monitoring requirements against the Financial Plan have been instigated by Welsh Government since the Health Board has been escalated into 'enhanced monitoring'. A mid-year review with Welsh Government however identified an increase in the shortfall at year end to be £19.85m, which was a result of the proposed Winter Plan. This additional deficit of £2.7m against the original plan of £17.1m was noted by the Finance Committee on 16th November 2022. Further pressures have been identified since the mid-year review and the year-to-date forecast is more likely to be £26.9m. This revised deficit position was presented to the Finance Committee on 14th December 2022.

Conclusion 1: The Health Board has substantial controls in place to monitor the Financial Plan. Monthly reviews take place and monitoring, and reporting is carried out at a Health Board level and to Welsh Government. We have identified two instances where current arrangements could be enhanced, including the creation of a desk top procedure and greater traceability of data held in the monthly Finance Report. (Substantial Assurance)

Objective 2: Monthly review, monitoring and reporting is carried out at a Clinical Board level

2.10 To ascertain a view of the Clinical Board position, we selected the PCIC and Medicine Clinical Boards for review. We were advised that in line with the finance monthly reporting timetable both Clinical Boards will receive a financial summary position on day 5/6, and on day 7/8 the central team will send out the monthly budget reports.

2.11 Each month the Finance Business Partners produce a finance report for the Clinical Boards monthly Performance Review meetings. Our review of these reports showed that the level of detail provided is satisfactory for them to monitor their progress against the Financial Plan. Performance slides used at the meetings have been set up to automatically generate from the ledger (Oracle) and provide comprehensive detail for the Clinical Boards to analyse and monitor their spend. The slides consist of an executive summary, which shows operational variance in month, emphasis around the key operational issues, and spend broken down by directorate level. The slides also include, pay cost details for substantive and variable pay, non-pay costs against budget and income.

2.12 For the sampled Clinical Boards, we compared the entries in Table 4 of the 'Finance Report for the Period Ended 30th September 2022', to the Clinical Boards Performance Reports and further supplementary information. We were able to verify the entries for both Clinical Boards within Table 4 of the Finance Report.

Conclusion 2: Effective monthly monitoring and reporting is carried out at a Clinical Board level. (Substantial Assurance)

Objective 3: Collaboration from Clinical Boards was obtained when developing the 2022/23 savings plans

2.13 The Health Boards budget for 2022-23 was rolled over, with a 2% saving target added (£16m), plus inflation. A further £3.7m of additional savings was identified to help reduce the financial deficit, which was reported to the Finance Committee in July 2022.

2.14 As part of the IMTP Planning process that took place in the autumn of 2021, potential saving targets were discussed with Finance Business Partners for the upcoming financial year (2022/23), along with Clinical Board Directors of Operations. Discussions were held at a number of forums which included the Operational Planning Group, made up of the Chief Operating Officer and Directors of Operations.

2.15 The Clinical Board Directors of Operations are responsible for their budget supported by Directorate Managers, who identify ideas for savings projects that are achievable. Finance staff assist and guide where savings can be achieved, the ownership of the saving projects is with the Clinical Boards.

Conclusion 3: Saving schemes are identified and led by Clinical Board Directors of Operations and the ownership of the projects are with the Clinical Boards. Financial Services provides a supporting role but does not determine the schemes. (Substantial Assurance)

Objective 4: Implementation of agreed savings plans are monitored, reported and acted upon at Clinical Board and Health Board level, and risks to the achievement of savings targets are identified

2.16 All savings schemes are identified on the Saving Target Tracker, which is a shared document that can be accessed by all Finance Business Partners and is managed by the Assistant Head of Finance.

2.17 The Savings Plan that was submitted to Welsh Government in April 2022 is what the Health Board works to and reports against each month as part of the monitoring returns.

2.18 The Health Board has adopted the 'RAG' rating system for monitoring the saving schemes, which is in line with the WHC (2022) 013 for the monitoring returns. The monthly Finance Report presented to the Finance Committee incorporates the RAG system, however no definitions are contained within the report, which is publicly available. **(Matter Arising 3 – Low Priority)**

2.19 The Saving Plan and its current position is discussed at the 'Clearance Meeting' for month end, it is also an appendix to the Finance Report presented to the Finance Committee. From a corporate perspective the saving plans are also part of the Executive Performance Review meetings that are held every month.

2.20 Clinical Boards receive an update against the savings plans as part of the Finance Pack which they also receive each month.

2.21 At the time of the audit fieldwork the Health Board had one scheme within the 2022/23 programme that was identified as underachieving (SUR19), which is being reported against and is identified in the Savings Tracker table. The Clinical Board responsible for this underachievement plan to find savings from other areas or possibly bring in identified savings for 2023-24 earlier than planned. The Senior Assistant Finance Director for this area meets regularly with the Clinical Board and there is currently no concern that this will not be achieved by year end. At the time of our fieldwork, the underachievement amounted to circa. £100,000.

2.22 A sample of 12 'Green' and two 'Amber' saving schemes were selected for the two sampled Clinical Boards. We requested evidence to validate the saving schemes, the information provided enabled us to substantiate the sampled schemes.

Conclusion 4: The agreed Clinical Board savings plans are monitored through a Savings Tracker, which is a live database that can be accessed by Clinical Board Finance Staff. The key indicator for the Health Board's savings schemes is the 'RAG' rating system, this could be better defined within publicly reported information. We selected a sample of 2022/23 saving schemes from the Savings Tracker, which were supported by detailed proposals. (Substantial Assurance).

Appendix A: Management Action Plan

Matter Arising 1: Desktop procedure to support month end finance activity (Design)	**Impact**
As part of our testing, we attempted to validate information contained within the 'Finance Report for the Period Ended 30th September 2022', presented to the Finance Committee in October 2022. A substantial part of the information is held in tables, which make up the Monthly Monitoring Return to Welsh Government. The Welsh Health Circular (2022) 013 defines what information is required to complete the monitoring tables. At the commencement of our testing, we had to verbally clarify with the Principal Finance Manager who the operational leads were for each table and where the data is sourced, since no desktop procedure or guidance is in place. We acknowledge that the month end activity is an embedded process, and we are aware that another member of staff can take a lead should the Principal Finance Manager be unavailable during month end.	Potential risk of: • Inconsistency in the reporting figures

	Recommendation	**Priority**
1	To enhance resilience management should consider creating a desktop procedure, which outlines those responsible for collating data to inform each of the tables within the Monthly Monitoring Return to Welsh Government and the source of the data within the tables.	**Low**

	Agreed Management Action	**Target Date**	**Responsible Officer**
1	Produce a Desktop Procedure outlining data sources and process for collation and completion of the Monthly Monitoring Return to Welsh Government.	31st March 2023	Principal Finance Manager (PE)

Saunders.Nathan
29/03/2023 10:24:20

Matter Arising 2: Validation of data held within the 'Finance Report for the Period Ended 30th September 2022' (Operation)	**Impact**
We selected a sample of the tables within the 'Finance Report for the Period Ended 30th September 2022', presented to the Finance Committee in October 2022 to establish and evaluate the systems in place for capturing the data. We attempted to validate 14 entries across a range of tables within the report, there were three instances where we could not fully complete this process, as highlighted below:	Potential risk of: • The Health Board will breach its three-year rolling breakeven duty in 2022-23.

Table / Appendix	Column Heading	Detail	Value (£s)
Table 5 – Key cost pressures and risks within delegated positions	Year to date impact	Prescribing	1.336m
Appendix 5 - Cashflow Forecast at the end of September 2022	Total	Noncash limited payments	22.379m

We have received a series of emails and / or documents to support the above entries, but it was not evident to us how these values were formed in their entirety.

	Recommendation	**Priority**
2	To support the robustness of the financial reporting process, the sources of data which inform the monthly 'Finance Report' should be evident and retraceable.	**Low**

	Agreed Management Action	**Target Date**	**Responsible Officer**
2	Produce a Desktop Procedure outlining data sources and process for collation and completion of the Monthly "Finance Report".	31st March 2023	Principal Finance Manager (PE)

Saunders Nathan 29/03/2023 10:24:20

Matter Arising 3: Clarity of the Saving Schemes RAG ratings (Operation)	**Impact**
The Health Board has adopted a 'RAG' rating system for monitoring its financial saving schemes, which is in line with the Welsh Health Circular (2022) 013. Only schemes assessed as 'Green' or 'Amber' can be included in the Monthly Monitoring Return to Welsh Government. Internally, within the Health Board any schemes that are categorised as 'Red' are known as pipeline ideas that have been identified by the Clinical Boards during planning stages but are not yet achievable. These schemes are not reported to Welsh Government but continue to show on the monthly Finance Reports to the Finance Committee, and therefore public information. On review of the Finance Report, the RAG rating system for the saving targets was not explained. Whilst this might be assumed knowledge of the Finance Committee, it may not be clear to members of the public who are able to access the report.	Potential risk of: • Failure to deliver 2022-23 Saving Programme

Recommendation		**Priority**
3	Management should consider incorporating the Financial Saving Schemes RAG rating definitions into the monthly 'Finance Report', to enhance transparency within the publicly available paper.	**Low**

Agreed Management Action		**Target Date**	**Responsible Officer**
3	Incorporate the Financial Saving Schemes RAG rating definitions into the monthly 'Finance Report', to enhance transparency.	31st March 2023	Principal Finance Manager/Assistant Head of Finance (PE/KP)

Saunders.Nathan
29/03/2023 10:24:20

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Nurse Staffing Levels Act
Final Internal Audit Report

March 2023

Cardiff & Vale University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
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Cardiff and Vale University Health Board

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Executive sign-off:	Jason Roberts, Executive Nurse Director
Distribution:	Rebecca Aylward, Interim Deputy Executive Nurse Director Aron White, Nurse Informatics Lead, Corporate Nursing Emma Davies, Nurse Staffing Levels Lead
Committee:	Audit & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

The audit was a review of the processes in place to ensure compliance with the requirements of the Act, with a focus on paediatric arrangements, which is a new part of the Act.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- The Health Board's Nurse Staffing Levels Operating Framework' was not available on the Intranet and also required updating.
- The Workforce Planning templates were not all signed off by the Designated Person and the recorded staffing levels were not always reflected within the ward's funded establishments.
- The Nurse staffing levels were not always being displayed on the wards or the information was incorrect.

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

Report Opinion

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

	Objectives	Assurance
1	The Health Board has an up to date Standard Operating Procedure	Reasonable
2	Nurse staffing levels are calculated using the prescribed methodology	Reasonable
3	The Health Board has identified an appropriate 'Designated Person'	Substantial
4	Appropriate actions are taken to enable wards to maintain nurse staffing levels at the calculated levels	Reasonable
5	Effective arrangements are in place for reporting to the Board	Substantial
6	Effective processes are in place to ensure patients are informed of the nurse staffing levels	Reasonable

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

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Updating and availability of 'Nurse Staffing Levels Operating Framework'	1	Operation	Medium
2	Workforce Planning templates	2	Operation	Medium
3	Displaying Nurse staffing levels	6	Operation	Medium

1. Introduction

1.1 The review of Nurse Staffing Levels (CVU 2223-10) was completed in line with the 2022/23 Internal Audit Plan for the Cardiff and Vale University Health Board (the 'Health Board').

1.2 The Nursing Staffing Levels (Wales) Act 2016 (the 'Act') became law in Wales in March 2018 and introduced a duty for Local Health Boards and NHS Trusts in Wales to calculate, and take all reasonable steps to maintain nurse staffing levels.

1.3 The nurse staffing level is the number of nurses (registered nurses and others to whom the registered nurses delegate care tasks) appropriate to provide care to patients that meets all reasonable requirements in the relevant situation.

1.4 The Act initially required Health Boards in Wales to calculate and maintain appropriate nurse staffing levels in adult acute hospital wards. Throughout the development and passage of the legislation, there was a clear intention to extend this to other healthcare settings in the future. In October 2021 the duty to calculate nurse staffing levels was expanded to include paediatric wards.

1.5 The Act also requires patients to be informed of the calculated nurse staffing level.

1.6 The Executive Nurse Director is the lead for this review.

Audit Risks

1.7 The potential risks considered in this review were as follows:

- Lack of awareness of the requirements of the Nurse Staffing Levels (Wales) Act;
- Harm to patients due to variation from the planned nurse staffing levels;
- Non-compliance with the requirements of the Nurse Staffing Levels (Wales) Act; and
- Issues relating to nurse staffing levels are not effectively identified or addressed.

2. Detailed Audit Findings

Objective 1: The Health Board has an up to date Standard Operating Procedure which addresses the requirements of the Nurse Staffing Level Act and is accessible to all relevant staff

2.1 The 'Nurse Staffing (Wales) Act 2016' passed by the National Assembly for Wales in March 2016 requires the Health Board to have an overarching framework that provides sufficient nurse staffing levels across the organisation.

2.2 The Health Board has a 'Nurse Staffing Levels Operating Framework' in place which generally aligns to the above national guidance. It includes detail on Section 25A and Sections 25B&C of the Act, the triangulated approach, the responsibilities, and reporting of the nurse staffing level act but there were some areas that required updating. However, the framework was not available on the Health Board's intranet and there was no further information on nurse staffing available on it. *(Matter Arising 1 – Medium Priority)*

2.3 The Health Board are in the process of implementing Safecare and there is an 'All Wales Safecare Standard Operating Procedure (SOP)' in place. Safecare ensures consistency in reporting of data in relation to the Nurse Staffing Levels Act.

Conclusion 1: The Health Board has a 'Nurse Staffing Levels Operating Framework' in place that aligns to the national guidance. However, it is not accessible to staff via the intranet and there is no other information on nurse staffing levels on it. (Reasonable Assurance)

Objective 2: Nurse staffing levels are calculated using the prescribed methodology for paediatric wards and adult wards (as defined within the statutory guidance of the Act) and these levels are reviewed periodically in accordance with the requirements of the Act

2.4 Section 25B of the Act prescribes the method of calculating the nurse staffing level through the triangulated approach of patient acuity, professional judgement and quality indicators.

2.5 There are currently 52 wards to which section 25B of the Act applies within Medicine, Surgery, Specialist Services and Paediatrics, which are now also included. We selected 14 wards and requested the Nurse Staffing Level - Workforce Planning templates for the most recent review cycle. We ensured that both the Health Board's paediatric inpatient wards were included within the sample.

2.6 We confirmed that the nurse staffing levels had been reviewed for all the sampled wards using the prescribed template and the acuity and dependency, quality indicators, professional judgement and outcome summary sections had all been completed. However, we evidenced that the Designated Person had not always signed off the templates. *(Matter Arising 2 - Medium Priority)*

2.7 The templates were also checked to the Finance budget reports to ensure that the staffing levels reconciled. It was evidenced that they did not always reconcile. *(Matter Arising 2 - Medium Priority)*

Conclusion 2: The Nurse Staffing Level – Workforce Planning templates were completed for all the wards selected and all sections had been completed correctly. However, the templates had not always been signed off by the Designated Person. In addition, the templates did not always reconcile to the Finance reports. (Reasonable Assurance)

Objective 3: The Health Board has identified an appropriate 'Designated Person' to calculate the nurse staffing levels and they formally present them annually to the Board

2.8 The Nurse Staffing Levels (Wales) Act 2016 requires a 'Designated Person' to calculate the nurse staffing levels and provide an annual formal presentation to the Board. The Executive Nurse Director is the 'Designated Person' within the Health Board.

2.9 The 'Designated Person' has formally presented the nurse staffing levels for each ward to the Board following the audits of the nurse staffing levels. The nurse

staffing levels were presented and approved at the Board meeting in November 2022 in line with the requirements. In addition, an 'Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act' was presented to the Board at the meeting in May 2022.

Conclusion 3: The 'Designated Person' to calculate the nurse staffing levels is the Executive Nurse Director and they have formally presented the nurse staffing levels to the Board on an annual basis. (Substantial Assurance)

Objective 4: Appropriate actions are taken to enable wards to maintain nurse staffing at the calculated levels

2.10 The Health Board's 'Nurse Staffing Levels Operating Framework' details that the "Health Board is duty bound to ensure all 'reasonable steps' are taken to maintain the nurse staffing level in all areas." Roles and responsibilities of the Chief Executive, Executive Directors and operational staff in ensuring that nurse staffing levels are maintained are clearly defined.

2.11 The nurse staffing levels were previously recorded on the health care monitoring system but at the time of the audit Safecare was being rolled out and training was being provided to staff. The Ward Managers will be required twice daily to input the acuity of patients on the ward and the number of staff working into Safecare. Safecare is live data and will be used within the daily huddles to enable the Senior and Lead Nurses to review the staffing levels within the wards they are responsible to assess whether there is suitable staffing.

2.12 We met with a number of Ward Managers and Lead and Senior Nurses to confirm the process that they undertake to enable wards to maintain nurse staffing levels. All areas had daily huddles to identify any shortfalls within their respective Clinical Boards and we were further advised that Nurses were also moved between Clinical Boards where there was a clinical need. It was also identified that nurse bank or agency were used to ensure that nurse staffing levels were maintained.

2.13 Despite the actions in place, the Health Board is not always able to maintain the calculated staffing levels on all wards. The Annual Assurance report noted in Paragraph 2.14 below, highlights that at January 2022 there were 24% of shifts where the planned roster was not met and staffing levels were not appropriate. The report does however go on to explain the mitigating actions taken to address this risk.

Conclusion 4: It was evidenced that appropriate actions are taken by Nursing staff and management to try and maintain nurse staffing at the calculated levels. However, the actual levels are not always maintained as detailed within the Annual Assurance Report. (Reasonable Assurance)

Objective 5: Effective arrangements are in place for reporting to the Board on the extent to which levels have been maintained, the impact of any shortfall and action taken

2.14 As detailed in objective 3 the 'Designated Person' has formally presented the nurse staffing levels to the Board on an annual basis. The November 2022 Board paper provided a summary of nurse staffing levels for wards where section 25B applied for the period November 2021-October 2022 highlighting the pre- and post-review planned rosters and required establishments. In addition, an 'Annual Assurance' report on compliance with nurse staffing levels was taken to the May Board and included:

- Extent to which the nurse staffing level has been maintained;
- The impact on care due to not maintaining the nurse staffing levels including hospital acquired pressure damage, falls, medication errors never events and any complaints about nursing care; and
- Actions taken if the nurse staffing level is not maintained.

2.15 Section 25B of the Act states that for each three-year reporting period the Health Board must submit a report to the Welsh Government outlining:

- The extent to which nurse staffing levels have been maintained;
- The impact the Board considers that not maintaining nurse staffing levels has had on care provided to patients (by reference to increase in complaints, medication errors, patient falls and hospital acquired pressure ulcers); and
- Any actions take in response to not maintaining nurse staffing levels.

2.16 The report for the period 2018-21 was presented to the Board in September 2021, prior to submission to Welsh Government in October 2021. The report included all the above.

Conclusion 5: The Health Board has reported annually to the Board on the nurse staffing levels with the last report being submitted in November 2022. The Health Board in compliance with section 25E of the Act submitted a three-yearly report on nurse staffing levels to Welsh Government. (Substantial Assurance)

Objective 6: Effective processes are in place to ensure that patients are informed of the nurse staffing levels in accordance with the requirement of the Act

2.17 Section 25B of the Act requires the Health Board to make arrangements for the purpose of informing patients of the nurse staffing levels. The Act states that "patients must be informed of the nurse staffing level on each ward and should also be informed of the date the nurse staffing level was presented to the Board of each LHB (or Trust). This should be easily visible to anyone attending the ward."

2.18 Section 25B further requires that "patients should have easy access to 'frequently asked questions' (FAQs) on the nurse staffing levels (Wales) Act 2016".

2.19 Observations made during visits to wards at University Hospital Wales and University Hospital Llandough confirmed that nurse staffing levels were not always being publicly displayed outside the wards. Where they were publicly displayed,

the forms used were not always the correct format, and the information was in some instances out of date. In addition, we observed that no FAQs on the nurse staffing levels (Wales) Act 2016 were available on the wards. *(Matter Arising 3 – Medium Priority)*

Conclusion 6: In most cases the nurse staffing levels were being displayed on the wards. However, we identified that the incorrect forms were being used to display the nurse staffing levels and in some cases the information was out of date. Furthermore, no FAQs were available on the wards on the nurse staffing levels (Wales) Act 2016. (Reasonable Assurance)

Appendix A: Management Action Plan

Matter Arising 1: Nurse Staffing Levels Operating Framework requires updating and was not available on the Intranet (Operation)	**Impact**
The Health Board has a 'Nurse Staffing Levels Operating Framework' in place that generally aligned to the national 'Nurse Staffing (Wales) Act 2016'. However, there were some areas within the Framework that required updating. We reviewed the Health Board intranet and identified that the Framework was not available on it. We also noted that there was no other information relating to nurse staffing levels available on the intranet.	Potential risk of: ○ Lack of awareness of the requirements of the Nurse Staffing Levels (Wales) Act

Recommendations		**Priority**
1.1	The 'Nurse Staffing Levels Operating Framework' should be updated and made available on the intranet so that staff can access it. There should also be information on the nurse staffing levels act on the intranet.	**Medium**

Agreed Management Action		**Target Date**	**Responsible Officer**
1.1	A) Work has started to create a Nurse Staffing Levels Act information page on C&VUHB SharePoint (intranet). The page will contain the Nurse Staffing Levels Operating Framework as well as other resources such as the Frequently Asked Questions and the All Wales Informing Patients poster for adults and paediatrics.	31st March 2023	Emma Davies, Nurse Staffing Levels Lead
	B) The Operating Framework will be reviewed and updated to incorporate changes as a result of the introduction of SafeCare across C&VUHB. Specific additions to the framework will include: ○ Disaggregated SafeCare responsibilities for wards, senior nurse, temporary staffing department and agencies; ○ Management of red flags and routes of escalation; ○ Expectations of daily staffing meetings; and	May 2023	Jason Roberts, Executive Nurse Director Emma Davies, Nurse Staffing Levels Lead

	○ Responsibilities for evidencing mitigating actions The Operating Framework will be signed off by the designated person. The updated version will be uploaded onto the Nurse Staffing Levels information page.		

Matter Arising 2: Nurse Staffing Level – Workforce Planning templates (Operation)	**Impact**
The Health Boards 'Nurse Staffing Levels (Wales) Act 2016 Operating Framework' details the sign off procedure for the Nurse staffing levels process. We reviewed the templates of 14 wards to ensure that they had been approved appropriately and it was evidenced that seven of the templates had not been signed off by the 'Designated Person'. We also checked the templates against the Finance budget reports to ensure that establishments corresponded. However, we identified that there were establishment differences in the templates and the Finance reports for 12 of the wards reviewed.	Potential risk of: ○ Non-compliance with the requirements of the Nurse Staffing Levels (Wales) Act)

Recommendations		**Priority**
2.1	Approval of the agreed nurse staffing levels by the Designated Person should be evidenced on the Nurse Staffing Level - Workforce Planning templates.	**Medium**
2.2	The Finance budget reports for the WTE staff should be amended to align with the correct Nurse staffing levels.	**Medium**

Agreed Management Action		**Target Date**	**Responsible Officer**
2.1	A) The establishment review process is well established in C&VUHB. Establishment reviews take place with the Designated Person and dates have been confirmed for the upcoming reviews in preparation for presentation to board in May 2023.	April 2023	Jason Roberts, Executive Nurse Director
	B) The Designated Person to sign the workforce planning template. Nurse Staffing Levels Lead to confirm this prior to inclusion in the board report.	April 2023	Jason Roberts, Executive Nurse Director
	C) Review the establishment review process as part of the Operating Framework setting out a clear timeline for future establishment review.	June 2023	Emma Davies, Nurse Staffing Levels Lead

2.2	A) As per the Operating Framework, Finance Partners in each Clinical Board to be present during establishment reviews. Ensure the signed off establishment templates are signed by finance partners and that these templates are used to inform the budget reports.	May 2023	Jason Roberts, Executive Nurse Director
	B) Ensure agreed establishments are updated in Health Roster and this is reviewed bi-annually following presentation to board (May and November).	May 2023	Emma Davies, Nurse Staffing Levels Lead / Paul Jones
	C) Periodically undertake audits to confirm alignment of ESR, HealthRoster, Finance Ledger and NSA sign off establishments	Ongoing	Emma Davies, Nurse Staffing Levels Lead / Paul Jones / CB finance representative
	D) Review the workforce planning template prior to the next establishment review, consider increasing the details around Headcount per shift with the introduction of additional roles.	June 2023	Emma Davies, Nurse Staffing Levels

Matter Arising 3: Displaying Nurse staffing levels (Operation)	**Impact**
Section 25B of the Act requires the Health Board to make arrangements for the purpose of informing patients of the nurse staffing levels. Audit reviewed a sample of 14 wards to establish if the Nurse staffing levels were being displayed and that the information was correct. From the sample of wards visited the findings identified are as follows: • Gwdihw **-** There was a public notice of the number of staff within the ward detailed in English, but the form was in the incorrect format. The Nurse staffing levels displayed outside the ward did not align with the Board report of the Nurse Staffing Levels dated 24th November 2022. • A6 North and B7 **-** There was a public notice of the number of staff within the ward detailed in English and Welsh. There was no date of when the Nurse Staffing Level was agreed by the Board, but the levels were correct. • A6 South **-** There was a public notice of the number of staff within the ward detailed in English and Welsh. The poster confirmed that the Nurse Staffing level was agreed by the Board on the 5th April 2018. The Nurse staffing levels displayed outside the ward did not align to the Board report of the Nurse Staffing Levels dated 24th November 2022. • Acute Surgical Ward **-** There was a public notice of the number of staff within the ward. The All Wales Reporting Template was being displayed to detail the nurse staffing levels. • B6 **-** There was a public notice of the number of staff within the ward. They were displaying the All Wales Reporting Template detailing the nurse staffing levels dated 31st March 2022. The nurse staffing levels agreed to the Board report dated the 24th November 2022. • B2 **-** There was a public notice of the number of staff within the ward detailed in English and it confirmed that the 1st September 2022 was the date when the Board agreed the Nurse Staffing Level. The nurse staffing levels agreed to the Board report dated the 24th November 2022.	Potential risk of: ○ Non-compliance with the requirements of the Nurse Staffing Levels (Wales) Act

• B5 **-** The nurse staffing levels were not displayed outside the ward, and we were advised that this was due to the Admin Assistant leaving but is due to return and they will request them to ensure that it is displayed. • West 6, CAVOC ward and East 2 - The nurse staffing levels were not displayed outside the ward. • East 4 - There was a public notice of the number of staff on the ward detailed in English and Welsh. There was no date of when the Nurse Staffing Level was agreed by the Board. There was no establishment level recorded on the form and the Nurse staffing levels displayed did not align to the Board report of the Nurse Staffing Levels dated 24th November 2022. • East 6 - There was a public notice of the number of staff within the ward detailed in English and Welsh, but it did not state the date when the Board agreed the Nurse Staffing Level. The Nurse staffing levels agreed to the Board report dated the 24th November 2022. In addition, section 25B requires that there should be 'frequently asked questions' (FAQs) on the nurse staffing levels (Wales) Act 2016, but we observed no FAQs on any of the wards.	

Recommendations		**Priority**
3.1	Management should ensure that all wards display the ward staffing levels to inform the patients of Nurse staffing levels for each ward. Management should ensure that the Nurse staffing levels being displayed are correct and up to date. Management should ensure that 'frequently asked questions' on the nurse staffing levels (Wales) Act 2016 are available on the wards for patients to be able to access.	**Medium**

Agreed Management Action		Target Date	Responsible Officer
3.1	A) The correct All Wales Informing Patients Poster for adults and paediatrics and Frequently Asked Questions to be sent out to all Senior and Lead Nurses and Ward Sisters and Charge Nurses.	March 2023	Emma Davies, Nurse Staffing Levels Lead
	B) The All Wales Informing Patient's Poster and FAQs will also be available on the newly created Nurse Staffing Levels Act SharePoint page.	March 2023	Emma Davies, Nurse Staffing Levels Lead
	C) Following the current establishment reviews, a review of all 25B wards and a selection of 25A areas will be completed to ensure current establishments on the correct posters are displayed bilingually. The availability of the Frequency Asked Questions will also be reviewed. This process will be documented and shared with the designated person.	May 2023	Emma Davies, Nurse Staffing Levels Lead
	D) As part of the UHB's Ward Accreditation programme, confirmation that the correct NSA information is displayed will be obtained before a ward is accredited	Ongoing	Aron White, Nurse Informatics Lead / Helen Bonello

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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