

Public Audit Committee Meeting

Tue 04 July 2023, 09:00 - 12:00

Agenda

09:00 - 09:10 1. Welcome and Introductions

10 min

John Union

09:10 - 09:10 2. Apologies for Absence

0 min

09:10 - 09:10 3. Declarations of Interest

0 min

09:10 - 09:10 4. Minutes of the Committee meeting held on 11th May 2023

0 min

 04 Draft Public Audit Minutes MayMD.pdf (12 pages)

09:10 - 09:10 5. Action log following meeting held on 11th May 2023

0 min

 05 Draft Public Action Log - JulyMD.pdf (2 pages)

09:10 - 09:10 6. Any other urgent business: To agree any additional items of urgent business that may need to be considered during the meeting

0 min

09:10 - 11:20 7. Items for Review and Assurance

130 min

7.1. Internal Audit Progress Report

Ian Virgil

 7.1 Internal Audit Progress Report July 23 Cover.pdf (2 pages)

 7.1a Internal Audit Progress Report July 23.pdf (15 pages)

7.2. Audit Wales Update

Wales Audit

 7.2 Audit Wales Update (July 2023).pdf (12 pages)

7.3. Audit Wales Orthopaedic Report

Wales Audit

 7.3 CVUHB_Orthopaedics_Health_Board_report (1).pdf (28 pages)

7.4. Declarations of Interest, Gifts and Hospitality Report

Mohamed Sarab
27/06/2023 11:19:03

James Quance

- 7.4 Declarations of Interest Gifts and Hospitality Tracking Report 04.07.2023.pdf (4 pages)
- 7.4(a) Declarations of Interest Table.pdf (30 pages)

7.5. Internal Audit Recommendation Tracker Report

James Quance

- 7.5 Internal Audit Tracking Report - July 2023jq(1).pdf (4 pages)
- 7.5a Internal Audit Tracker - July 2023.pdf (14 pages)
- 7.5b Internal Audit Tracker - July 2023.pdf (1 pages)
- 7.5c Internal Audit Tracker - July 2023.pdf (4 pages)
- 7.5d Appendix 2 - Internal Audit Summary Tables - July 2023.pdf (4 pages)

7.6. Audit Wales Recommendation Tracking Report

James Quance

- 7.6 Audit Wales Recommendation Tracking Report - 04.07.2023.pdf (2 pages)
- 7.6a Audit Wales Tracker - July 2023.pdf (12 pages)
- 7.6b Audit Wales Recommendation Table - July 2023.pdf (1 pages)

7.7. Regulatory Compliance Tracking Report

James Quance

- 7.7 Regulatory Compliance Tracking Report July 2023.pdf (5 pages)
- 7.7a Regulatory Compliance Tracking Report - July 2023.pdf (3 pages)

7.8. BREAK - 10 Mins

7.9. Updated Policies Plan

James Quance/Marcia Donovan

- 7.9 Updated Policies Plan.pdf (3 pages)
- 7.9a Policies Plan 2023-24.pdf (8 pages)

7.10. Procurement Compliance Report

Catherine Phillips Claire Salisbury

- 7.10 Procurement Compliance Report.pdf (8 pages)

7.11. Counter Fraud Progress Report

Catherine Phillips Gareth Lavington

- 7.11a Q1 Counter Fraud Progress Report Cover Sheet.pdf (2 pages)
- 7.11a Q1 Counter Fraud Progress Report.pdf (17 pages)
- 7.11b Q1 Counter Fraud Progress Report Supplementary - NHSCFA Thematic Exercise Cover Sheet.pdf (2 pages)
- 7.11b Q1 Counter Fraud Progress Report Supplementary - NHSCFA Thematic Exercise.pdf (16 pages)

11:20 - 11:25

5 min

8. Items for Approval / Ratification

8.1. Losses and Special payments Report

Catherine Phillips Robert Mahoney

- 8.1 Report of the May 2023 Losses and Special Payments Panel.pdf (3 pages)
- 8.1a Appendix 1 - Minutes of the May 2023 Losses Special Payments Panel.pdf (11 pages)

Mohamed Saad
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11:25 - 11:45
20 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. Planned Care Transformation Delivery - (Reasonable Assurance)

 9.1a Final Internal Audit Report Planned Care Transformation Delivery.pdf (11 pages)

9.1.2. UHW-Hybrid & Major Trauma Theatres – (Reasonable Assurance)

 9.1b CV UHW Hybrid Theatres Final Report June 2023.pdf (19 pages)


9.2. Forward Work Programme 2023-2026

Wales Audit

 9.2 Audit Forward Work Programme 202223.pdf (14 pages)

9.3. Post Payment Verification (PPV) Annual Report 2022/23

Catherine Phillips / Amanda Legge

 9.3 Post Payment Verification End of Year Report 2022-2023.pdf (3 pages)

 9.3a C&VUHB Audit Report Apr 22 - Mar 23 - Anonymised.pdf (6 pages)

 9.3b C&VUHB Audit Report Apr 22 - Mar 23 - Anonymised.pdf (2 pages)

 9.3c C&VUHB Audit Report Apr 22 - Mar 23 - Anonymised.pdf (1 pages)

11:45 - 11:45
0 min

10. Agenda for Private Audit and Assurance Committee

John Union

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

10.2. People and Culture Compliance Report (Confidential – this report contains sensitive information and/or personal data)

10.3. Overpayment of Health Board Salaries (Confidential)

11:45 - 11:45
0 min

11. Any Other Business

John Union

11:45 - 11:45
0 min

12. Review and Final Closure

12.1. Items to be deferred to Board / Committee

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

Tuesday 25th July 2023 at 9am via MS Teams

Mohamed, Sarah
27/06/2023 11:27:03

11:45 - 11:45

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].

Mohamed Sarah
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**Unconfirmed Minutes of the Public Audit & Assurance Committee Meeting
Held On 11th May 2023 at 9:00am
Via MS Teams**

Chair:		
John Union	JU	Independent Member for Finance and Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Rhian Thomas	RT	Independent Member for Capital and Estates
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Rachel Gidman	RG	Executive Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Lucy Jugessur	WW	Interim Deputy Head of Internal Audit
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist
Claire Salisbury	CS	Head of Procurement
Aaron Fowler	AF	Head of Risk and Regulation
Mark Jones	MJ	Audit Wales
James Quance	JQ	Interim Director of Corporate Governance
Lianne Morse	LM	Assistant Director of Workforce
David Thomas	DT	Director of Digital & Health Intelligence
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member for ICT and Committee Vice Chair
Urvisha Perez	UP	Audit Wales

Item No	Agenda Item	Action
AAC 11/5/23 001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 11/5/23 002	Apologies for Absence The Committee resolved that: a) Apologies were noted.	
AAC 11/5/23 003	Declarations of Interest The Committee resolved that:	

	a) No Declarations of Interest were noted.	
AAC 11/5/23 004	<p>Minutes of the Meeting Held on 4th April 2023</p> <p>The Minutes were received.</p> <p>Mark Jones (MJ) advised that Urvisha Perez (UP) had made amendments to the minutes and had sent these to the Corporate Governance Officer (CGO).</p> <p>The Head of Internal Audit (HIA) advised that Lucy Jugessur's title should be amended to Interim Deputy Head of Internal Audit.</p> <p>The Committee resolved that:</p> <p>a) Pending the above amendments, the draft minutes of the meeting held on 4th April 2023 were held to be a true and accurate record of the meeting.</p>	
AAC 11/5/23 005	<p>Action Log – Following Meeting held on 4th April 2023</p> <p>The Action Log was received.</p> <p>AAC 7/2/23 015 - The Executive Director of Finance (EDF) commented that the Chief Operating Officer (COO) and Executive Medical Director (EMD) were working with the team to find a suitable solution. They have agreed to have a Locum in Gastroenterology for a further six months.</p> <p>AAC 7/2/23 007 – The Interim Director of Corporate Governance (IDCG) advised that good progress had been made with the Audit so far. A more detailed discussion would come to a later Committee meeting.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	Action Log
AAC 11/5/23 006	<p>Any Other Urgent Business</p> <p>The Committee resolved that:</p> <p>a) No other urgent business was noted.</p>	
	Items for Review and Assurance	
AAC 11/5/23 007	<p>Internal Audit Progress Report</p> <p>The Head of Internal Audit (HIA) presented the Internal Audit Progress Report and highlighted the following:</p> <ul style="list-style-type: none"> The progress report provided the Committee with the current position regarding the work to be undertaken by the 	

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Audit and Assurance Service as part of the delivery of the approved 2022/23 Internal Audit plan.

Section 2

- 4 audits that were scheduled for the May Committee meeting were not finalised in time.
- That was due to lack of resources within Internal Audit and lack of engagement from the Health Board.
- It was not an overly concerning situation due to only 4 audits being delayed.

Section 3

- 9 audits were finalised in time for today's Committee meeting.
- Details of those audits were included in the meeting pack papers.

Section 4

- Of the total 37 reviews in the plan, 32 audits had been finalised so far this year and 1 had reached the draft report stage.
- In addition, there were 3 audits that were currently in progress with a further 1 at the planning stage.
- The HIA advised that he was comfortable with the delivery of the audits and those would still allow sufficient coverage for the provision for the HIA annual opinion at the end of the year.

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

Section 5

It was noted that the Performance Reporting Audit had been identified for removal from the 2022/23 plan. The planned Advisory Audit had also been identified for removal from the 2022/23 plan.

An assurance review of performance reporting had been included in the plan for 2023/24.

The 37 audits remaining within the 2022/23 plan would still allow sufficient coverage for the provision of the full HIA annual opinion at the end of the year.

Section 6

6.1 Individual Patient Funding Requests (IPFR)

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- The purpose of the audit was to establish and review the systems and processes in place to assess, making decisions on, and monitoring spending related to Individual Patient Funding Requests (IPFRs).
- Substantial assurance was issued.
- There was one medium priority matter in relation to the consistent use of standard documentation and ensuring the timely processing of IPFR applications, as outlined in the IPFR Policy.
- The appropriate management action plan had been agreed.

6.2 Follow-up: Clinical Audit

- The overall objective of the audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Clinical Audit review that was reported as part of the 2021/22 work programme.
- The original audit had received limited assurance and the follow up audit outcome was now substantial assurance.
- There was only one outstanding high recommendation which had been moved to low priority as actions had been undertaken to address that recommendation.
- However, the Clinical Audit Policy was yet to be formally approved by the Quality, Safety and Experience Committee.

The Interim Director of Corporate Governance (IDCG) commented that the clinical audit follow up result was outstanding and very unusual in his experience.

The IDHIA responded that a lot of the audit recommendations related to the system which had now been put in place.

6.3 Follow-up: Nurse Bank (Temporary Staffing Department)

- The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the 'Nurse Bank (Temporary Staffing Department)' review that was reported as part of the 2021/22 work programme.
- The audit was initially awarded limited assurance. That had now improved to reasonable assurance.
- Of the eight recommendations made, five of them had been closed including one high priority recommendation.
- Two of the recommendations had been moved to low priority as actions had been undertaken within those areas.
- One of the high recommendations had moved down to medium assurance and still required a review to be

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undertaken of the agencies, as no further agencies were currently being utilised by the Health Board.

- The approach had now changed to getting more nurses onto the Bank rather than utilising agencies.

The Executive Director of People and Culture (EDPC) advised that the Nurse Bank came under her work remit and there was still a lot of work to do in that area.

6.4 Charitable funds

- The objective of the audit was to review the processes in place within the Health Board to ensure that the Charitable Funds were appropriately managed and administered in accordance with relevant legislation and Charity Commission guidance.
- Reasonable assurance was issued in that area.
- 2 medium priorities were made which included ensuring consistent compliance with the processes for requesting and approving expenditure from Charitable Funds. The governance arrangements for fundraising events also required reviewing and enhancement.
- The recommendations were agreed by management and would be logged through the tracker.

The Independent Member for Capital and Estates (IMCE) commented that as a Trustee she was glad to see the audit completed.

The EDF stated that the Charitable Funds Committee should approve the audit first, before it went to Board of Trustees. There were also actions that would need to be incorporated into the work plan.

EDF

6.5 Community Patient Appliances (Specialist Services CB)

- The purpose of the audit was to review the systems in place to monitor and manage the risks of posture and mobility equipment that needed to be repaired or replaced.
- Reasonable assurance was issued.
- One high priority recommendation was made in relation to reviewing the systems in place to monitor and manage the risks of posture and mobility equipment that needed to be repaired or replaced.
- 5 medium recommendations were also made.

6.6 Data Warehouse

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- The purpose of the audit was to review the effectiveness of the data warehouse and ensure that it continued to be fit for purpose.
- Reasonable assurance was issued.
- Matters which required management attention included:
 - o Upgrading the database to a newer, more secure version;
 - o Defining a structure to fully identify Health Board needs;
 - o Developing advanced analytical skills;
 - o Developing a data strategy and plan.

6.6 Risk Management

- The overall objective of the review was to determine and evaluate the ongoing development and implementation of the Risk Management and Board Risk Assurance Framework Strategy and associated Risk Management Procedures.
- Reasonable assurance was issued.
- 4 medium recommendations were made.
- Further training across the Health Board was required to ensure everyone was following procedures.

The IDCG commented that he was not happy with the findings around the Surgery Clinical Board and he had raised this with the Chief Operating Officer (COO). There needed to be consistency across the Health Board.

6.7 Inclusion and equity

- The purpose of the audit was to review the structure of the Equity and Inclusion Team and the plans in place to take key actions forward relating to areas such as the Welsh Government's Anti-Racist Wales Action Plan.
- Reasonable assurance was issued.
- One high recommendation was made in relation to requiring a review of the responsibilities of the Equity and Inclusion team and the structures in place within the Health Board to support them in delivery.

The EDPC stated there was a large workload for the team regarding the Anti-Racist Wales Action Plan, especially with the Human Rights Standards due to be issued. Following a conversation with the CEO, it was agreed that this would be brought to Management Executive and Board. The EDPC added that more resourcing was required.

6.9 Management of Health Board Policies

- The overall objective of the audit was to review the arrangements in place for the creation, management and

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	<p>review of Health Board’s corporate policies and procedures.</p> <ul style="list-style-type: none"> – Limited assurance was issued. – One high priority recommendation was made in relation to there being many out of date policies and procedures. – The plan for updating processes stated that the deadline for updating all policies was May 2023, which was unrealistic. – <p>It was agreed that an updated plan should be brought back to a later Committee meeting.</p> <p>The IDCG stated that the outcome of the audit was not surprising as it was a known issue. Lots of Health Boards were facing the same issues in relation to out of date policies since coming out of the pandemic. The updated plan would be brought to the next Committee and would need to be realistic in both timescales and resources.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The Internal Audit Progress Report was noted. 	IDCG/HC G
<p>AAC 11/5/23 008</p> <p style="text-align: right; font-size: small; transform: rotate(-45deg);">Mohamed Sarah 27/06/2023 11:19:03</p>	<p>Compliance with the UK Corporate Governance Code</p> <p>The IDCG presented the Compliance with the UK Corporate Governance Code Paper and highlighted the following:</p> <ul style="list-style-type: none"> – It was noted that the Code was the primary reference and overview of good practice for corporate governance in central government departments. – The NHS Wales organisations were not required to comply with all elements of the Code. That said, the main principles of the Code stood as they were relevant to all public sector bodies. – An assessment had been undertaken against the applicable elements of the Code and the findings were presented within Appendix 1 for information. – There were no reported/identified departures from the Code during the reporting period. <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The assessment of compliance against the UK Code of Corporate Governance for April 2022 - March 2023 was noted. b) The self-assessment of compliance against the UK Code of Corporate Governance for inclusion in the Accountability Report for 2022-2023 was approved. 	

<p>AAC 11/5/23 009</p>	<p>Board and Committee Effectiveness Surveys 2022-23</p> <p>The IDCG presented the Board and Committee Effectiveness Surveys 2022-23 and highlighted the following:</p> <ul style="list-style-type: none"> • The Health Board undertook an annual review of the effectiveness of its Board and Committees during February and March 2023 using survey questions derived from best practice guides, including the NHS Handbook. • This year, as part of the annual review, a session was scheduled to take place at the Board Development Session being held on 27 April 2023 so that the Board Members could discuss any common themes and Committee wider learning from the Board and Committees' survey results. <p>The UHB Vice Chair stated the number of people who responded to the survey was small. That destroyed any validity and requested whether this could be assessed.</p> <p>The IDCG responded that the survey recipient list was widened this year compared to the past. It was part of a wider programme as part of upcoming Board Development sessions. Work had already started with Michael West and more sessions would continue to take place.</p> <p>The EDPC advised that a standardised induction process for Independent Members was needed.</p> <p>The EDF stated that previous organisations would have a conversation about the effectiveness of the surveys. It allowed people to feel comfortable to say how they felt and this could be built into the work plan.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The results of the Annual Board Effectiveness Survey 2022-2023, and the action plan for 2022-2023, to be progressed via Board Development sessions were noted. b) The completed actions within the Board Committee Effectiveness Action plan 2021-2022 were noted. 	
<p>AAC 11/5/23 010</p> <p>Mohamed Sarah 27/06/2023 11:19:03</p>	<p>Annual Review of the Standing Orders</p> <p>The Annual Review of the Standing Orders was presented.</p> <p>The Annual Review had been concluded and no significant changes to the Health Board's Standing Orders were noted. They remained fit for purpose and applicable to the Health Board.</p> <p>The Committee resolved that:</p>	

	<p>a) The update, as set out in the body of the report, with regards to the Health Board's Standing Orders was noted.</p>	
AAC 11/5/23 011	<p>Audit Wales Annual Plan</p> <p>Mark Jones (MJ) presented the Audit Wales Annual Plan and highlighted the following:</p> <ul style="list-style-type: none"> • The Plan expanded the outline plan considered last month. • Page 3 detailed materiality figures. The figures were based on the draft accounts from last year. Those had now been updated to include the draft accounts for this year. • The £17.3m has increased to £18.6m. The reported threshold has also increased to £930,000. • Most of the planning work had been completed. • The Plan also set out the Audit fee. There was an increase of 13%. A key factor of that was the introduction of a new accounting standard. <p>The EDF queried whether MJ wanted to use the opportunity to inform the Committee about the pay settlement in 2022-23 and how that would affect the pay accounts.</p> <p>MJ responded that there may be a material accrual. MJ queried whether the pay award was factored into the draft accounts.</p> <p>The Interim Deputy Director of Finance (Operational) (IDDFO) stated that it related to a recovery payment and non-consolidated recovery payment which would be about £14.5m. Most recently, the Nurse Unions have rejected the pay offer. Discussions would need to take place between the Health Boards, Welsh Government (WG) and Audit Wales about the various pay offers.</p> <p>The IDDFO added that the £14.5m was not in the draft accounts. The working assumption was that it would be covered by WG.</p> <p>The Committee resolved that:</p> <p>a) The Audit Wales Annual Plan was noted.</p>	
	Items for Approval / Ratification	
AAC 11/5/23 012	<p>Counter Fraud Annual Report 2022/23</p> <p>The Lead Local Counter Fraud Specialist (LLCFS) presented the Counter Fraud Annual Report 2022/23 and highlighted the following:</p> <ul style="list-style-type: none"> • It was written in conjunction with the Government Functional Standards. A summary of compliance 	

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	<p>against each of the standards was provided within the report.</p> <ul style="list-style-type: none"> • The Health Board was marked as green in most areas. • Two items were marked as amber. • The Counter Fraud Policy and Procedure would be approved at the meeting today and could be marked as green. • The risk assessment was also marked as amber as work was needed to record the risks in line with the Risk Management Policy. <p>The IMTU stated that the attendees for the Counter Fraud awareness sessions was low and queried how they compared with other Health Boards.</p> <p>The LLCFS agreed that 310 out of 15000 was low. The Counter Fraud team had introduced a new e-learning package. The awareness sessions had also increased the uptake of training sessions. Monthly webinar sessions had also been introduced.</p> <p>The LLCFS added that the Health Board did provide more training sessions than other Health Boards, although he was not sure about the uptake. WG figures tended to be benchmarked against corporate induction rather than Counter Fraud.</p> <p>The IMTU advised that it may be helpful for he and the EDPC liaised with trade union colleagues to encourage their members to pursue the Counter Fraud awareness sessions.</p> <p>The EDF stated that awareness would drive more fraud activity. Her team was working on making sure staff management process was in place.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The report was an accurate assessment of the work undertaken during the year and a measure of compliance with the standards set out by the NHS CFA Review and was discussed, questioned and approved. 	
<p>AAC 11/5/23 013</p> <p>Mohamed Sarah 27/06/2023 11:19:03</p>	<p>Policies:</p> <ul style="list-style-type: none"> i) Counter Fraud and Corruption Policy and Procedure (UHB 054) <p>The LLCFS advised that this was a new policy. The old policy went out of date in December 2022.</p>	

	<p>The EDCP requested that HR should be changed to People Services.</p> <p>The Committee resolved that:</p> <p>a) The Counter Fraud Bribery and Corruption Policy (UHB 054); and the (ii) Counter Fraud Bribery and Corruption Procedure (UHB 054) were reviewed, discussed and approved.</p>	
AAC 11/5/23 014	<p>Standing Orders – Temporary variation (AGM date)</p> <p>The IDCG presented the Standing Orders – Temporary variation (AGM date).</p> <p>A later sign off date had been agreed by WG for the submission of the Annual Accounts at the request of Audit Wales.</p> <p>The temporary variation should be referred to the Board for approval upon recommendation by the Audit Committee.</p> <p>The Committee resolved that:</p> <p>a) The proposed variation (as set out in the body of this report) to Standing Order 7.2.5 was considered and endorsed; and</p> <p>b) Recommendation was made to the Board to formally approve the proposed variation to Standing Order 7.2.5.</p>	
	Items for information and noting	
AAC 11/5/23 015	<p>Internal Audit reports for information:</p> <p>a) <i>Individual Patient Funding Requests</i></p> <p>b) <i>Follow-up: Clinical Audit</i></p> <p>c) <i>Follow-up: Nurse Bank (Temporary Staffing Department)</i></p> <p>d) <i>Charitable Funds</i></p> <p>e) <i>Community Patient Appliances (Specialist Services CB)</i></p> <p>f) <i>Data Warehouse</i></p> <p>g) <i>Inclusion & Equality</i></p> <p>h) <i>Risk Management</i></p> <p>i) <i>Management of Health Board Policies</i></p> <p>The Committee resolved that:</p> <p>a) The final Internal Audit reports were considered and noted.</p>	
AAC 11/5/23 016	Audit & Assurance External Quality Assessment of Conformance to the Public Sector Internal Audit Standards	

	<p>The HIA advised the Committee that the report provided the outcome of the external assessment of Internal Audit completed by External Quality Assessment (EQA) in April 2023.</p> <p>Overall the outcome of the Audit was positive.</p> <p>The Committee resolved that:</p> <p>a) The positive outcome of the External Quality Assessment was noted.</p>	
AAC 11/5/23 017	<p>Agenda for Private Audit and Assurance Committee</p> <p>i. Private Audit Minutes – 4th April 2023</p> <p>ii. Counter Fraud Progress Update (<i>Confidential – ongoing investigations</i>)</p> <p>iii. Salary Overpayment (<i>Confidential Discussion</i>)</p>	
AAC 11/5/23 018	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
	Review and Final Closure	
AAC 11/5/23 019	<p>Items to be deferred to Board / Committee</p> <p>No items were deferred to Board / Committees.</p>	
	<p>Date and time of next committee meeting</p> <p>Tuesday 4th July 2023 at 9:00 am via MS Teams</p>	

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Public Action Log
 Following Audit & Assurance Committee Meeting
 11 May 2023
 (For the Meeting 4 July 2023)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Completed Actions					
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/Rache Igidman	4/04/2023	Completed 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. They have agreed to have a Locum in Gastroenterology for a further six months.
AAC 11/5/23 005					
Actions in Progress					
AAC 11/2/23 007	Internal Audit Progress Report	Follow up audit report in relation to the Medical Records Tracking (CD&T Clinical Board) to be brought to Committee.	Internal Audit	September 2023	Update in September 2023 To be provided in September meeting.

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		The IDCG and DM to discuss how best to set up governance arrangements relating to medical record tracking.	James Quance/Sion O Keefe		
AAC 11/5/23 007	Management of Health Board Policies	To bring an up to date and realistic plan for updating all policies.	James Quance/Marci a Donovan	4 July 2023	Update in July 2023 See agenda item 7.9
Actions referred to Board / Committees					
AAC 11/5/23 007	Charitable Funds Audit	CFC to approve the Audit. Once approved by CFC it should go to BOT.	James Quance/Ian Virgil	20 June 2023	Completed Audit Report due to go to the CFC Committee on 20 June 2023 for noting and recommending to Board of Trustees for approval.

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Report Title:	Internal Audit Progress Report			Agenda Item no.	7.1
Meeting:	Audit & Assurance Committee	Public	X	Meeting Date:	04/07/23
		Private			
Status <i>(please tick one only):</i>	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 2023/24 plan was formally approved by the Audit Committee at its April 23 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 May 23 meeting:

- Planned Care Transformation Delivery - (Reasonable Assurance)
- UHW-Hybrid and Major Trauma Theatres - (Reasonable Assurance)

The progress report also includes details of proposed adjustments to the 2023/24 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 2023/24 plan.

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	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	
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	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

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 audits which provide assurance around reputational risks.

Socio Economic: Yes/No

Equality and Health: Yes/No

The progress report provides an update on the delivery of the Internal Audit plan for 2022/23, which includes an audit which provides assurance around equality.

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Mohamed Sarah
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Cardiff and Vale University Health Board

Internal Audit Progress Report

Audit & Assurance Committee July 2023

NWSSP Audit and Assurance Services



gig
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Cydwasaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



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Appendix A Assignment Status Schedule

Appendix B Assurance on Recommendation Tracker

Appendix C Assurance Ratings

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1. Introduction

This progress report provides the Audit & Assurance Committee with the current position regarding the work to be undertaken by the Audit & Assurance Service as part of the delivery of the approved 2023/24 Internal Audit plan.

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


The plan for 2023/24 was agreed by the Audit & Assurance Committee in April 2023 and is delivered as part of the arrangements established for the NHS Wales Shared Service Partnership - Audit and Assurance Services.

2. Outcomes from Completed Audit Reviews

Three audit reports from the 2022/23 plan were not finalised in time for submission to the Audit Committee in May 23, although the outcomes will be included within the Head of Internal Audit Opinion and Annual Report for 2022/23.

Two of the audits have now been finalised, as detailed in the table below. The Executive Summaries from the final reports are provided in Section six. The full reports are included separately within the Audit Committee agenda for information.

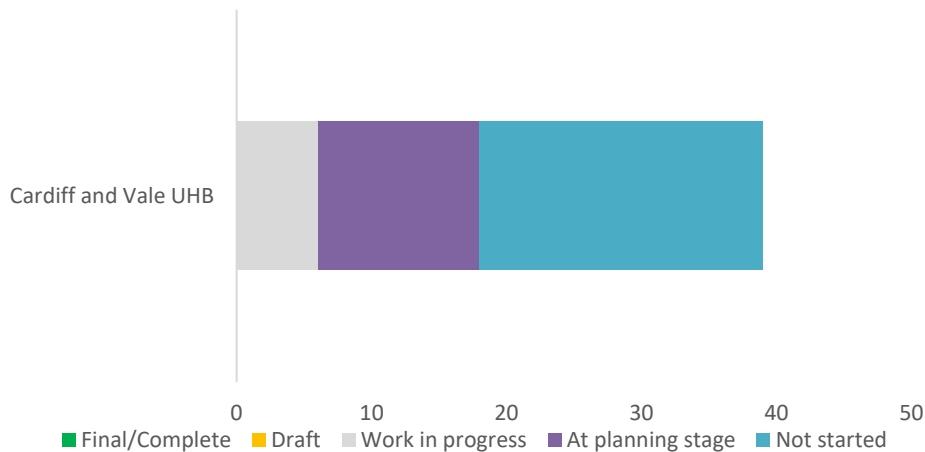
The remaining audit of Consultants Job Planning within the Surgery Clinical Board is still to be finalised and will be reported to the September meeting of the Committee.

FINALISED AUDIT REPORTS	ASSURANCE RATING	
Planned Care Transformation Delivery	Reasonable	
UHW-Hybrid and Major Trauma Theatres		

3. Delivery of the 2023/24 Internal Audit Plan

There are a total of 37 reviews within the 2023/24 Internal Audit Plan (including the additions highlighted below), and overall progress at this early stage of the year is summarised below.

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The illustration shows that there are six audits that are currently work in progress with a further twelve 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 A also includes details of the two audits from the 2022/23 plan that will not be sufficiently progressed to be included within the Head of Internal Audit Opinion for 2022/23. The outcomes from these audits will feed into the 2023/24 Opinion.

4. Changes to the 2023/24 Plan

The following audits have been proposed for addition to the plan:

- ChemoCare IT System follow-up – The follow-up was agreed for deferral from the 2022/23 after the 2023/24 plan was agreed; and
- Management of Health Board Policies Follow-up – The audit was reported as Limited Assurance after the 2023/24 plan had been agreed.

The following audits have also been identified for completion during 2023/24 as part of the work around the development of Integrated Audit Plans:

- UHL - Endoscopy Unit Development; and
- UHW – Vascular Hybrid Theatre & MTC Theatre.

The planned timing of the audit of ISO Accreditation within ALAC has moved from Q1 to Q2 at the request of the service.

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5. Assurance on Recommendation Tracking

The Health Board's Internal Audit Recommendation Tracker provides the Audit Committee with information on the current progress that has been made towards the implementation of outstanding Internal Audit Recommendations. The information within the Tracker is based on responses provided by Health Board management confirming the current progress.

Each year we undertake a process of reviewing a sample of the entries within the tracker, in order to validate the stated position and provide additional assurance to the Audit Committee.

Appendix B provides detail of the entries from the Tracker for which we attempted to validate implementation.

Our audit sample focused on the recommendations reported as being complete to the Audit Committee through 2022/23. From a total of 96 High and Medium priority recommendations reported as complete, we selected 18 to form our sample across the following split of committees; April 2022 (3), July 2022 (5), September 2022 (2), and February 2023 (8).

The overall outcome of the 18 recommendations sampled can be summarised as follows:

- Sufficient information was provided to validate as complete (15); and
- Recommendations incorrectly identified as completed on tracker when work is still ongoing (3).

The exercise has highlighted that the Audit Committee can be reasonably assured that the progress information detailed within the Tracker for 2022/23 was accurate. Further work however is required to explore why some recommendations were incorrectly categorised as complete.

A full review of the Health Boards Audit Tracker forms part of the 2023/24 Internal Audit Plan and the issues identified here will be further considered as part of the work.

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6. Final Report Summaries

6.1 Planned Care Transformation Delivery

Purpose

The overall objective of the audit was to review the systems and controls in place to deliver the transformation of planned care during 2022/23.

Overview

We have issued reasonable assurance on this area.

Whilst we have identified only one significant matter for reporting in our review, our overall assurance rating takes into consideration that the Health Board has been unable to meet two of the ministerial ambitions for 2022/23. We noted that the Health Board has not committed to these ambitions as part of its Integrated Medium Term Plan (IMTP).

We can confirm that during quarter 4 of 2022/23, the Health Board has made several improvements to the systems and controls in place specifically in relation to the governance model and monitoring arrangements and is in a strong position to continue its progression with the Transformation Programme for Planned Care.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 Governance Arrangements	Reasonable
2 Programme Deliverables are appropriate	Substantial
3 Monitoring Arrangements	Substantial

¹The 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	Terms of Reference and work programmes require updating	1 Design	Medium

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6.2 UHW-Hybrid and Major Trauma Theatres

Purpose

The audit was undertaken to review the delivery and management arrangements in place to progress the Hybrid/Major Trauma Theatres at the University Hospital of Wales Cardiff. The review also considered the performance to date against its key delivery objectives i.e. time, cost and quality. This was the first audit of the project.

Overall Audit Opinion and Overview

The Full Business case for this scheme was submitted to Welsh Government in December 2022, with an estimated cost of £40.6m and an anticipated delivery date of 24th March 2025.

At this early stage of the construction phase, the project remained within key time, cost and quality parameters.

The audit found the following key issues:

- The project did not have a dedicated Project Board with oversight provided by a wider Programme Board. The review identified gaps in assurance arising from this arrangement.
- The UHB continues to have issues in the timely and appropriate execution of contractual documentation.

Other recommendations are provided within the detail of the report.

Noting the above, whilst there are important issues to address as outlined, the positive assurance across the broader objectives covered allow **reasonable assurance** to be determined.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance Summary ¹

Assurance objectives	Assurance
1 Governance Arrangements	Reasonable
2 Financial Monitoring/Reporting	Reasonable
3 Target Cost	Substantial
4 Contractual Appointments	Reasonable
5 Design	Substantial
6 Planning	Substantial

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

Key Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
2	Arrangements in respect of the Project Board are not delivering the required oversight for a scheme of this financial value.	1	Design	Medium
4.1	The SCP call off contract will be resubmitted for signature by the Chair.	4	Operation	Medium

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ASSIGNMENT STATUS SCHEDULE

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
2022/23 Plan							
Medical Staff Additional Sessions		Medical			Planning (Final brief issued for October start)		February
Shaping Our Future Wellbeing – Future Hospitals Programme		Finance			Work in Progress		September
2023/24 Plan							
Estates Assurance – Estate Condition	4	Finance	Q1		Work in Progress		September
Recommendation Tracking	6	Corporate Governance	Q1		Work in Progress		September
Leadership and Management Training and Development (Advisory)	10	People & Culture	Q1		Work in Progress		September
Refresh of the Health Board’s Strategy	18	Strategic Planning	Q1		Planning (Draft brief issued)		September
Mental Health Clinical Board Governance	24	COO	Q1		Planning (Draft brief issued)		September
QS&E Governance (Duty of Quality and Candour) (Advisory)	28	Nursing / Medical	Q1		Work in Progress		September
ChemoCare IT System Follow-up	36	Digital & Health Intelligence	Q1		Work in Progress		September
Financial Management within Clinical Boards	2	Finance	Q2		Planning		November
Paris IT System	12	Digital & Health Intelligence	Q2		Work in Progress		November

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Technical Continuity	13	Digital & Health Intelligence	Q2		Planning (Draft brief issued)		November
Urgent & Emergency Care – WG 6 Goals Programme	22	COO	Q2		Planning		November
PCIC CB Governance	25	COO	Q2		Planning		November
Patient Safety Incident Management	29	Nursing	Q2		Planning		November
ISO Accreditation within ALAC	32	Therapies	Q1	Q2	Planning		November
Mortality Reviews	33	Medical	Q2		Planning		November
Implementation of Health Roster System	9	People & Culture	Q2/3		Planning		November
Alcohol Standards	21	Public Health	Q2/3		Planning (Draft brief issued)		November
Core Financial Systems	1	Finance	Q2/3		Planning		February
Payroll Costs	7	People & Culture / Finance	Q3				February
Information Governance	14	Digital & Health Intelligence	Q3				February
Cyber Security Follow-up	15	Digital & Health Intelligence	Q3				February
Business Continuity Planning	17	Strategic Planning	Q3				February

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Medicine CB – Acute Model / Same Day Emergency Care	26	COO	Q3				February
Medical Records Tracking (CD&T) Follow-up	27	COO	Q3				February
IMTP Development Process	16	Strategic Planning	Q3				April
Cancer Services	23	COO	Q3				April
Infection Prevention & Control	30	Nursing	Q3				April
Capital Systems	3	Finance	Q4				April
Risk Management / Board Assurance Framework	5	Corporate Governance	Q4				April
Implementation of People & Culture Plan	8	People & Culture	Q4				April
Performance Reporting	11	Digital & Health Intelligence	Q4				April
Maternity Care – Ockenden Review	31	Nursing	Q4				April
Management of Health Board Policies Follow-up	35	Nursing	Q4				April
Decarbonisation	19	Strategic Planning	TBC				TBC
Shaping Our Future Hospitals Programme	20	Strategic Planning	TBC				TBC

Development of Integrated Audit Plans:

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
• UHL - Endoscopy Unit Development	34	Strategic Planning	TBC				TBC
• UHW - Vascular Hybrid Theatre & MTC Theatre	37	Strategic Planning	TBC				TBC

Reviews removed from the plan

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ASSURANCE ON RECOMMENDATION TRACKER

Audit Information			Validation process	
Audit Title	Recommendation	Rating	Internal Audit validation result	Basis of validation
Raising Staff Concerns (Whistle blowing) (CVU2122-05) Final Report Issued: 17/03/22 Rating: Reasonable Assurance	3. Timeliness of the F2SU communication campaign	Medium	Complete	Evidence provided by the Head of Risk and Regulation confirmed completion.
	4. Greater clarity within the F2SU Staff Concern Log	Medium	Complete	
	5. Compliance with Governance arrangements	Medium	Complete	
Retention of Staff (CVU2122-09) Final Report Issued: 24/01/22 Rating: Reasonable Assurance	1. Recruitment and Retention Strategy	Medium	Complete	Evidence provided by the Assistant Director of People and Culture confirmed completion
	2. Board Assurance Framework	Medium	Complete	
	4. Evaluation of retention initiatives	Medium	Complete	
	5. Leavers' Checklists	Medium	Complete	
Stock Management (CVU2223-42) Final Report issued: 19/08/22 Rating: Reasonable Assurance	2. Storage of security of stock	Medium	Complete	Evidence provided by the Directorate Manager, Neurosciences confirmed completion.
	5. Missing stock	High	Complete	
Theatre Utilisation (CVU2122-25) Final Report issued: 21/01/22 Rating: Reasonable Assurance	1. Policy and Procedure	High	Complete	Evidence provided by General Manager, Perioperative Care confirmed completion.
	2. Incomplete records on Theatremen	Medium	Complete	
	3. Maximising existing resources	Medium	Complete	

Audit Information			Validation process	
Audit Title	Recommendation	Rating	Internal Audit validation result	Basis of validation
	4. Reports and subsequent analysis	Medium	Complete	
Welsh Language Standards (CVU 2122-08) Final Report issued: 21/01/22 Rating: Reasonable Assurance	4. Governance arrangements.	Medium	Complete	Evidence provided by the Equality Manager confirmed completion.
	5. Policy and Procedures	Medium	Complete	
	6. Risk Mitigation	Medium	Partially Complete – work in progress	Evidence requested from the Equality Manager to confirm completion.
Medical Equipment and Devices (CVU 2223-25) Final Report issued: 24/10/22 Rating: Reasonable Assurance	5. User Feedback on Health Pathways	Medium	Incomplete	Evidence requested from the Head of Clinical Engineering who confirmed that both recommendations relate to rewrite of the Medical Equipment Procedure which is still ongoing.
	6. Performance Metrics and Reporting	Medium	Partially Complete – evidence was provided to support part of the recommendation.	

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

Date issued: June 2023

Document reference: 3461A2023

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27/06/2023 11:19:03

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.

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About this document

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

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Financial audit update

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

Exhibit 1 – Accounts audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
2022-23 Performance Report, Accountability Report and Financial Statements	Executive Director of Finance and the 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 are undertaking the audit.	Scheduled to be considered by the Audit and Assurance Committee on 25 July and by the Board on 27 July, with audit certification scheduled for 28 July.

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Performance audit update

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

Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
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.	All Wales summary report and CVUHB local report published on 2 March 2023. Links to both reports provided at Exhibit 3. Awaiting completed management response.	To be confirmed

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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.	Report drafting	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.	Fieldwork We are at the latter stages of fieldwork.	To be confirmed

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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.	Fieldwork	To be confirmed
Structured Assessment 2023 – Core	Director of Corporate Governance	<p>Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2023 Structured Assessment work will review:</p> <ul style="list-style-type: none"> • Board and committee cohesion and effectiveness; • Corporate systems of assurance; • Corporate planning arrangements; and • Corporate financial planning and management arrangements. 	<p>Set-up stage</p> <p>Fieldwork to commence during the summer.</p>	To be confirmed

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2023 – Deep Dive	To be confirmed	In addition to the core structured assessment work described above, we will also review certain arrangements at NHS bodies in more depth. This year, we will examine digital arrangements, with a particular focus on how NHS bodies are investing in digital technologies, solutions, and capabilities to support the workforce, transform patient care, meet demand, and improve productivity and efficiency.	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
Examination of the Setting of Well-being Objectives (2023 Local Work)	Executive Director of Strategic Planning and Executive Director of Public Health	This work will assess the extent to which the Health Board has acted in accordance with the sustainable development principle when setting its well-being objectives as part of its arrangements for refreshing the organisation’s long-term strategy.	Planning	To be confirmed

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Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Follow-up of 2019 Clinical Coding follow-up review (2023 Local Work)	To be confirmed	This work will review the Health Board's progress in addressing the recommendations made in our 2019 clinical coding follow-up review.	Planning	To be confirmed

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Other relevant publications

- 6 **Exhibit 3** provides information on other relevant examinations and studies published by the Auditor General in the last six months. The links to the reports on our website are provided. 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
<p><u>Orthopaedic Services in Wales – Tackling the Waiting List Backlog</u> (National Report)</p> <p><u>Cardiff and Vale University Health Board – Tackling the Orthopaedic Services' Waiting List Backlog</u> (Local Report)</p>	<p>March 2023</p>
<p><u>Digital inclusion in Wales</u> and <u>Key questions for public bodies</u></p>	<p>March 2023</p>

Additional information

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

Exhibit 4 – Audit Wales corporate documents

Title	Publication Date
<p><u>Our work programme for 2023-2026</u></p>	<p>May 2023</p>

- 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.

23/06/2023 11:19:03
Sara
Sara

Orthopaedic Services in Wales – Tackling the Waiting List Backlog

A comparative picture for Cardiff & Vale University Health Board

Audit year: 2018

Date issued: February 2023

Document reference: 3291A2022

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Mohamed Sarah
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Summary

Introduction

- 1 This report supplements our [national report on orthopaedics services](#) and provides additional analysis of the orthopaedic waiting list position at Cardiff & Vale University Health Board (the Health Board). The report presents a range of data to inform discussion and oversight of the current challenges associated with the recovery of orthopaedic services at the Health Board. It includes several prompts and questions for board members to inform debate and obtain assurance that improvement actions are having the desired effect.
- 2 **A note on the data:** In some instances, the most up to date data available is prior to the pandemic. In others, the data available since the onset of the pandemic is not comparable because of service changes over this period. Therefore, we have:
 - selected data and indicators to help stimulate board member and senior manager discussion and scrutiny on specific aspects of orthopaedic service delivery.
 - used long-term trends and calculations to help present a perspective on orthopaedic services both in relation to the current position and taking a more strategic longer-term outlook.
- 3 In May 2022, the Getting It Right First-Time (GIRFT) team¹ issued its [national report on orthopaedic services in Wales](#) and provided additional local feedback to each health board. The local report for the Health Board was finalised in April 2022. The findings presented here seek to complement rather than duplicate the GIRFT reviews. We have recommended that relevant health board committees receive a progress update against the GIRFT recommendations alongside the Audit Wales national report and the locally tailored data briefing.
- 4 We have presented the findings in this report under the following headings:
 - The scale of the waiting list
 - Referrals and demand
 - Resources and capacity
 - Outpatient models

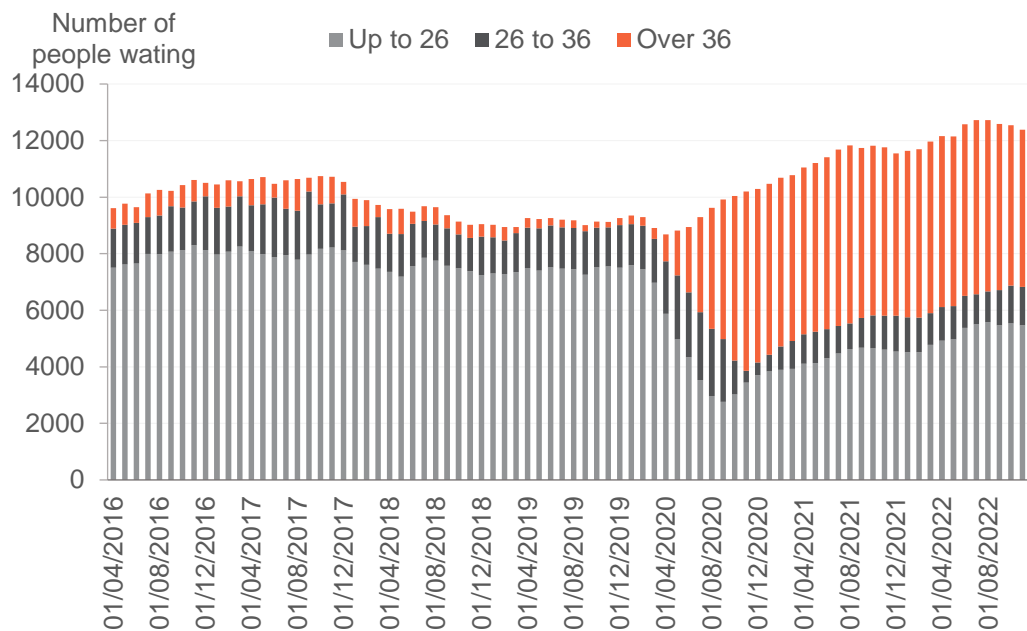
¹ [Getting It Right First-Time](#) is a national programme designed to improve the treatment and care of patients through review and benchmarking.

Detailed report

The scale of the waiting list

5 **Exhibit 1** shows the overall trend in orthopaedic waits at the Health Board since 2016. It shows a picture common to most health boards with a sharp increase in the numbers waiting since the start of the pandemic and within those figures, a significant increase in the numbers facing longer waits.

Exhibit 1: total orthopaedic waits, by weeks waiting – Cardiff & Vale University Health Board (April 2016 – November 2022)

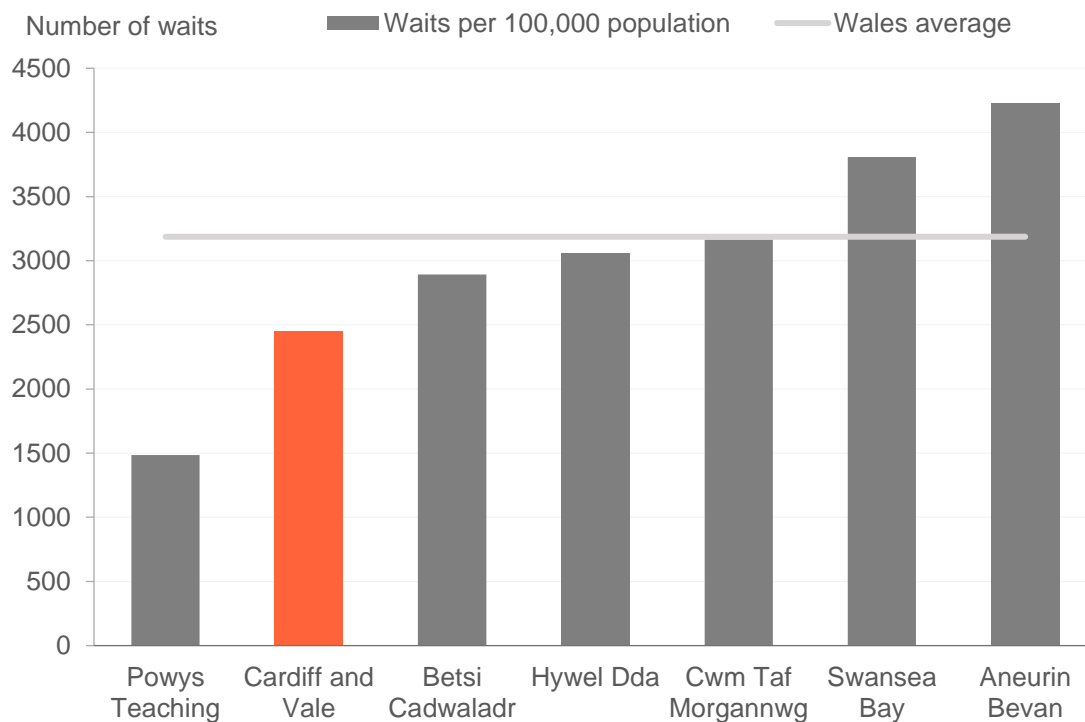


Source: Audit Wales analysis of Stats Wales

6 Comparatively the number of patients on orthopaedic waiting lists relative to population varies across Wales. **Exhibit 2** shows the number of orthopaedic open pathways (waits) per 100,000 population as of November 2022, with the Health Board having the second lowest figure in Wales. This variance may occur because of demographic differences, such as age and deprivation, different primary care referral approaches, different community-based approaches for prevention, treatment, and onward referral. But it is also likely to show that some health boards have been able to secure a better match between capacity and demand than others.

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Exhibit 2: total number of orthopaedic waits per 100,000 population, November 2022



Source: Audit Wales analysis of Stats Wales

Suggested board member questions



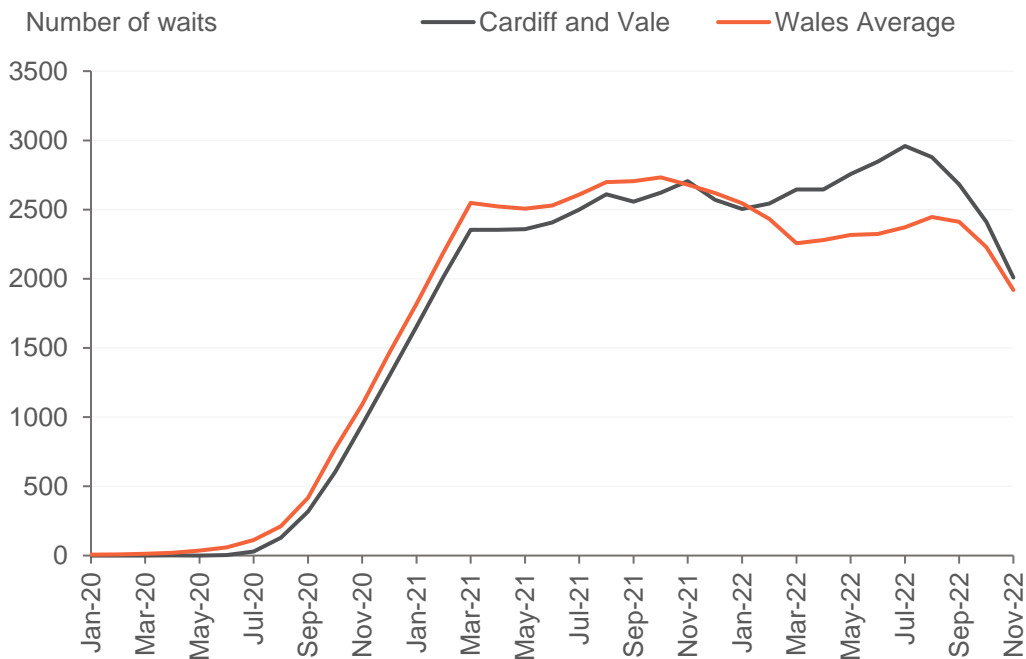
- What factors are contributing to the Health Board's comparative performance on overall orthopaedic waits relative to population?

7 In April 2022, Welsh Government published its [programme for transforming and modernising planned care and reducing waiting lists in Wales](#). This sets out five ambitions to reduce waiting times in Wales. The first one being 'No one should be waiting longer than a year for their first outpatient appointment by the end of 2022'.

Exhibit 3 shows the number of orthopaedic waits for first outpatient appointment longer than a year. As of November 2022, there were 2,008 patient pathways in the Health Board which were waiting longer than a year.

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Exhibit 3: total number of orthopaedic waits over a year, waiting for a first outpatient appointment – Cardiff & Vale University Health Board

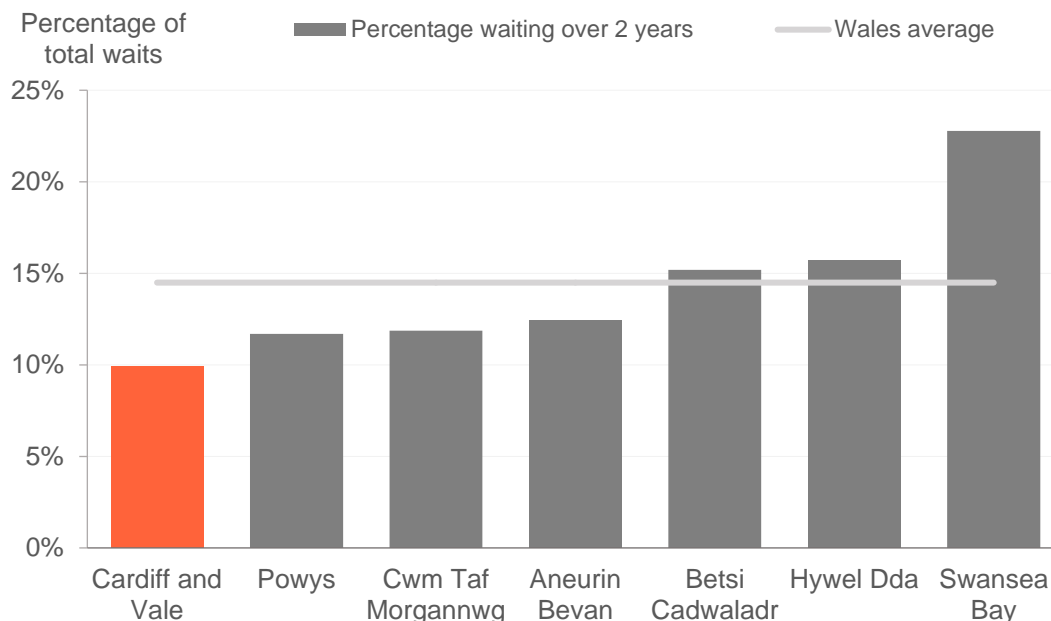


Source: Audit Wales analysis of Stats Wales

8 The second key ambition set out in the Welsh Government’s planned care programme is to eliminate the number of people waiting longer than two years in most specialities by March 2023. As at the end of November 2022, there were around 1,225 patient pathways waiting over two years for orthopaedic services in the Health Board. This number is the second lowest in Wales. From our wider analysis, the trends across Wales indicate that health boards are now starting to focus on the growth in extremely long waits. But there is clearly more to do and a finite capacity. **Exhibit 4** shows a comparative picture of long waits. As a proportion of total waits, the proportion waiting over two years in the Health Board is the lowest in Wales. Exhibit 4 indicates that there is inequality for long waits depending on where people live.

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Exhibit 4: percentage of orthopaedic waits over 2 years, by residence, November 2022



Source: Audit Wales analysis of Stats Wales

Suggested board member questions



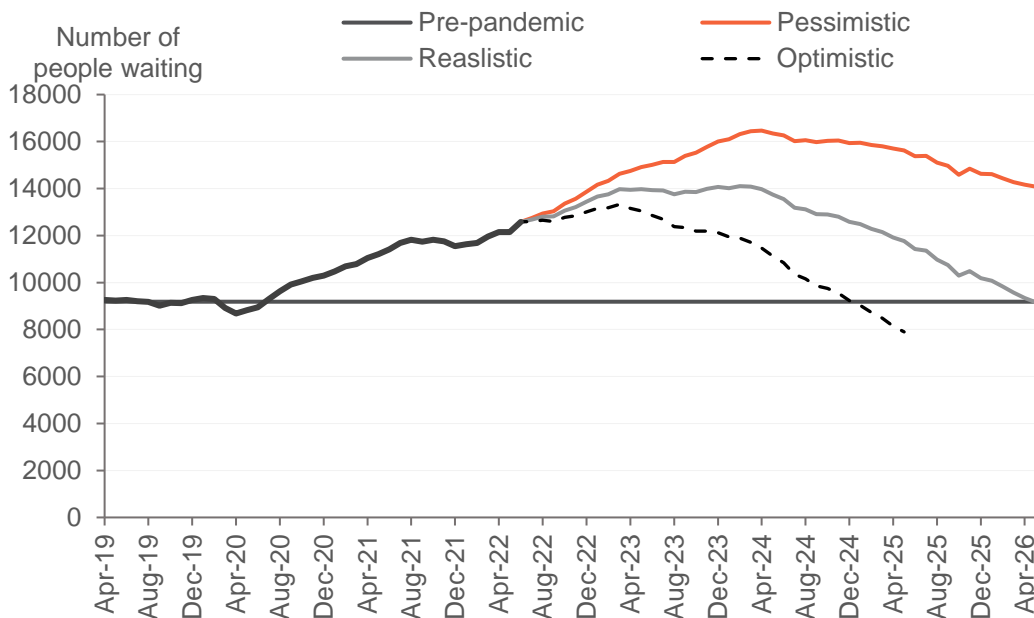
- Is the Health Board likely to meet the targets set out in the Welsh Government’s national recovery plan for planned care? If not, when does it anticipate achieving the key milestones set out in the plan?
- How is the Health Board communicating with patients to tell them how long their wait is likely to be and what to do if their condition deteriorates?
- What is the Health Board doing to prioritise those most at risk of coming to harm because of a delay?
- Does the Health Board have information to indicate whether orthopaedic patients are coming to harm because of delays in their diagnosis and treatment? If so, what does this show and what action is being done to minimise the harm?

9 Exhibit 5 provides an illustrative scenario (optimistic, realistic, and pessimistic) for the possible length of time that it could take to return orthopaedic waits to pre-

pandemic levels². Our scenario model is based on pre-pandemic levels of capacity, new demand (additions) and activity (removals), future growth in referral demand, and future growth in capacity and/or activity levels.

- 10 The scenario model also assumes the levels of pent-up demand hitting the system. Pent-up demand being caused by lower-than-expected referrals since the onset of the pandemic. The model does not assume growth in referral demand due to population changes. The scenarios we have presented are based on assumptions which may alter over the coming years.
- 11 Even in the most optimistic model scenario, the Health Board’s orthopaedic waits would not return to pre-pandemic levels until January 2025. This is based on a move towards a 5% increase in orthopaedic surgical capacity and activity compared to pre-pandemic levels. Clearly the timeframe for recovery will reduce if the pent-up demand does not materialise, demand does not grow year-on-year, the Health Board increases internal capacity or productivity, or if there are opportunities for outsourcing. The realistic and more pessimistic modelling scenarios would not see waiting list number return to pre-pandemic for many years, if at all.

Exhibit 5: illustrative scenarios of orthopaedic waiting list numbers – Cardiff & Vale University Health Board



Source: Audit Wales analysis of Stats Wales data

² Appendix 1 sets out how we modelled the scenarios.

12 **Exhibit 6** shows the extent of the variation in waits for hip and knee replacement surgery across Wales prior to the pandemic when this data was last available in 2020. At that time, waits for knee and hip replacements in the Health Board were about average for Wales. Variation shows differences between service capacity and waiting list management. As health boards across Wales try to reduce waiting lists through outsourcing, there is potential for further widening of inequalities of access to care.

Exhibit 6: mean waiting times (in days) for knee and hip replacement and revision surgery, 2019-20³

Health Board	County	Knee	Hip
Betsi Cadwaladr	Isle of Anglesey	609.5	363.9
	Gwynedd	604.4	568.9
	Conwy	409.3	344.3
	Denbighshire	266	212.7
	Flintshire	232.4	221
	Wrexham	236.1	226.6
Hywel Dda	Ceredigion	252.4	213.1
	Pembrokeshire	246.4	238
	Carmarthenshire	221.1	180.9
Swansea Bay	Swansea	362.7	373.2
	Neath Port Talbot	323.1	331.8
Cardiff and Vale	Vale of Glamorgan	229	216.3
	Cardiff	241.9	210.1
Powys	Powys	154.2	147.9
Aneurin Bevan	Caerphilly	185.8	165.2
	Blaenau Gwent	200.2	157.1
	Torfaen	182.1	164.7
	Monmouthshire	180.2	160.2
	Newport	196.6	164.1
Cwm Taf Morgannwg	Rhondda Cynon Taf	177.8	150.8
	Bridgend	317.6	294.9
	Merthyr Tydfil	175.3	161.1

Source: Audit Wales analysis of Health Maps Wales

³ Table Key: Under 26 weeks 26-36 weeks Over 36 weeks

Suggested board member questions

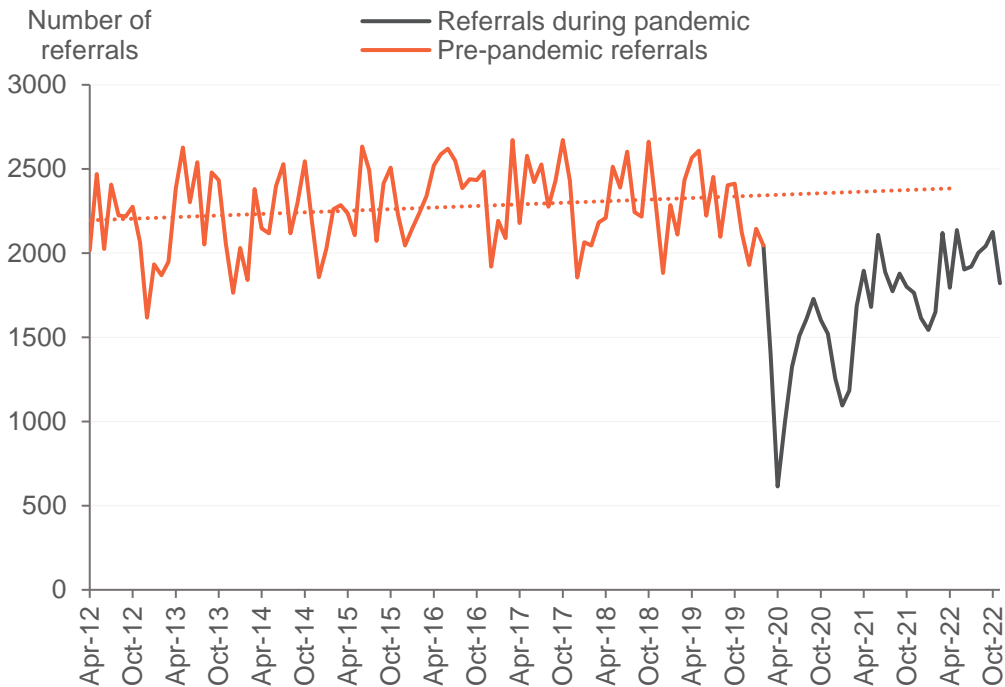


- Has the Health Board undertaken any recent analysis of variation in waiting times by type of surgery and hospital site? If so, what does the analysis show?
 - What action is the Health Board taking to reduce variations in lengths of wait for the same treatment across different hospital sites?
-

Referrals and demand

13 **Exhibit 7** shows the trend in the Health Board's orthopaedic referrals over time and the significant reduction in referrals during the pandemic. The volume of the Health Board's orthopaedic referrals continues to remain below pre-pandemic average referral levels⁴.

Exhibit 7: trend in referrals to the orthopaedic waiting list, April 2012 to November 2022 – Cardiff & Vale University Health Board



Source: Audit Wales analysis of Stats Wales data

⁴ Based on average referral rates for 2019-20

14 The extent of the lower levels of referrals during the last couple of years suggests that patients who would have normally been referred potentially still have a need for treatment. Our calculations suggest around 135,000 orthopaedics latent or 'lost' referrals across Wales. The numbers vary quite significantly by health board with the Health Board accounting for 13% of the total across Wales (**Exhibit 8**). The effect of this latent demand returning to the system and referral demand returning to pre-pandemic levels more generally, will be to make an already challenging waiting list recovery position even more daunting.

Exhibit 8: number of potentially latent 'lost patients' between March 2020 and March 2022

Health Board	Latent 'lost' referrals	Percentage of all-Wales total
Aneurin Bevan	42,438	32%
Hywel Dda	22,860	17%
Cwm Taf Morgannwg	18,294	14%
Cardiff and Vale	17,576	13%
Betsi Cadwaladr	15,987	12%
Swansea Bay	13,046	10%
Powys	4,204	3%
Total	134,406	

Source: Audit Wales analysis of Stats Wales

Suggested board member questions

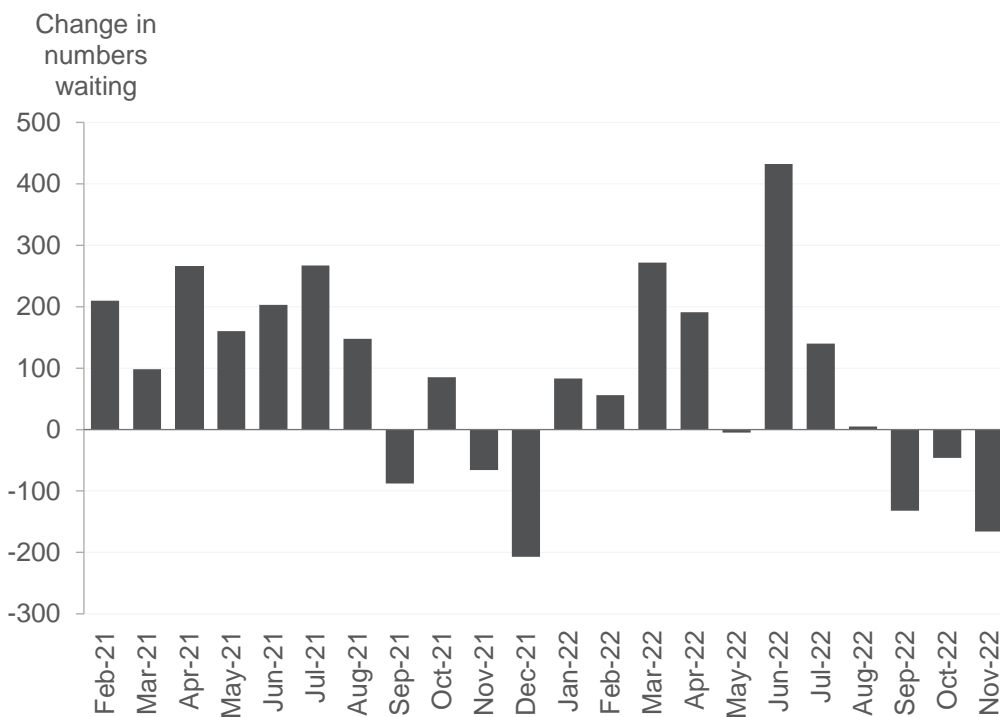


- To what extent is the Health Board seeing, or expecting to see, the latent demand return? If not expected to return, does the Health Board know where the demand has gone?
- Does the Health Board have a good understanding of the current and future demand for orthopaedic services?
- How is the Health Board ensuring that only appropriate referrals are made into secondary care services?
- Are community-based prevention and treatment approaches such as Clinical Musculoskeletal Assessment and Treatment Services operating effectively, and are there opportunities to exploit community-based services further?

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15 **Exhibit 9** shows a month-on-month trend of orthopaedic waits, i.e., whether and by how much each month the waiting list has increased or decreased. Across Wales, some health boards have recently managed to stem the growth in waits in some months, either using short-term additional capacity to meet demand or through validation exercises to cleanse waiting lists. But these reductions have not been sustained. With referrals starting to return to pre-pandemic levels, it illustrates the difficulty health boards are having balancing capacity to meet levels of demand.

Exhibit 9: month-on-month change in numbers of orthopaedic waits – Cardiff & Vale University Health Board



Source: Audit Wales analysis of Stats Wales

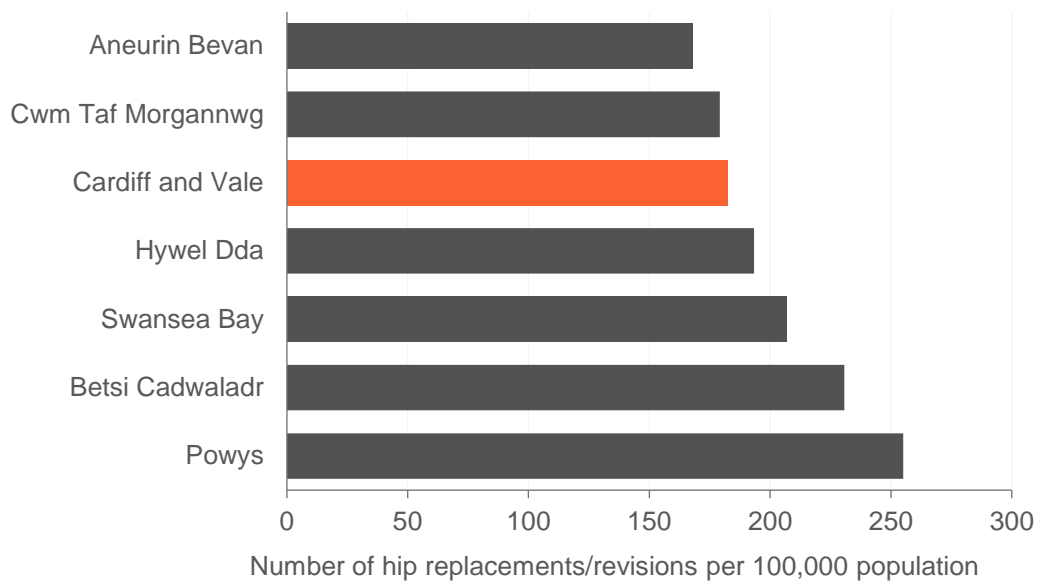
Suggested board member questions



- What is the Health Board doing to stem the growth in the numbers of people waiting?
- To what extent has list validation been the main factor in reducing waiting lists? To what extent are removals because of validation due to administrative issues? If so, what lessons are being learnt?
- How is the Health Board ensuring the elective orthopaedic capacity is protected from unscheduled care and wider pressures?

16 **Exhibit 10** provides a comparative historical average trend in the rate of hip revisions or replacements over three years from 2017 to 2020 per 100,000 population. While there are demographic differences in each health board, the exhibit shows quite wide variation which is unlikely due to demographics alone.

Exhibit 10: admission rates for hip replacements/revisions per 100,000 population based on a three-year average, 2017-18 to 2019-20



Source: Audit Wales analysis of Health Maps Wales

Board member questions



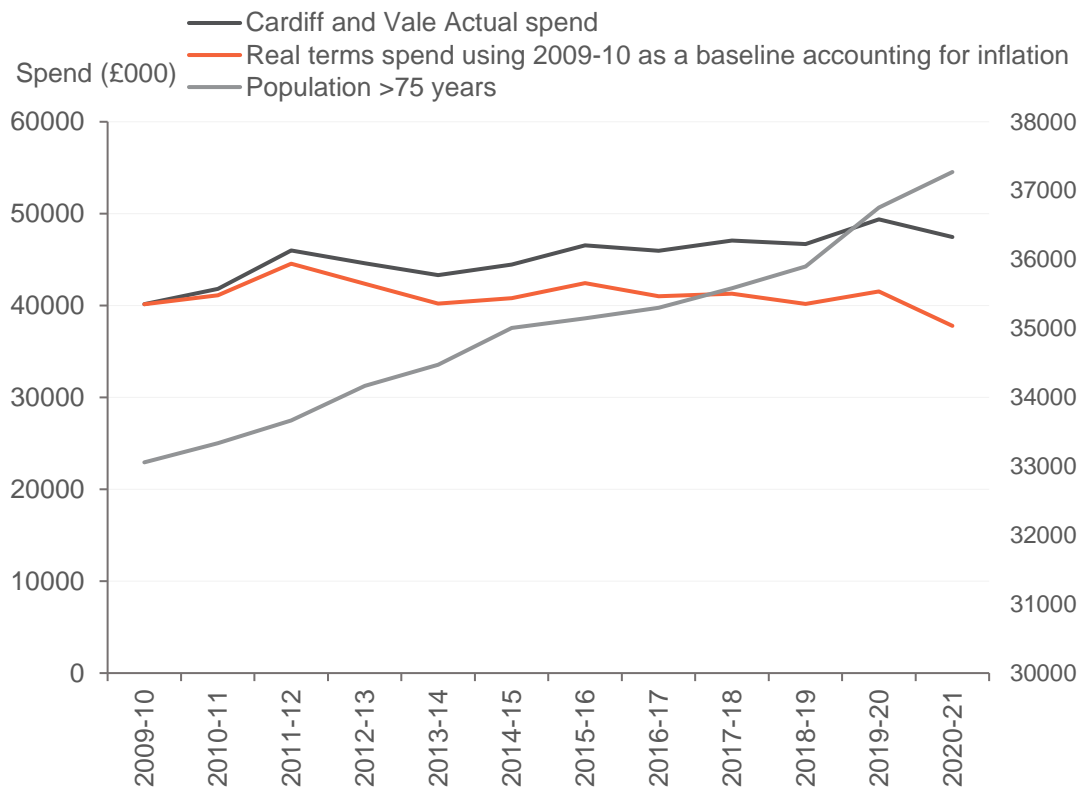
- Has the Health Board undertaken any analysis to understand whether there is a higher or lower rate of procedures, such as hip and knee replacements, than would be expected for the local population? If so, what does it show and are there opportunities for improving productivity and efficiency?
- Does the Health Board understand whether the procedures are delivering positive outcomes for patients?

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Resources and capacity

- 17 **Exhibit 11** provides a long-term perspective on actual spend⁵ on orthopaedic services in the Health Board, and the spend adjusted for inflation (i.e., real terms). In general, and across Wales, the pre-pandemic 'real terms' spend on orthopaedics has remained largely static up until the impact of the pandemic.
- 18 Service demand is linked to an aging population, with the number of people aged 75 and over increasing by around 19% between 2009 and 2020. This trend is expected to continue. Between 2020 and 2032 across Wales the number of people aged 75 and over is forecast to grow by a further 27%, which could create additional strain on orthopaedic services already struggling to recover.

Exhibit 11: actual spend and real terms spend on orthopaedics vs aging population profile – Cardiff & Vale University Health Board



Source: Audit Wales analysis of Stats Wales - Health programme budget and population mid-year estimates

⁵ Based on NHS Programme Budget spend for musculoskeletal system problems (excluding trauma)

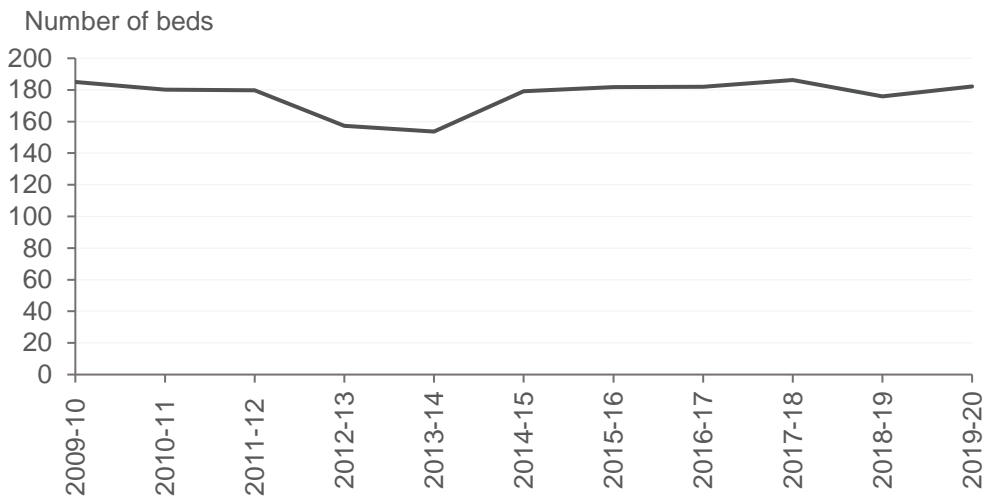
Suggested board member questions



- If the older population continues to grow, but real terms spend on orthopaedics does not keep pace, can the Health Board ensure that future service models will be sustainable?
-

19 **Exhibit 12** and **Exhibit 13** provide trend and comparative data on the number of available orthopaedic beds. The Health Board has the highest level of beds per 1,000 finished consultant episodes. Given the potential increase in orthopaedic demand due to a growing elderly population, health boards will need to assess whether they can meet demand within existing bed capacity. The extent that efficiencies in bed utilisation can be made and the extent that elective orthopaedic beds can be protected from wider unscheduled care pressures will determine whether current and future demand can be met with the current bed capacity.

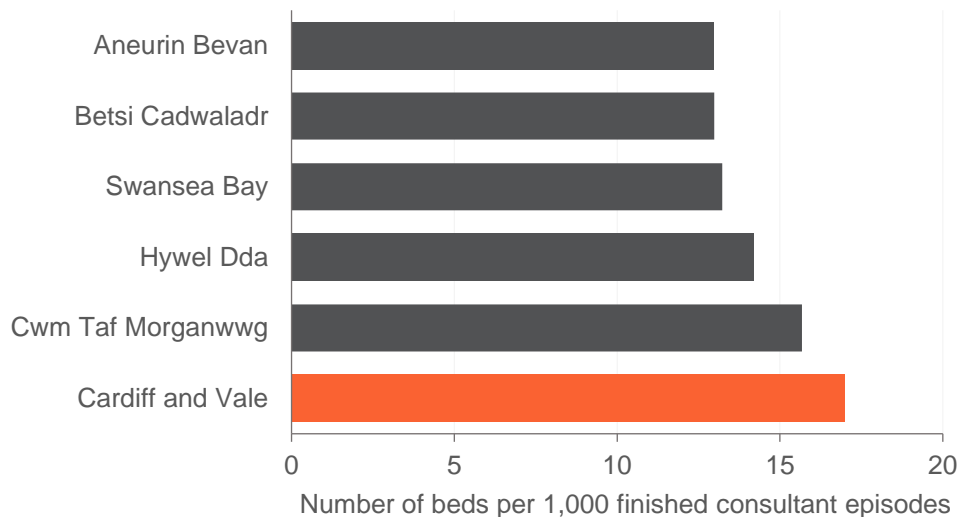
Exhibit 12: trauma and orthopaedic bed availability – Cardiff & Vale University Health Board



Source: Audit Wales analysis of Stats Wales

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Exhibit 13: comparison of trauma and orthopaedic beds per 1,000 finished consultant episodes 2019-20

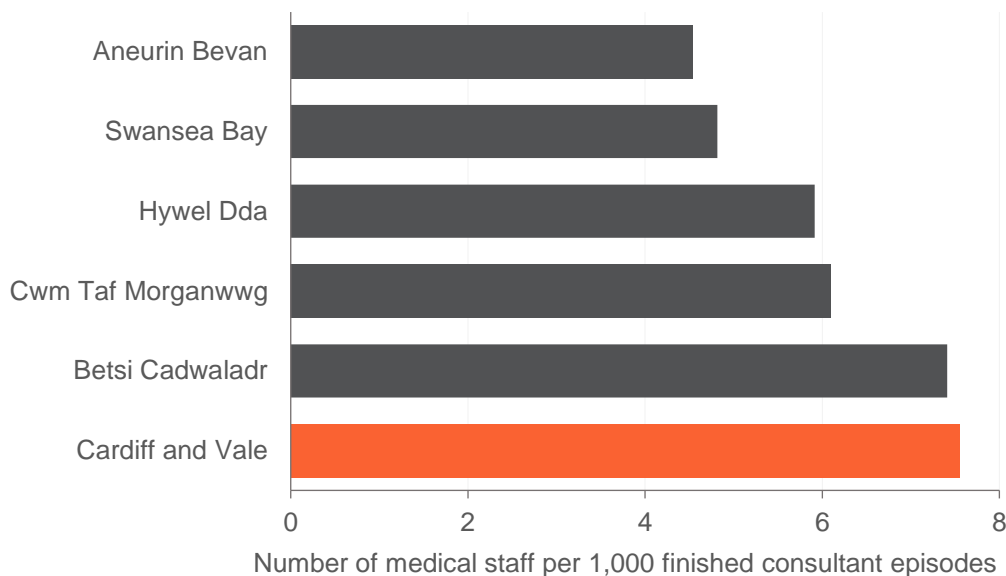


Source: Audit Wales analysis of Stats Wales and PEDW data

20 **Exhibit 14** provides a comparative perspective of the medical workforce. The Health Board has the highest level of medical staff per 1,000 finished consultant episodes. The variation visible across Wales may be due to operational differences in ways of working. However, there is a need to consider optimal staffing levels, efficiencies, productivity, and different pathway models that maximise prudent healthcare principles. As part of this we would expect to see health boards planning on a regional footing to develop high-volume low complexity regional capacity to improve productivity and reviewing consultant job plans as part of pathway redesign.

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Exhibit 14: comparison of trauma and orthopaedic medical workforce (WTE) per 1,000 finished consultant episodes 2019-20



Source: Audit Wales analysis of Stats Wales and PEDW data

Board member questions

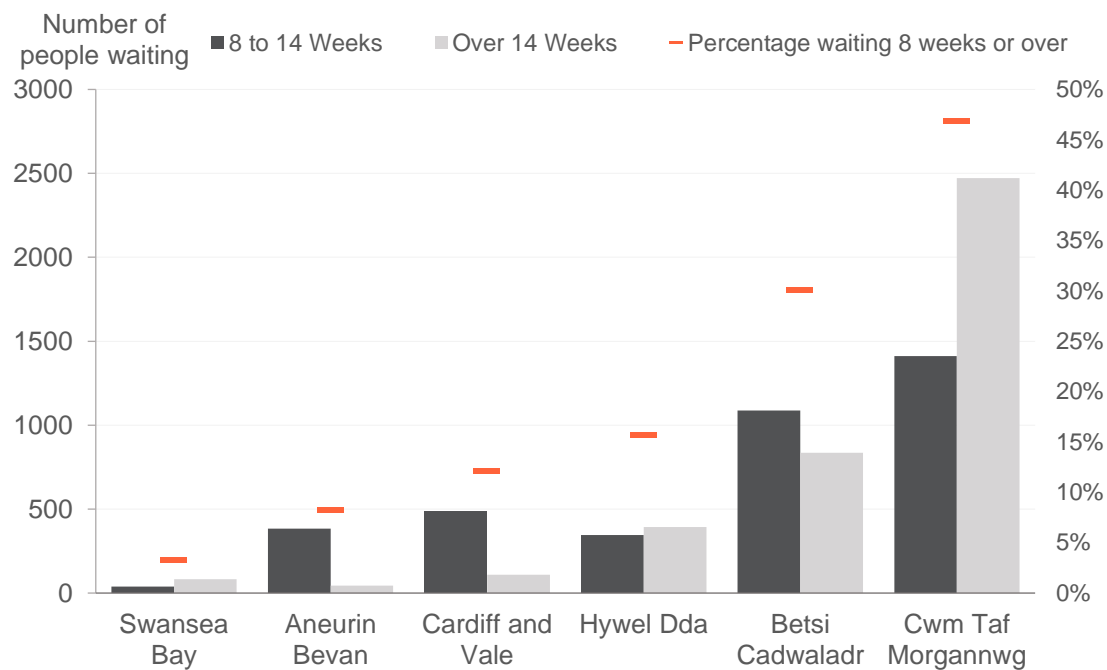


- To what extent does the Health Board currently have the capacity to meet orthopaedic service demand? Where are there capacity gaps?
- What are the workforce risks and challenges?
- How is the Health Board working regionally to create high volume low complexity capacity?
- What is the Health Board doing to create greater levels of efficiency in orthopaedic pathways?

21 People with musculoskeletal conditions often need diagnostic tests to provide clarity on the cause and extent of their problems. The Welsh Government targets say that patients should wait no longer than eight weeks for diagnostic tests. The Health Board has comparative low waits for diagnostic tests. Delays in diagnostic tests are likely to impact on the overall timeliness of orthopaedic treatment. At present there is wide variation in the number and proportion of delays in access to radiology services across Wales (**Exhibits 15 and 16**).

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Exhibit 15: number and percentage of waits for consultant referred radiology waiting eight weeks or over, November 2022

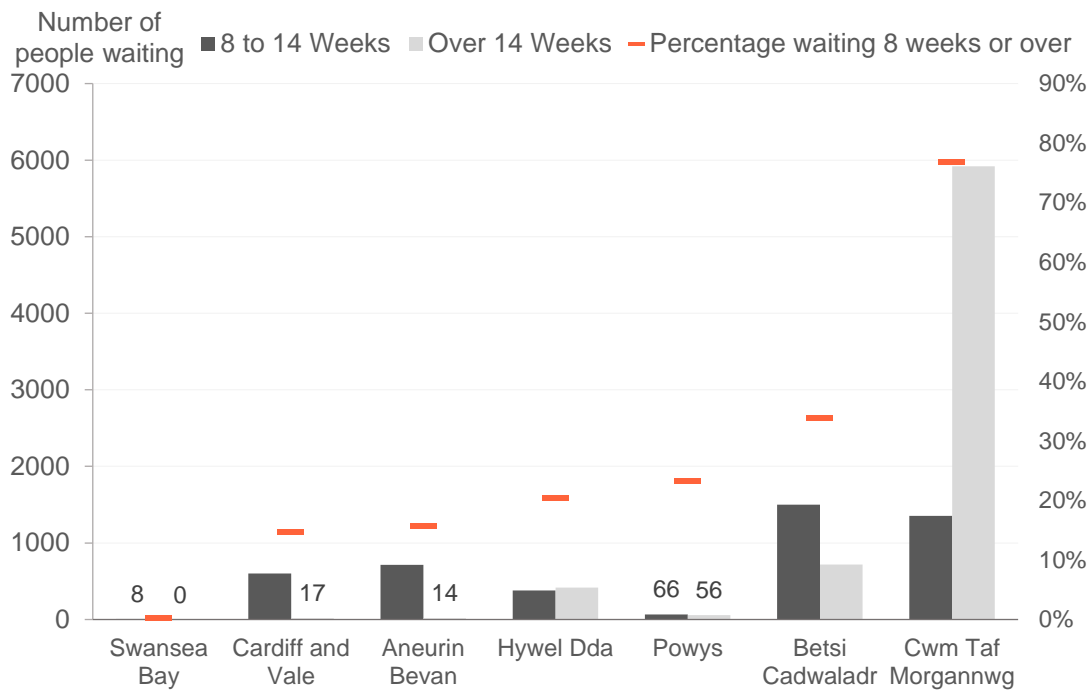


Source: Audit Wales analysis of Stats Wales

Note: Powys consultant referred radiology requests are too low to be visible in the chart.

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Exhibit 16: number and percentage of waits for GP referred radiology waiting eight weeks or over, November 2022

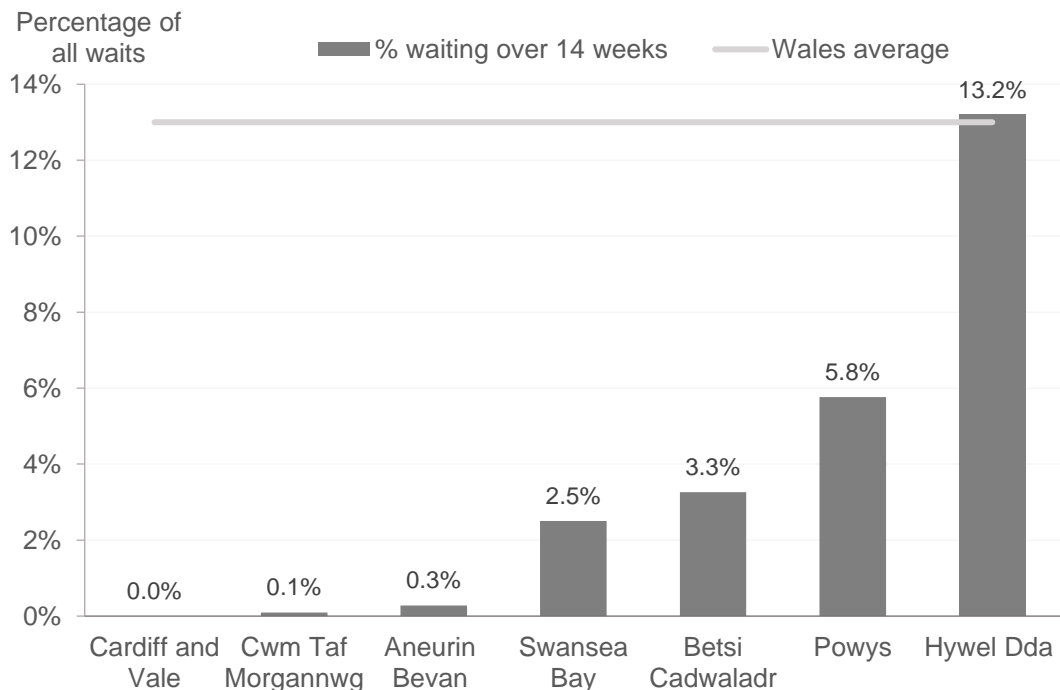


Source: Audit Wales analysis of Stats Wales

22 People with musculoskeletal conditions also often require physiotherapy. **Exhibit 17** shows the proportion of people waiting for physiotherapy who are waiting over the Welsh Government target of 14 weeks. The Health Board has no patients waiting over 14 weeks and is the best in Wales.

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Exhibit 17: percentage of waits over 14 weeks for physiotherapy, November 2022



Source: Audit Wales analysis of Stats Wales

Board member questions



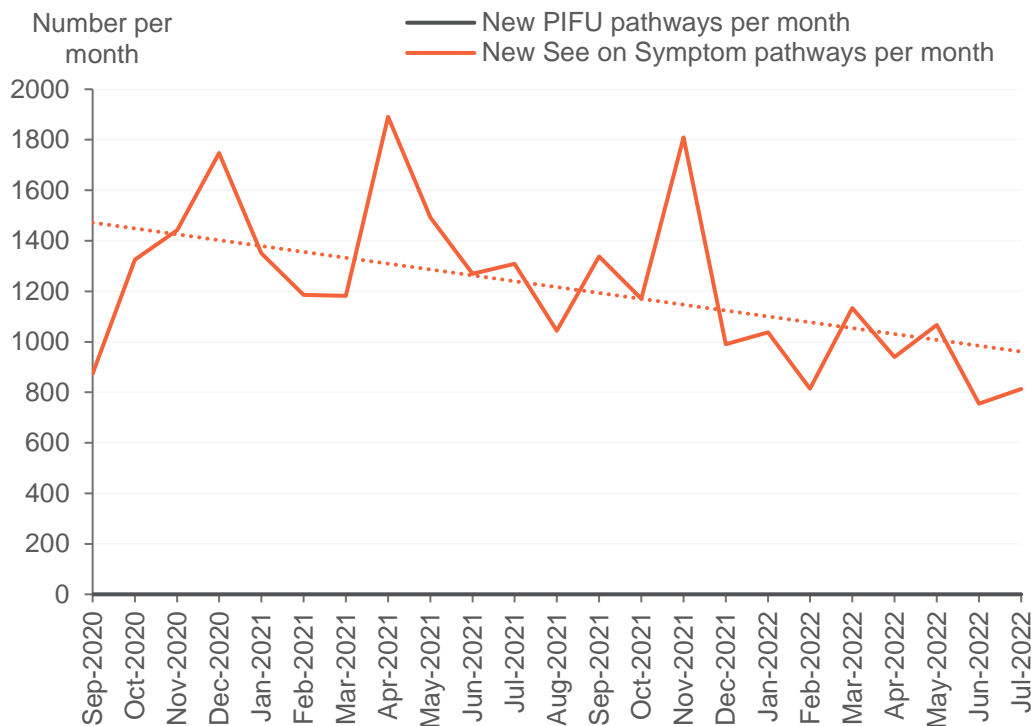
- To what extent is radiology or physiotherapy capacity having an impact on the timeliness of the overall orthopaedic pathway?
- Are there costed plans to match demand and capacity in those areas if required?

Outpatient models

- 23 Health boards are implementing new ways of working. The pandemic resulted in a greater extent of 'digitally enabled' working. This helped enable continuation of some services at times where face-to-face appointments were not available. Health boards are also on a journey of implementing new outpatient pathways known as 'see on symptom (SOS)' and 'patient initiated follow up (PIFU).' These approaches are designed to reduce unnecessary follow up outpatient appointments. The aim is to improve efficiency, reduce unnecessary patient journeys, empower patients to manage their own condition and provide access when they need it.

24 **Exhibit 18 and 19** show the trend in the uptake of new ‘see on symptom’ and ‘patient initiated follow up’ pathways. In most health boards in Wales, we are seeing growth in the use of these new pathways but compared to overall numbers of follow up outpatient appointments, these new approaches remain in the minority. For the Health Board, positive progress has been made with implementing SOS pathways, with the highest level of pathways in Wales although numbers have been declining recently. The Health Board has not adopted PIFU pathways.

Exhibit 18: trend in adoption of new Patient Initiated Follow Up and See on Symptom pathways per month – Cardiff & Vale University Health Board (September 2020 - July 2022)



Source: Audit Wales analysis of Welsh Government provided data

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Exhibit 19: average number of Patient Initiated Follow Up and See on Symptom pathways per month compared to average number of follow up outpatient appointments (based on 2018-19 activity levels)⁶

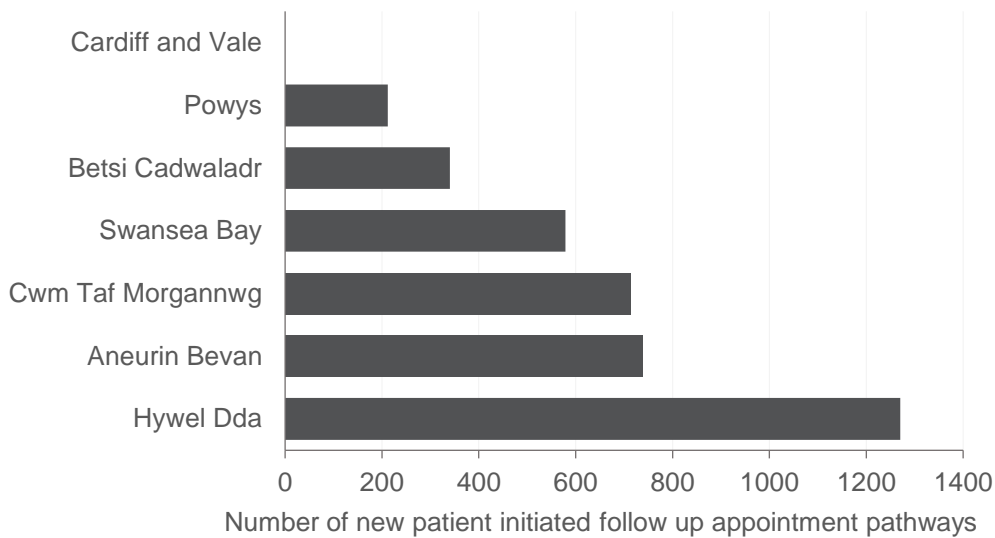
Health Board	Follow up outpatient appointments per month (18/19) average	'Patient Initiated Follow up' pathways per month (21/22)	'See on symptoms' pathways per month (21/22 average)
Abertawe Bro Morgannwg	5283	N/A	N/A
Aneurin Bevan	5840	31	607
Betsi Cadwaladr	4352	15	128
Cardiff and Vale	4317	0	1275
Cwm Taf	2529	N/A	N/A
Cwm Taf Morgannwg	N/A	3	15
Hywel Dda	3428	53	336
Powys	98	11	259
Swansea Bay	N/A	38	507

Source: Audit Wales analysis of Welsh Government provided data

25 **Exhibits 20 and 21** provide a comparison of the numbers of new 'see on symptom' and 'patient initiated follow up' pathways. These are actual numbers and have not been adjusted or weighted for organisational size.

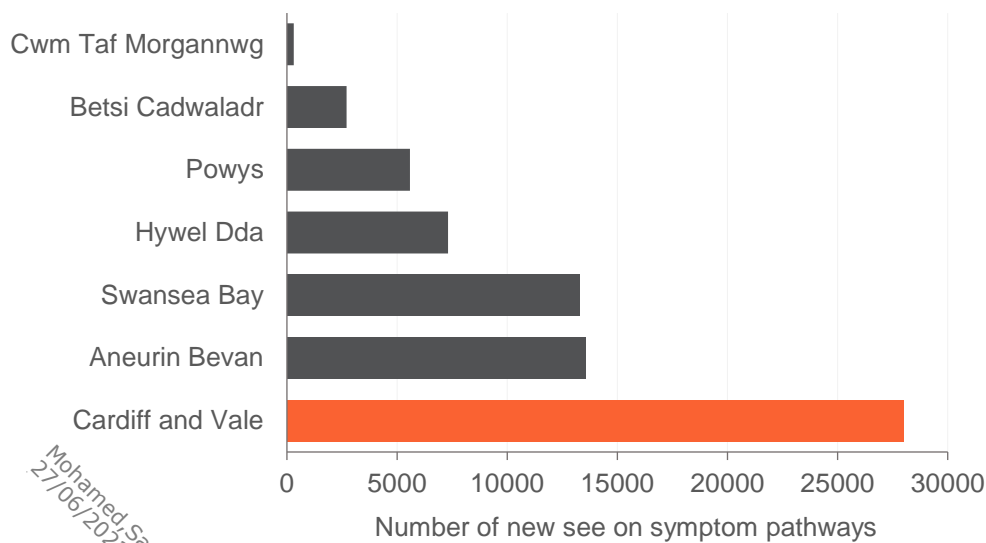
⁶ Total follow up outpatient activity levels have not been publicly reported on StatsWales since 2018-19

Exhibit 20: comparison of total new Trauma and Orthopaedic patient initiated follow up appointment pathways by Health Board, most recent 12-month period (August 2021 to July 2022)



Source: Audit Wales analysis of Welsh Government provided data

Exhibit 21: comparison of total new Trauma and Orthopaedic See on Symptom Pathways by Health Board, most recent 12-month period (August 2021 to July 2022)



Source: Audit Wales analysis of Welsh Government provided data

Board member questions



- Is the Health Board adopting Patient Initiated Follow Ups and See on Symptoms pathways at sufficient pace? If not, what are the barriers?
 - Are consultant job plans being reviewed to adapt to new outpatient models and maximise use of their time?
 - To what extent are digital/virtual outpatient appointments being used? Is this delivering a better and more efficient service?
-

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Appendix 1

Scenario modelling

Our scenario modelling in **Exhibit 5** draws on some initial modelling work conducted by the NHS Delivery Unit. The calculation we used, following the work of the Delivery Unit, was:

- Removals are calculated by taking the number of patients waiting over 4 weeks (i.e., they are not new patients that month) and subtracting that from the total waiting list in the previous month. This gives a proxy for the numbers of patients removed from one month to the next.
- Additions are the people reported in the monthly figures who have been waiting less than 4 weeks – indicating they have been added to the waiting list in the last month. Whilst monthly additions give a reasonable measure of additions, some of those included may have already been waiting but had their ‘clock’ reset for some reason, for example not turning up for multiple appointments. It is also possible that some people may not be counted if they were added and removed before the data was captured at the end of each month.

Our modelling provides scenarios for the length of time it could take NHS Wales to bring orthopaedic waiting lists back to March 2020 levels using three scenarios: reasonable, pessimistic, and optimistic (**Exhibit 5**). We accounted for the possible pent-up demand (**see Exhibit 8**) by evenly spreading differing proportions of the potential missing 135,000 referrals over 2022 to 2024. Those proportions varied depending on a reasonable, pessimistic, or optimistic scenario. **Exhibit 22** sets out our modelling assumptions.

Exhibit 22: Waiting list modelling assumptions

Assumptions	Reasonable	Pessimistic	Optimistic
Additions 2022-2025 compared to 2019-20	87.5%	90%	85%
Annual increase in additions 2025 onwards	99%	100%	98%
Latent ‘missing’ referral demand presenting	5%	10%	0%
Activity/removals compared to 2019-20 levels during:			
2022-23	80%	80%	80%
2023-24	90%	85%	95%
2024-25	100%	90%	105%
2025 onwards	102.5%	100%	105%

Source: Audit Wales

Our analysis highlights the scale of the possible challenge and the length of time it could take to clear the backlog of people waiting for treatment. The scenarios we have presented in the report are based on assumptions which may alter over the coming years.

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

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Sarah

Report Title:	Declarations of Interest, Gifts and Hospitality Tracking Report		Agenda Item no.	7.4	
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	04.07.2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>		
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.

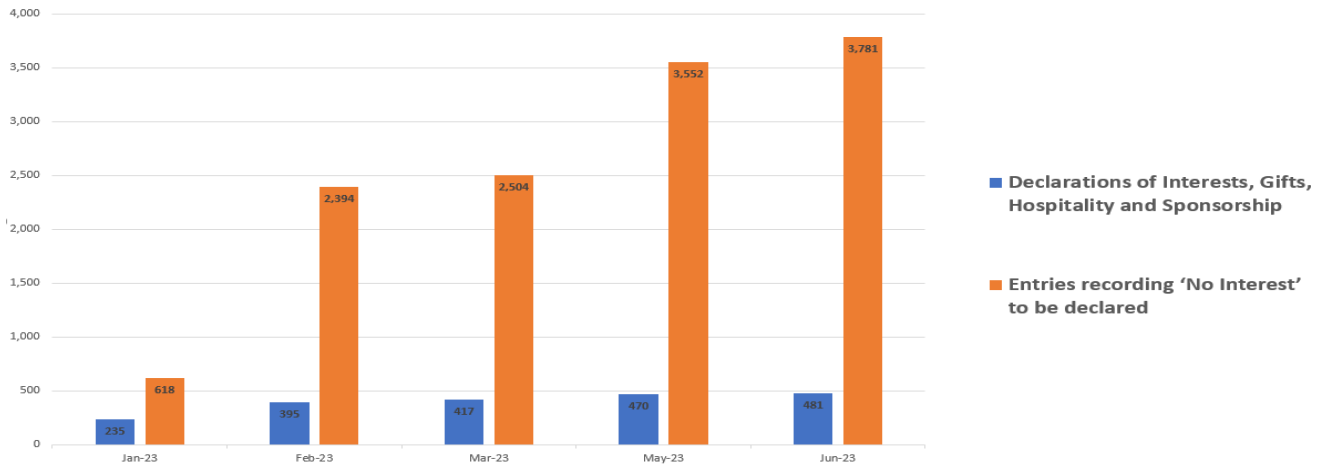
It is hoped that the number of declarations returned will continue to increase by enhancing visibility of the process, and the ease by which declarations can be recorded via ESR.

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

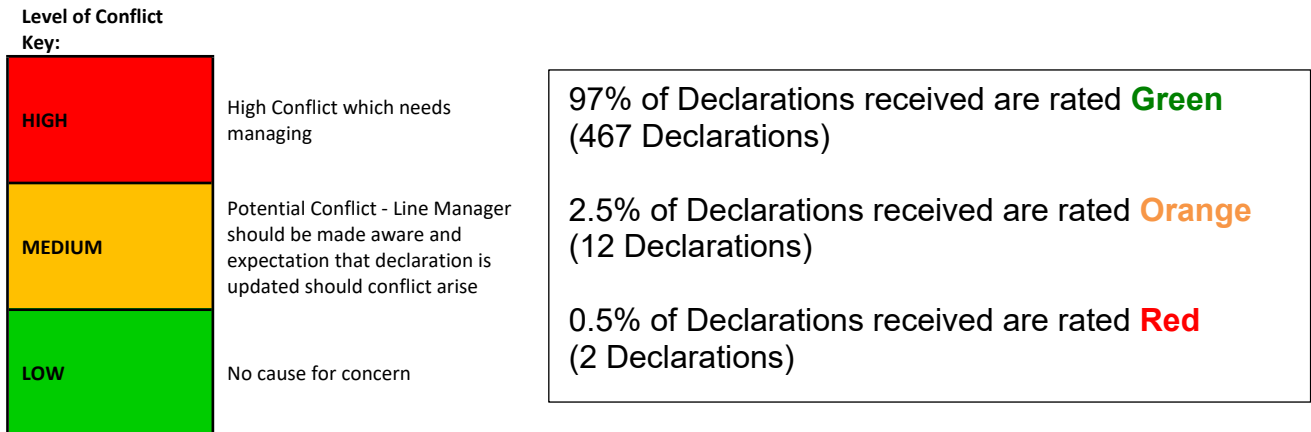
At the November 2022 Committee meeting it was agreed that the Health Board would use ESR as the sole method for the recording of Declarations of Interest, Gifts and Hospitality.

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 5th June 2023 ESR holds the following records:



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

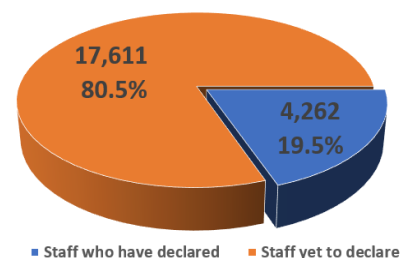


It should be noted that those declarations rated Red and Orange (which all relate to external employment) have declared their interests to line managers and executive leads who monitor and mitigate the risks that the declarations present. In addition to this the Risk and Regulation team continuously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

As of the 5th June 2023 ESR held 21,873 live staff records which includes contracted employees, Locum and Bank Staff members.

Total ESR returns of 4,262 equates to a return rate of 19.5% (up from 13.5% in March 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 17,611 staff members who are yet to declare.

The continuous increase in declarations can largely be attributed to the circulation of Health Board wide emails requesting that declarations are made by all staff via ESR. Following the success of this approach discussions will continue with the Health Board's ESR lead to share targeted communications with the remaining 17,611 recorded staff members who are yet to declare via ESR.



Prior to the next update shared with the Committee a review of the 4,262 declarations made (and any additional declarations) will be undertaken to better understand the staff mix (banding, role etc.) within this group. This data will inform targeted approaches to capture declarations from decision makers

within the Health Board. As a base line, this exercise will initially focus on those staff members employed as a Band 8A or above.

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
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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

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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 Musculoskeletal 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	Financial 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 Cognitive Behavioural Therapy to social and health service staff. I offer some private Eye Movement Desensitization and Reprocessing 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 and 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 for no financial gain, non NHS	01/01/2010	
1	Allen, Mrs. Kathryn Louise (Louise)	Pharmacist	Non-financial professional interest	Hospitality	Invite to Welsh Pharmacy Awards held at Vale Hotel on October 13th 2021 to include dinner and awards ceremony. http://welshpharmacyawards.info/	Invite from Kyron Media- organiser of the annual event. http://welshpharmacyawards.info/ Loyalty interest	13/11/2021	17/11/2021
1	Allen-Ridge, Mr. Callum Charles	Senior Manager	Financial 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	Chiroprapist/Podiatrist	Financial interests	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 remuneration 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	Assiratti, Mrs. Dianne Julie	Officer	Non-financial professional interest	Outside employment	Working one day a week for Barod, who are a service provider commissioned within the CAVDAS Alliance contract. My role is to support the PARIS team in order for them to have more capacity to deliver enhancements to the PARIS system for the addictions services including CAVDAS. This will be a 3 month contract initially with a view to extending 3 months at a time as needed.		01/05/2023	
1	Ateleanu, Dr Bazil	Consultant	Financial interests	Clinical private practice	I undertake outside Private Practice at Spire Hospital, the Vale Clinic Cardiff and St. Joseph's Hospital in 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 a private physiotherapy practice as a self employed practitioner. This involves running private clinics in Cyncoed Consulting Rooms and in iCare Clinics, Ely. Through my private practice, I also 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	Financial interests	Outside employment	Part time employment at Swansea University as a BSc. Healthcare Sciences lecturer		10/08/2015	

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	Attridge, Mr. Stewart William Alexander	Adviser Staff Nurse	Financial 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	Non-professional financial interest	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	Loyalty interests	Husband undertakes private Musculoskeletal Practice for Nuffield Health		01/05/2000	
1	Bales, Mr. Henry Edward Howard	Accountant	Financial interests	Outside employment	On a yearly basis I receive a contract to mark one set of examination papers for GCSE Mathematics with Oxford, Cambridge and RSA Examinations 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	Financial interests	Sponsored events Clinical private practice	I attend and participate in meetings regarding Anti Vascular Endothelial Growth Factor 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	Indirect interests	Loyalty interests	My Wife works for Lloyds Pharmacy as Pharmacist manager in Gorseinon, Swansea.		01/08/2007	
1	Barlow, Miss Rachael Catherine	Researcher	Financial interests	Hospitality	30th May to 2nd June ERAS world congress as a guest speaker. Conference paying for 1 night 30th May accommodation and conference fees waived. Onkohealth (TradeMark) paying for my return flights and 4 nights accommodation. 29th May and 31st, 1 and 2nd June.		03/10/2022	31/10/2023
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 -	Financial interests	Clinical private practice	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 Continuing Professional Development 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	

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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	Bevan, Miss Jemima Ellen Grace (Jamie)	Dietitian	Financial interests	Outside employment	I have accepted a contract with Abbott to provide a presentation at a study day on 14th June around service development. The presentation I have been asked to provide is to share my personal experiences of the challenges/processes involved in setting up a service. The aim is to provide advice for other professionals setting up services in all clinical areas. The target audience is dietitians and other professionals working in nutrition.	The task involves a small number of hours preparing a presentation, and a full days work attending and presenting at the study day in London on 14th June. All of the above will be done in my own time outside working hours and using annual leave. This contract terminates on the last date of work provided or 31st July 2023 (whichever comes first) and will not be renewed.	16/03/2023 01/05/2023	31/07/2023
1	Beyer, Dr Annie Louise	Applied Psychologist - Clinical	Financial 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 Indirect interests	Outside employment Loyalty interests	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 Royal Air Force 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	Medical advisory group for Lymphoma Action charity- unpaid Work with WMUK charity- education/conference doing a talk in August 2023 unpaid Charing pharma evening talk on May 25th 2023- paid Agreed to present a talk for pharm in October 2023 national education - paid	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 Personal Assistant for a child 3 hrs a week.		02/01/2023	
1	Boyd, Dr Jane	Applied Psychologist - Clinical	Indirect interests	Loyalty interests	My son Doctor Thomas Boyd is employed by Cardiff and Vale UHB as a Foundaton Year 1 Doctor 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	Non-financial professional interest	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/Electrocardiograms young people for signs of sudden cardiac death.	21/01/2023	
1	Breton, Mrs. Emma Kate	Occupational Therapist	Finacial interests	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

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	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 at Cardiff Met University - Adhoc work/zero hours contract		03/10/2022	
1	Broome, Miss Rachael	Senior Manager	Indirect Interests	Loyalty Interests	My partner works in the Health Board Primary Care Team		03/11/2020	
1	Brown, Mr. James	Officer	Financial interests	Clinical private practice	I co-ordinate and type letters for the audio vestibular private clinics. I do this outside of my NHS hours and are around 1-2 hours work a week. This does not affect my NHS work load in anyway.		24/04/2023	
1	Bruce, Mrs. Claire	Physiotherapist	Financial interests	Clinical private practice	I undertake private physiotherapy practice in my spare time at Celtic Community Physiotherapy		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	Financial 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	Attendance 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	Financial 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, Dr Peter	Consultant	Non-financial personal interests	Sponsored events	My wife is an Account Manager for Boston Scientific Medical device company in the endoscopy division. I perform EUS and use products sold by her company, although I was not involved in the trial of her products or the clinical decision to stock this equipment. Boston Scientific also sponsor training courses which I plan to attend (as have other colleagues of mine in the past). There is no financial incentive, only support with training. My wife is currently on maternity leave but will be returning to work in July	I have discussed the above with my clinical director - Dr A Gordon.	01/07/2023	01/05/2024
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 (BSPED) 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	Burton, Mrs. Tanya Margaret	Nurse Manager Staff Nurse	Financial interests	Clinical private practice	Private aesthetics	I do privates aesthetics which is ongoing	01/09/2021	31/01/2025
1	Butterworth, Mrs. Claire	Physiotherapist	Financial interests	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 the Associated of Chartered Physiotherapists in Neurology UK 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	Capp, Mrs. Rachel Anne	Occupational Therapist	Financial interests	Clinical private practice	Work x 1 evening a week at SPIRE Cardiff in Hand Therapy in my own independent practice		01/04/2018	
1	Carr, Mr. Thomas Alexander	Occupational Therapist	Financial interests	Clinical private practice	Owner - Mindful Walks in the local community		01/01/2018	

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	Cash, Mrs. Lowri	Speech and Language Therapist	Financial interests	Clinical private practice	taking part in a vlog for Welsh Government proof reading a translation of resource material for Welsh Government training session for Ophthalmology students in Cardiff University	Vlod - 06/03/23 Proof reading - 10 hours from March-April 2023 - 40 hours from April-July 2023 (approx) Training session - 26/06/2023	27/01/2023 06/03/2023	
1	Cawkwell, Mr. Mark John	Officer	Indirect interests	Outside employment	EmpowerthePeople.earth - Self Employment Debttactics.co.uk - Self Employment CymruTrust.Net - Trustee Glamorgannwg.org - Founder	None of these appointments affect my NHS role.	23/11/2020	
1	Cawley, Ms. Gemma Marie	Healthcare Assistant	Non-financial professional interest	Outside employment	Teaching yoga - outside of work hours, usually for no more than 3 hours per week maximum.		26/04/2023	26/04/2024
1	Chakraborty, Dr Arpita	Consultant	Financial interests	Clinical private practice	I undertake private assessments through Clinical Partners and Summerfield Health Care totally outside my working hours. I have started a Limited Company on 27/3/2023 and the name is Arpita Chakraborty Limited and I am the Director of the company.		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 Sponsored events Sponsored research	2 private clinic sessions every months 2 hours from 5-7pm on Monday Attending Rheumatology Congress from Janssen and UCB. Sponsored resrach to Cardiff University by Biocancer, Pfizer, Biogen and Sanofi		15/02/2023	
2	Choy, Professor Ernest Ho	Consultant	Financial interests	Donations Gifts	Consultancy from Abbvie, Amgen, Biogen, Biocon, Chugai Pharma, Eli Lilly, Fresenius Kai, Gilead, Janssen, Merck Serono, Novartis, Pfizer, Regeneron, Roche, RPharm and Sanofi. Lecture fees from Abbvie, Amgen, BMS, Boehringer Ingelheim, Chugai Pharma, Eli Lilly, Fresenius Kai, Galapagos, Gilead, Hospira, MSD, Novartis, Pfizer, Regeneron, Roche, Sanofi-Aventis, and UCB.		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	Financial 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	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.		24/08/2022 27/02/2023	24/08/2022 27/02/2023
2	Cole, Dr Duncan Sean	Consultant	Financial interests	Outside employment	Lamzede clinical expert interview for National Institute for Health and Care Excellence 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.		11/04/2022 07/09/2023	11/04/2022 07/09/2023
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	

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	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 in Simulation & Clinical Skills Health Education and Improvement Wales, from 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	Chiroprapist/Podiatrist	Financial interests	Clinical private practice Loyalty Interests	Private practice at the Feetness Centre Chairman of Wales Branch College of Podiatry	Ongoing	01/10/2006 15/11/2021	
1	Cordery-Bruce, Mrs. Lisa Marianne	Community Nurse	Non-financial personal interests	Loyalty interests	I am a trustee for Pride Cymru and for The Amelia Trust Farm, both are charities.	I have no pay or remuneration for either role and undertake any volunteering in my own time outside of working hours or during my annual leave. I made my managers aware prior to joining both charities.	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	Financial 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 International Association of Providers of AIDS Care. 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 Primary Care & Intermediate Care 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, Miss Rhian	Counsellor	Financial interests	Clinical private practice	I have a private practise as well as working for the NHS.		15/05/2023	
1	Davies, Mr. Huw Owain Bleddyn	Consultant	Financial interests	Clinical private practice	Private Clinical Practice - Nuffield Health		31/05/2022	
1	Davies, Mrs. Rebekah Louise (Becky)	Occupational Therapist	Financial 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	Outside employment	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	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	

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	Davis, Dr Megan (Meg)	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I am an associate member of Forensic Psychology Consultancy Limited. This involves assessment of prisoners and writing reports for the parole board. This is on an ad hoc basis when I choose to take on additional work.		01/01/2021	
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 not affect my NHS work		31/01/2023	
1	Denny, Mr. Nick	Senior Manager	Financial interests Indirect interests	Loyalty interests Outside employment	I currently work as a Registered Nurse for MPS, working in Cwm Taf Health Board My wife works within Cardiff and Vales Health Board as a Specialist Nurse in Neuroendocrine Tumours		01/12/2016 18/05/2023	
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	Doman, Ms. Catherine Louise (Cath Doman)	Senior Manager	Non-financial professional interest	Loyalty interests	Trustee on the Board of Trustees for Llamau.	Voluntary, unpaid position.	22/06/2021	
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	Financial 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 Health Education and Improvement Wales. Text book writing		20/09/2022	20/09/2023
1	Dring, Mr. Simon	Senior Manager	Non-financial professional interest Non-financial personal interests	Outside employment Loyalty interests	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 Health Education and Improvement Wales 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	

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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	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	Enticott, Miss Kelly	Play Specialist	Financial interests	Clinical private practice	I will be speaking about the role of a health play specialist for a private medical company.	I have taken annual leave to attend.	04/04/2023 25/04/2023	25/04/2023
1	Eralil, Mr. George	Consultant	Financial interests	Clinical private practice	Private Practice at Spire Cardiff Hospital and HMT Sancta Maria Hospital in Swansea.		01/04/2022	31/03/2023
1	Erin, Dr Elizabeth	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Work few hours per week in clinical private practice via R&R Consulting Rooms		01/04/2023	31/03/2024
1	Evans, Dr Carol	Consultant Healthcare Scientist	Indirect interests	Sponsored research	Abbott diagnostics have partly funded a quality improvement project to distinguish between type 1 and type 2 diabetics. This is for 1 c peptide kit 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 Higher Level Teaching Assistant 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 Charitable Incorporated Organisation 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	Financial 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

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	Foley, Miss Louise Sarah	Healthcare Assistant	Financial interests	Outside employment	Self-employed tennis coach and Mackintosh LTC and David Lloyd Cardiff	When my employment at UHW stated in November I was working approximately 10hrs/week as a self employed tennis coach. This reduced to 3hrs/week in Jan 2023 and was reduced to ad-hoc only from April 2023.	02/05/2021	
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 NHS Wales Shared Services Partnership 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	Financial interests	Outside employment	Health Education and Improvement Wales role as Director of Quality Management (NHS) General Medical Council: Enhanced Monitoring Associate (variable requirements, ad hoc payment)		10/03/2022	
1	Galvin, Mr. Peter (Pete)	Clerical Worker Telephonist	Financial 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	George, Ms. Susan Tania (Sues)	Counsellor	Indirect interests	Clinical private practice	I have my own private counselling practice, called Grace Counselling	I work in my own counselling private practice outside of my NHS role. My manager is aware and this has never caused a conflict of interest or impacted upon my NHS role.	24/04/2023	24/04/2024
1	Gidman, Mrs. Rachel Louise	Board Level Director	Indirect interests	Loyalty interests	Husband works as a Directorate Manager in Cardio-thoracic for the UHB		02/03/2023	

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	Giovannone King, Ms. Donna	Counsellor	Financial 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	Financial 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	Owner of a Limited Company - "Graymatrs", 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 South West Academic Health Science Network - 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 community assets to improve wellbeing of citizens. Previously a member of Maggie's 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		
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	Financial interests	Outside employment	Chair, Data Monitoring Committee, Emmes Corp		17/11/2021	15/03/2022

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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)	
3	Griffiths, Mr. Anthony Neil	Consultant	Financial interests	Clinical private practice	Medical advisory committee Spire Healthcare		29/01/2023		
				Shareholdings and other ownership interests	Pharmaceutical family members shareholdings				
				Loyalty interests	Evening dinners Spire Healthcare				
				Indirect interests	Director of company that provides medical admin services to doctors, NHS				
				Non-financial personal interests	Charity work United Grand Lodge of England, Albert Edward Prince of Wales Court Porthcawl, Rowan tree cancer charity				
				Sponsored events	Director of company providing surgical insourcing for NHS				
				Sponsored research	Chief Investigator and Principal Investigator of CF113 clinical trial. Offered international travel to attend research meetings				
2	Griffiths, Mr. Anthony Neil	Consultant	Financial interests	Hospitality	Royal College of Obstetricians and Gynaecologists dinners and accommodation for serving on RCOG committees		29/01/2023		
1	Griffiths, Mrs. Helen Samantha	Occupational Therapist Officer	Financial interests	Outside employment	Outside employment through agency (Stokes Case Management) - private OT, case management. Expert witness work through Somek & Associates. The above are ongoing although end dated at the end of 2023.		02/01/2023	30/12/2023	
1	Groves, Dr Peter Howard	Consultant	Financial interests	Clinical private practice	I see private patients at Spire Hospital, Cardiff.		07/03/2011	22/03/2022	
				Indirect interests	Loyalty interests				My private income resides with Groves Cardiology Services Ltd of which I am a Director but not a shareholder.
				Outside employment	My wife, Dr Helen Groves is Director and Shareholder of Groves Cardiology Services Ltd				
1	Groves, Mr. Tristan Peter	Pharmacist	Financial interests	Sponsored events	I have received Honorarium from Bayer Public Limited Company 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	Financial interests	Shareholdings and other ownership interests	Member of a LLP with the ability to carry out ophthalmic work outside the NHS. Cardiff Eye Surgeons LLP	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	Indirect 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	Indirect interests	Loyalty 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.	Ongoing	07/03/2022		
				Indirect interests	Loyalty interests				My husband is a volunteer Board Member of Wales Council for Voluntary Action.
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	Harrison, Mrs. Monica Grace	Staff Nurse	Financial interests	Gifts	Earrings received from parents of twin patients in my care	Estimated value £20	15/05/2023	15/05/2023	
1	Hart, Mrs. Julie Anne	Nursery Nurse	Financial interests	Outside employment	7hrs per week working for Breastfeeding Network		01/05/2023		

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	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 Electronic Staff Record.		08/01/2022	
1	Hartley-Smith, Ms. Victoria Elizabeth	Clerical Worker Officer Telephonist	Financial interests	Outside employment	Additional Contracted Job in Cardiff and Vale Health Board CAV 24/7		03/05/2022 13/03/2023	13/03/2023
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 a Director of JMH Collaborations LTD, trading as Jamie Hayes Executive Coaching. A coaching, leadership and performance agency providing services to public, private and third sector organisations across the UK. I am an honorary senior lecturer at Cardiff University, School of Pharmacy and Pharmaceutical Sciences I am co-founder and co-host of the Aural Apothecary Podcast - a medicines and healthcare podcast. I am Director of JMH Collaborations LTD - an executive coaching and leadership consultancy that provides coaching and leadership services to organisations in the private and public sector I run and own a coaching, leadership and performance consultancy. Delivering coaching and workshops to clients in industries such as legal, healthcare, finance, academia, media, education and others. I am a co-founder and co-host of a medicines and healthcare podcast - The Aural Apothecary Podcast is downloaded across the globe.		22/05/2023	31/03/2024
1	Hayhurst, Miss Caroline Susan	Consultant	Financial interests	Sponsored posts	MSc Neurosurgery program leader for University of Buckingham, on behalf of Learn Ltd (an online education company). I receive payment on an ad hoc basis from Learn Ltd for development and marking of the international MSc course.		01/09/2021	31/08/2022
					I receive ad hoc payment for tutoring services for the University of Buckingham for the Neurosurgery MSc		13/02/2023	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 Annual General Meeting 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 British Association for Parenteral and Enteral Nutrition annual Meeting. Sponsorship from Falk to attend the London Upper Gastrointestinal 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	Hillberg, Miss Charis	Staff Nurse	Financial interests	Sponsored events	I have been asked by Kite Gilead to present a power point virtually to GUYS Hospital. This is a funded presentation that includes speaker's fees.	This presentation will only be from 13:00 - 14:00hrs.	04/04/2023	04/04/2023

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	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	Hilton, Ms. Zoe Victoria	Senior Manager Staff Nurse	Financial interests	Hospitality	Attending a work conference. as guest speaker in Carlisle	Asked to talk my Camerados at a conference hosted by AHSN at the Carlisle Racecourse. Being paid £480 from Camerados for attending on their behalf They will also cover my accommodation in the IBIS hotel, taxi's to and from station and food (under £20per day) for the 2 days	17/01/2022	16/05/2023
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 Outside employment Loyalty interests	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	Hodkinson, Mr. Christopher William	Radiographer - Diagnostic	Financial interests	Clinical private practice	Private obstetric clinic list x1 per week		07/03/2023	02/03/2024
1	Hogan, Ms. Cora Mary	Physiotherapist	Financial 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	Holder, Dr Kerry-Ann	Applied Psychologist - Clinical	Financial interests	Hospitality	Invited to a Psychology in Gene Therapy Roundtable project with psychologists working in Haemophilia from across the UK. This will involve an overnight stay in hotel in Birmingham on Friday 13th January, an all day roundtable discussion from 9 - 5pm on Saturday 15th January. Meals and expenses paid.		13/01/2023	14/01/2023
1	Hope-Gill, Professor Benjamin David (Ben)	Consultant	Financial interests Indirect interests	Outside employment Sponsored events	I undertook an educational talk for a pharmaceutical company Boehringer Ingelheim on 8th September 2020. The talk and preparation were conducted outside working hours. I received payment for performing this work. I undertook an educational talk to the Scottish Interstitial Lung Disease 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 professional interest 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, and 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

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	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, substantive post	04/03/2022	
1	Hunt, Dr Jeannine Anne (Jenny)	Applied Psychologist - Clinical	Non-financial professional interest Indirect 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	Financial interests	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	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, Dr John Robert	Consultant	Financial interests	Loyalty interests	Consultant and/or advisory board member for Novartis, UCB, ChemoCentryx, Boehringer Ingelheim, Viela Bio, Insmmed, Citryll and Kymera Therapeutics in the field of hidradenitis suppurativa	Honoraria.	01/01/2019	
1	Ingram, Dr Wendy	Consultant	Financial interests	Sponsored events	Novartis advisory board meeting Swedish Orphan Biovitrum advisory board meeting Takeda sponsored attendance at virtual conference - American Society Haematology Annual Conference Takeda sponsored educational event - invited speaker Takeda sponsored my attendance at the MDS international Congress - Virtual Travel and Registration at international conference Virtual congress registration access to EHA congress		23/04/2023	26/04/2023
1	Ivins-Doonan, Miss Hannah	Officer	Financial interests	Clinical private practice			25/04/2023	25/04/2023
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

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	Jenney, Professor Meriel Evelyn Mary	Medical Director	I have no interests to declare Non-financial professional interest	Outside employment	Appointed as Honorary Patron of LATCH on 17 April 2023 Appointed as Honorary Patron of LATCH.	LATCH is a Welsh Childrens Cancer Charity LATCH is a Welsh Childrens cancer charity.	03/01/2023 17/04/2023 21/04/2023	
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 personal 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	Outside employment	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	Non-financial professional interest	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 Sponsored events	I undertake some consulting work on behalf of industry. This may involve consulting on product development of novel therapies or presenting at conferences. I'm generally paid an honorarium for my time along with travel expenses.		01/12/2021	
1	Jones, Dr Sharon Mary	Consultant	Financial interests	Clinical private practice Sponsored events	One evening private practice clinic- 2 to 4 clinics per month at Spire Cardiff Sponsored study leave at Eular meeting in 2022 by ucb	Continuing I try to ensure it does not in any way conflict with nhs work I cancelled the clinics when too busy in nhs Cpd very useful	10/03/2022 01/06/2022	06/04/2022
1	Jones, Dr Sharon Mary	Consultant	Non-financial professional interest	Hospitality	Meal out in evening at BSR 24th April witw UCB pharmaceutical company fof Welsh attendees of BSR	During cpd funded by study leave plus some self funding	23/04/2023 12:25	
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	
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

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	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	Clinical private practice	Work at Spire Cardiff as a Consultant Nephrologist holding fortnightly clinics Provide occasional medicolegal reports	Ongoing	01/11/2017 03/06/2018	
1	Kamath, Dr Sridhar	Consultant	Financial interests	Outside employment	Resource Editor for Nephrology SCE for Learna LTD		18/03/2022	
1	Kell, Dr William Jonathan (Jonathan)	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.		03/03/2022	03/03/2022
1	Kennedy, Mrs. Louise Catherine (Lou)	Physiotherapist	Non-financial personal interests	Shareholdings and other ownership interests	Occasional paid work as clinical expert for select pharmaceutical companies, or for NICE. Less than £5k income pa.	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.		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	Indirect 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	Komarzynska, Dr Kinga	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I am providing EMDR supervision sessions and I am seeing a couple of private clients for therapy.		20/03/2023	01/02/2024
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	Korat, Miss Punam Hitesh	Specialist Healthcare Science Practitioner	Indirect interests	Outside employment	Locum work		27/01/2023	

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	Kuczynska, Dr Anna-Maria	Consultant	Non-financial professional interest	Outside employment	Salaried GP in a Cardiff and Vale GMS practice	ongoing	01/01/2022	
1	Kumwena, Miss Clarisse	Staff Nurse	Financial interests	Outside employment	Agency work	This does not interfered with my employment with the trust	27/01/2023	
1	Lang, Mrs. Emma Jane	Community Practitioner Staff Nurse	Financial 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	Lawson, Dr Thomas Muir	Consultant	Indirect interests	Outside employment	employed 4 days week by Health Education and Improvement Wales		01/07/2019	
1	Le Vavasaur Ditt Durell, Dr Lynda Jane	Applied Psychologist - Clinical	Non-financial professional interest	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. Work conducted in own time.	2 hour session on 4/10/21 and 2 hour session on 5/10/21	04/10/2021	05/10/2021
1	Lemaitre, Mr. Sherard	Clinical Director - Medical	Financial interests	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	Financial interests	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	Loyalty 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.	3 year tenure	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	Financial interests	Clinical private practice	I currently have a small private practice at R&R Consulting 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	Financial interests	Outside employment	Occasional Nursing agency work		10/01/2022	
1	Lloyd-Lewis, Miss Laura Jane Elizabeth	Officer	Financial interests	Outside employment	Support of school governing bodies.	Work undertaken during own time.	03/06/2019	
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	Financial interests	Outside employment	Sit as Magistrate on Cardiff Bench		27/04/2017	
1	Long, Mrs. Helen Jane	Dietitian	Financial interests	Sponsored events	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	Financial 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	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.		31/01/2023	

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	Loyal, Dr Alice Susannah	Applied Psychologist - Clinical	Financial 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 (Seirian Ltd)		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 (GMD Psychology, R&R Consulting)	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	Medica Teleradiology Speciality Advisor in Thoracic Radiology Spire Hospital Cardiff Reporting Radiologist Director in Cardiothoracic Imaging Ltd		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	Financial 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. Freelance dietetic work: Ad hoc client work and eating disorders training (Knights absorb)	I do not see 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	Melichar, Dr Jan Krzysztof	Consultant	Financial interests	Clinical private practice Shareholdings and other ownership interests	I have been in self-employed private practice, primarily at the Spire Hospital in Bristol, for over a decade. Presently I am no longer seeing new patients and am running the service down. I hold founder shares in Ranvier Health Ltd, a company founded to commercialise my and my co-founder's research around a same day non-invasive test which could determine whether a given anti-depressant would be effective .	We founded the company in 2014, attracted £1/2M of seed funding in 2016 and, due to numerous issues, we both resigned as directors shortly thereafter. Little verifiable progress has been made since then, with the company now effectively being wound down, according to the most recent Companies House filings.	10/05/2023	
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 via R&R Consulting Rooms	No conflict of interest anticipated	23/02/2022	
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

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	Mock, Mr. Andrew James	Assistant	Non-financial professional interest	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	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.	17/03/2022	17/03/2022
1	Morgan, Dr Matthew Philip	Consultant	Financial interests Indirect interests Non-financial professional interest	Donations Hospitality Outside employment Sponsored events	Clinical Editor for BMJ - I do work for the education website BMJ Director of Matt PG Morgan Limited: - This for the non-fiction 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 immunosuppression in critical illness. - I am talking at Hugh James Trauma study day. They are a legal firm that represent patients with traumatic brain injuries. Teaching on the use of surface cooling after cardiac arrest by BD. "- A number of online surveys 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		03/03/2022	
1	Morgan, Dr Matthew Philip	Consultant	Indirect interests Non-financial professional interest	Donations Hospitality	I have donated £5000 to the 2 Wish Upon a Star charity and £200 to the C&V Health Charity. I was invite to watch a sporting match by a legal firm that founded a Brain Injury Charity. This included food and hospitality.		03/03/2022 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, Miss Sian Heulwen	Staff Nurse	Financial interests	Clinical private practice	Aesthetics company		06/04/2022	
1	Morgan, Mr. Clive Paul	Senior Manager	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	Financial interests	Outside employment	4 sessions per week working as programme director for neonatal MSc with Cardiff University.	Working role for 2 years. Cardiff university increased my sessions without expectation of increased workload to reflect my productivity. All university work is completed at evenings or weekends or on days with no NHS responsibilities.	01/06/2020	

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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	Morris, Mr. Daniel Simeon	Consultant	Indirect interests	Clinical private practice Outside employment Shareholdings and other ownership interests Sponsored research	Nuffield/Spire and Ltd Company (Ltd companies - Lujelo Ltd and Dan Morris Ltd) Member of Nuffield national advisory group with payment at an hourly rate Spire Horizon. Tepro study		03/01/2023	01/03/2024
1	Morris, Mr. Daniel Simeon	Consultant	Indirect interests	Hospitality	WRU in exchange for clinical time		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	Mullaney, Dr Peter John	Consultant	Financial interests	Clinical private practice	Perform private practice relevant to my specialist interests at Spire Cardiff Hospital and the Vale clinic Cardiff bay.		21/04/2023	21/04/2024
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	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	05/01/2023	
1	Nambiar, Dr Kate Zoe	Consultant	Non-financial professional interest	Outside employment	Employed as medical director of Terrence Higgins Trust - registered charity number: 288527. Part time employment - 1 day per week.		02/10/2022	
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	Necrews-Morgan, Mr. Michael James (James)	Staff Nurse	Financial interests	Outside employment	I work as an agency nurse alongside my employment with Cardiff and Vale UHB		01/03/2023	
1	Negi, Dr Anurag	Consultant	Non-financial professional interest	Clinical private practice	one sessions per week at Spire Cardiff hospital. this is done outside of NHS contracted hours	on going	01/02/2023	
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	Newman, Mr. Harry	Clerical Worker	Financial interests	Outside employment	bank work in GP Out of Hours		25/04/2023	
1	Nicholas, Miss Emily Rhian	Staff Nurse	Financial interests	Gifts	Earrings received from parents of twin patients in my care	Estimated value £20	15/05/2023	15/05/2023
1	Nicholls, Miss Ashleigh Rachel	Staff Nurse	Financial interests	Clinical private practice	Agency work		26/04/2023	
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	

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	Ohonba, Dr Isaac Osemwegie	Consultant Specialty Doctor	Financial interests	Clinical private practice	Paid a professional fee of £200 for the completion of a COP3 (Capacity Assessment Document)	Cheque payment of above fee was for the completion of a COP 3 on behalf of a patient under the care of the Vale MHSOP Consultants and at their request.	21/09/2022 04/01/2023 27/01/2023 24/04/2023	
1	O'Leary, Dr Catherine Joanne	Applied Psychologist - Clinical Home Help	Financial interests	Clinical private practice	I work part-time in private clinical practice via Hammet Street Ltd. 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	Non-financial personal interests	Outside employment	I provide voluntary first aid cover for Ty Celyn U9 football team		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	Private practice 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	Non-financial professional interest	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 days per 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 practisc, this would be less than 10 hours per week Voluntary		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

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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	Peaker, Mr. James Alec	Consultant Healthcare Scientist	Indirect interests	Sponsored research	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.		28/02/2022	28/03/2022
			Non-financial professional interest	Donations	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.		23/07/2022	30/01/2023
1	Peaker, Mr. James Alec	Consultant Healthcare Scientist	Non-financial professional interest	Donations	Involvement in a quality in pathology external assurance program reported by a donation from MSD, for the assessment of PDL1 expression in oesophagogastrrectomy tumoural samples. This is a external quality assurance program run by the German company QuIP (https://www.qualityinpathology.com/en_GB/)		23/06/2022	20/07/2022
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	Pearse, Mr. Kevin	Staff Nurse	Non-financial personal interests	Sponsored events	I work as a volunteer for Cruse Bereavement Charity, I support clients who have experienced bereavement and support them via telephone and Zoom online platform. I receive no expenses for providing this service.	I attend free online courses provided by Cruse and occasionally make a donation to Cruse for attending. I receive free monthly supervision provided by Cruse. We also as volunteers have the opportunity to attend conferences, but as of yet I have no interest in attending. Cruse allows me as a volunteer to have access to their online library and resources	12/06/2021	
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	Financial 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		23/09/2021	
2	Pickersgill, Dr Trevor Paul	Consultant	Financial interests	Clinical private practice	I perform Private medical Practice based in Cardiff (Sole Trader)		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 occasional 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	Financial interests	Outside employment	Working occasional weekends at Llandow Circuit as a Safety Marshal		18/02/2023	

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	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	Financial interests	Outside employment	Occasionally work in a pub		21/11/2022	
1	Pothecary, Mrs. Steffanie Laura	Manager	Financial interests	Outside employment	Oncology course administration		10/02/2023	10/02/2024
1	Powell, Mrs. Julie Anne	Staff Nurse	Non-financial personal interests	Loyalty interests	My husband is employed within my department. I do not consider it to cause a conflict of interest but was unsure if required to declare it.		13/05/2023	
1	Preet-Ryatt, Mr. Ridaypal	Pharmacist	Indirect interests	Outside employment	working as a self-employed community pharmacist in Wales.	Working as a locum for Dowlais Ltd, the director and superintendent is the current chair of Community Pharmacy Wales.	01/02/2023	01/01/2024
1	Price, Miss Laura Elizabeth	Assistant Psychologist	Financial interests	Outside employment	Second employment with Nobilis Care. Zero hour contract.		27/01/2023	
1	Price, Miss Mannon Fflur	Staff Nurse	Financial interests	Gifts	Relatives of an inpatient gifted a Deliveroo voucher of £60 to the Ward Manager to use for the team.		27/04/2023	28/04/2023
1	Price, Miss Marie Ellena	Dietitian	Financial interests	Outside employment	Ad hoc work with HCPC. The Health and Care profession Council		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. Approx. 2 hours per week.		26/04/2023	
1	Pruski, Dr Michal	Specialist Healthcare Scientist	Non-financial professional interest	Outside employment	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	Financial interests	Outside employment	Clinical lead for congenital hypothyroidism . Paid 6 sessions / per year by public health wales Kyowa Kirin paid conference fees for ICCBH bone conference Ireland July 22 NovoNordisk paid for course fees/ flight and hotel for European Society Paediatric Endocrinology (ESPE) sep 22 Kyowa Kirin due to pay for flights and accomodation for myself and paediatric metabolic bone to attend conference on XLH (X linked hypophosphataemic ricketts) in Rotterdam 29/30 june 2023		22/06/2021	
1	Quinn, Dr Clare Anne	Applied Psychologist - Clinical	Financial 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 (Cardiff and Vale and Cwm Taf health boards)	01/09/2021	
1	Ramaraj, Dr Rajeswari	Consultant	Financial interests	Clinical private practice	Registered to work for a private endoscopy company - Endoprime Limited Registered to work for private virtual consulting company 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	Financial interests	Sponsored events	Sponsorship to attend virtual ISTH congress 2022		01/03/2020	13/07/2022
1	Rees, Dr Dafydd Aled (Aled)	Consultant	Financial interests	Shareholdings and other ownership interests	ISTH sponsorship 2021 -Roche (online attendance) Treasurer UKHCDO, Board of Directors UKHCDO Ltd - shareholding £1		09/07/2022	30/01/2023
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

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	Rees, Miss Leah Marie	Dietitian	Financial interests	Outside employment	I am currently undertaking locum work for the Tier 2 Eating Disorder Service in CTM UHB. This is on a Friday only from 8:30-2:30pm (6 hours) This started on Friday 27th January 2023 and will be finishing on Friday 19th May 2023.		27/01/2023	19/05/2023
1	Rees, Mrs. Suzanne Marie	Nurse Manager	Financial interests	Outside employment	I hold a contract with Health Inspectorate Wales for secondary employment as peer reviewer	This is an adhoc paid additional contract with occasional work being undertaken outside of my current role several days per year	11/03/2022	
1	Regan, Mr. Paul Vincent	Staff Nurse	Financial interests	Outside employment	I registered a not for profit, social enterprise, limited by Guarentee business Stand Tall Strength and Wellbeing ltd We are not currently trading. However, 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 conflicts of interests will be declared. Myself or colleagues in the Primary Mental Health Service will not signpost or direct potential clients to Stand Tall.		11/10/2022	
1	Richards, Mr. Dominic Ian Derek	Radiographer - Diagnostic	Financial interests	Outside employment	I occasionally work at the leisure centre based on site at the University Hospital of Wales.		20/09/2018	27/01/2023
1	Richmond, Mrs. Andrea Joanne (Andrea)	Speech and Language Therapist	Financial 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	Loyalty interests	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 for Healthcare Inspectorate Wales	£250 per day, plus travel and subsistence expenses - 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	Financial interests	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	Indirect interests	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	Robinson, Dr Kristina	Consultant	Financial interests	Outside employment	Ad Hoc Locum Work for AB UHB		01/11/2022	
1	Roblin, Mr. David Graham (Graham)	Consultant	Financial 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, Mr. Paul John (Paul)	Counsellor	Financial interests	Gifts	I was given a gift by a client of mine of a voucher for M+S for £15. They were a member of staff who came for counselling as part of the employee wellbeing service. It was part of a thank you card to me.		19/04/2023	
1	Rogers, Mrs. Sheelagh Anne	Consultant	Financial interests	Clinical private practice	Specialist Practitioner. Cathedral orthodontics Cardiff Mostly Primary Care NHS contract. 1 day a week		01/01/2006	17/03/2022
1	Rowlatt, Mr. Thomas Joseph	Physiotherapist	Financial interests	Clinical private practice	Penarth Physiotherapy Practice Thursday Mornings MSK adult physio	No other conflicts of interest	25/04/2023	28/06/2024
1	Ruck, Miss Susan Ann	Technician	Non-financial professional interest	Sponsored events	Welsh Pharmacy Awards 2022 - Etypharm Management of Substance Dependency in the Community		07/09/2022	07/09/2022

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	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	Financial interests	Outside employment	I have a second job with the Royal College of Nursing	ongoing	26/02/2018	
1	Scherf, Dr Caroline Franziska	Consultant	Non-financial professional interest	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	Financial interests	Outside employment	I work as a mobile trainer for Bayer pharmaceuticals outside my NHS contracted hours. I also hold clinical updates online. 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	Clinical private practice	I have practicing privileges at SPIRE Cardiff Hospitals and carry out private work there.		31/01/2023	
1	Schwarz, Dr Stefan Theodor	Consultant	Non-financial professional interest	Sponsored posts	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.		18/01/2023	
1	Schwarz, Dr Stefan Theodor	Consultant	Non-financial professional interest	Loyalty interests	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.		31/01/2023	
1	Schwarz, Dr Stefan Theodor	Consultant	Non-financial professional interest	Outside employment	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	
1	Scrivens, Miss Alison Jeanette	Counsellor	Financial interests	Clinical private practice	Private practise counsellor outside of NHS (Sole Trader)	On going private practice counsellor	04/04/2004	
1	Searle, Mr. Mathew (Mathew Price)	Senior Manager	Non-financial professional interest	Gifts	Donation of equipment from Irwin Mitchell Solicitors - total cost for the items £4296 - equipment such as furniture, technology and accessories such as kitchen appliances, garden games etc. Full list of donations supplied to Aaron Fowler - HEAD OF RISK AND REGULATION	Equipment for the independent living unit at UHL, Specialist Rehabilitation	12/02/2022	12/03/2022
1	Sekaran, Mr. Prabhu	Consultant	Financial 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	Financial 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	Indirect interests	Loyalty interests	Husband works for private physiotherapy practice, Go Physiotherapy, in Cowbridge Health Centre		07/03/2022	06/03/2023

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	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	Financial interests	Hospitality	I have received lecture fees from Bayer PLC for delivering educational lectures 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	Slade, Mr. Colin John	Clerical Worker	Non-financial professional interest	Outside employment	Tesco 4 hours on a Sunday Morning, wages and Admin	still at Tesco	31/08/2021	
1	Small, Mrs. Lisa Edwina	Occupational Therapist	Financial interests	Clinical private practice	I work privately on a Thursday evening, seeing patients that are operated on privately by the surgeons.		02/01/2023	
1				Outside employment	Additionally, I work as an expert witness for the court. I consult for a company called somek and associates.			
1	Smit, Dr Elisa	Consultant	Financial interests	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 University College of London 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.		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 average less than one hour per week		23/01/2023	
1	Sudheer, Dr Potteth Sukumar	Consultant	Financial interests	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	Swan, Miss Emma	Speech and Language Therapist	Non-financial personal interests	Loyalty interests	I volunteer as a Team Leader for a charity called Local Welcome. I co-ordinate a group of volunteers in Cardiff to provide fortnightly meals for refugees at the Oasis Centre supported and overseen by Local Welcome. https://www.localwelcome.org/	There is no financial gain.	01/06/2022	
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	Tapper, Mrs. Susan Lesley (Sue)	Officer Receptionist	Financial interests	Outside employment	another role within Cardiff and Vale UHB		24/04/2023	
1	Tarren, Ms. Holly	Officer	Non-financial personal interests	Loyalty interests	I am a school governor for Lansdowne Primary School. My term of office is from 31 March 2023 to 30 March 2027.		31/03/2023	31/03/2027
1	Taverner, Dr Nicola Vivienne	Counsellor	Financial interests	Outside employment	Employed at Cardiff University as part of the MSc Genetic and Genomic Counselling programme team		01/01/2014	
1			Non-financial professional interest	Loyalty interests	Trustee for Gene People UK charity		21/03/2022	
1	Thia, Dr Lena Priscilla	Consultant	Non-financial professional interest	Sponsored events	CF workshops free attendance online		01/04/2022	30/04/2023
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	

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	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	Financial interests	Outside employment	Owner of Commercial Management consultancy business (operating outside Healthcare). 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 at West Coast Dental Care, Swansea	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.	The additional work I conduct as self employed has no impact on the care I provide as a midwife within the NHS. There is no conflict of interest.	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.	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-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, Mrs. Dilan	Dietitian	Non-financial professional interest	Sponsored events	I attended Vitaflo 14th Annual Metabolic Dietitians Meeting which was sponsored by Vitaflo which includes transport, food and one day accommodation. I attended BIMDG Workshop: "Experiences using Sapropterin in PKU" in Liverpool which was sponsored by Teva. The transport was funded by All Wales Adult IMD services.		24/11/2022 27/03/2023 25/04/2023	25/11/2022 27/03/2023
1	Thompson, Professor Andrew Robert	Applied Psychologist - Clinical	Financial interests	Clinical private practice	Occasional clinical psychology private practice (registered with HMRC as a sole trader) - medico-legal reports, invited talks/workshops/teaching/external examining, very occasional psychological therapy		02/10/2020	
2	Tibbatts, Dr Clare	Consultant	Financial interests	Clinical private practice Donations	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
1	Tong, Dr Hung Man Joanna	Healthcare Science Practitioner	Non-financial professional interest	Outside employment Patents	I hold the position of honorary senior research fellow in department of Anatomical and Cellular Pathology, the Chinese University of Hong Kong. MVP score: A low pass whole genome sequencing-based test in differentiation between multiple primary lung cancers and intrapulmonary metastases. (Ref 32022054341.9, Patents Registry, Intellectual Property Department, Hong Kong SAR)	This is an honorary position. The role is to give advice on research projects and data interpretation. I receive no payment for this role.	01/07/2021 20/05/2022	30/06/2023
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	Loyalty interests	My partner 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

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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	Twist, Dr Jos	Applied Psychologist - Clinical	Financial interests	Clinical private practice	I work privately as a clinical psychologist in addition to my NHS job	I started working privately in February 2019 and intend to continue to do this. I do not have a fixed date when I intend to stop my private work, thus I have picked an 'end date' several years into the future	11/02/2019	31/12/2030
1	Twose, Mrs. Sarah Elizabeth	Physiotherapist	Financial interests	Outside employment Sponsored events	Presentation for kyowa kirin, paid an honourarium Kyowa Kirin has funded attendance at XLH international meeting and travel and accommodation to attend		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	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 a Trustee of Immanuel Mar Thoma Church, Cardiff. I am not paid for this role. I am one of the Directors of a private limited company - Apps4Medics Limited. I am not paid for this role.		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). Lectures conducted in own time		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	Vile, Miss Rebecca Catherine	Assistant Psychologist	Indirect interests	Outside employment	I am looking to take on a second employment with an outside employer, Dyfodol (G4S) a substance misuse service in the Criminal Justice System. Work would involve working weekends across the South Wales Police Area in their custody suites (covering Cardiff, Bridgend, Merthyr and Swansea).		24/04/2023	
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	Indirect interests Financial interests	Loyalty interests Outside employment	My husband is a GP and works in a practice in Cardiff. I work for a GP practice in Cwm Taf 2 days per week. the practice is Pont Newydd Medical Centre Porth.		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. Principle Investigator 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	Non-financial personal interests	Outside employment	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	

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	West, Ms. Catherine	Technician	Financial interests	Outside employment	Self employed Pilates class instructor. Working in hotel gyms and community classes.		25/04/2023	25/04/2023
1	Westacott, Mrs. Claire Louise	Health Care Support Worker	Financial 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.	Approx. 1 hour per week, 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. I have monthly supervision for this position, provided by Cruse.	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 Shareholdings and other ownership interests	Consultant Radiologist with 4Ways. Director of White Imaging Services Ltd. Paid dividends.		05/05/2022	
1	White, Miss Jordan	Staff Nurse	Non-financial professional interest	Clinical private practice	Agency work providing medical cover/first aid at events Employed by SEMS medical on an Ad-Hoc basis		27/04/2023	
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	Financial interests	Outside employment	Expert witness Emergency Medicine	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	Financial 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	Financial 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	Outside Employment	I have a temporary contract as an external examiner for doctoral clinical psychology 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	Williams, Ms. Nicola Jayne	Specialist Nurse Practitioner Staff Nurse	Financial interests	Outside employment	I have a second role as a primary care nurse one day a week at Llan healthcare surgery Cardiff. I work every Thursday - 8hours.	As above. This employment is ongoing.	05/06/2022	
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	Indirect 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	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. In addition, I work ad-hoc shifts at Hywel Dda Health Board		28/09/2022	28/09/2030
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

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	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	
1	Yarr, Miss Venetia	Nurse Manager Staff Nurse	Financial interests	Donations Sponsored events	Cardiff University are kindly sponsoring our awards ceremony for international nurses, midwives, OPD day on the 11/5/23. They are sponsoring awards for practice staff and students for £500. This money will be spent on having individual awards made and engraved. HEIW is kindly sponsoring our international nurses day awards ceremony on the 11/5/23 for £100. This money is being used to purchase awards for the winners. open university Cymru is kindly donating £300 for our international nurses day ceremony that we are holding on the 11/5/23. This money is being used to purchase awards for the winners.		02/05/2023	11/05/2023
2	Yousef, Dr Zaheer Raza	Consultant	Financial interests Non-financial professional interest	Clinical private practice Outside employment Shareholdings and other ownership interests 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 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	31/12/2025
2	Yousef, Dr Zaheer Raza	Consultant	Non-financial professional interest	Donations	Charity Trustee: British Society of Heart Failure, Heart Research Wales, Africa Empowered		01/01/2019	31/12/2025
1	Zaidi, Dr Syed Tatheer Abbas (Abbas)	Consultant	Financial interests	Clinical private practice	Spire Hospital Cardiff.	Private cardiology practice. This is ongoing	20/09/2022	20/09/2024

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Report Title:	Internal Audit Recommendation Tracker Report			Agenda Item no.	7.5
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	04.07.2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	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 totals 142.

102 recommendations, reported as either Partially Complete or as No Action having been taken were recorded in the Tracker at the April 2023 Committee meeting.

19 of these recommendations have been removed from the Tracker due to being superseded by Subsequent Internal Audit Reviews. The Audit Reports to which these recommendations are linked, and the number of recommendations that have been removed can be summarised as follows:

- The Management of Health Board Policies and Procedures (3)
- Clinical Audit (6)
- Nurse Bank Temporary Staffing (4)
- Ultrasound Governance CD&T (1)
- IT Service Management ITIL (3); and
- Network and Information Systems (2)

Following removal of these recommendations a total of 83 outstanding recommendations were carried forward from the April 2023 Committee meeting.

Subsequent to an Internal Audit Validation exercise, the detail of which is shared at Appendix B of agenda item 7.1 for this Committee meeting, three recommendations previously reported as complete have been re-added to the Tracker. These relate to the Audit Reports; Medical Equipment (Recommendations 5 and 6) and Welsh Language (Recommendation 6).

A further 56 entries have also been added to the Tracker since the April 2023 Committee Meeting following completion of the following Internal Audit reports:

- 1) IPFR Final Internal Audit Report
- 2) Clinical Audit Follow up Final Report
- 3) Nurse Bank Follow Up Final Report
- 4) Charitable Funds Final Report
- 5) Community Patient Appliances Final Internal Audit Report
- 6) Data Warehouse Final Internal Audit Report
- 7) Inclusion and Equality Final Internal Audit Report
- 8) Risk Management-Final Internal Audit Report
- 9) Management of Health Board Policies Final Internal Audit Report
- 10) Decarbonisation Report
- 11) Financial Reporting and Savings Targets Final Internal Audit Report

Of the 142 recommendations listed within the Tracker, 30 are recorded as completed, 74 are listed as partially complete and 38 are listed as having no action taken or reported since the last Committee meeting.

Of those actions where no action is reported, 19 relate to audit recommendations first shared at the April 2023 Committee meeting, 10 of which, at the time of reporting (22.06.2023) 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:
Data Warehouse	R3/7	Director of Digital Health
New IT Service Desk System	R1/4	Director of Digital Health

The Data Warehouse Recommendation has an implementation date of the 31.07.2023. 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.

The Committee are asked to consider whether additional assurance around completion of these High Priority Recommendations is required at the next Committee Meeting.

A full review of all outstanding recommendations has been undertaken since the April 2023 Committee Meeting. Each Executive Lead has been sent the recommendations made by Internal Audit which fall into their remit of work.

There are currently 6 outstanding recommendations for 2019/20 and 2020/21.10 aged recommendations were reported at the April Committee Meeting, 1 has been removed due to being reported as complete with the additional 3 (relating to the Management of Health Board Policies and Procedures) being removed due to being superseded. It is proposed that a review of the remaining 6 recommendations, which are all rated as medium and low, be subject to a targeted review in advance

of the November 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	6	18	3	2	29

Attached at Appendix 2 are summary tables which provide an update on the April 2023 position as of the 22/06/2023.

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 April 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:					
<i>Please state yes or no for each category. If yes please provide further details.</i>					
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					

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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 July 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 The procedure is going to be revised as part of the Sustainability Agenda (date to be agreed).
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 This arrangement is going to be reviewed as part of the Sustainability Agenda and will include a clear budget allocation (date to be agreed)
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.	Director of Digital and Health Intelligence	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.
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 deploy 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.
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, <u>if it is a Health Board priority.</u>	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	Progress is being made in hot spot areas such as ED and CHFW with actions and interventions supported by Education, Culture and Organisation Development (ECOD) and Nursing Hub. This in the main being undertaken by Senior Nurses in the Clinical Boards and wider organisation as well as their own full time roles. Publication of the HEIW retention Guidelines and Toolkits is expected to be launched July 23. HEIW will be funding an 8a post specifically for nurse retention for 12 months.
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 Language Standards: A Guide for Clinical Boards' has 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. This is due to be issued by the end of June 2023. See Below (line 129) for an update on the governance structures being set up to replace the Equality Strategy and Welsh Language Standards Group. The Board recently approved the Clinical Consultation Policy which will ensure that the organisation will improve and provide Welsh Language provision of healthcare. 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	C	COMPLETED
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.

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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 July 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	30.05.2022	Welsh Language Standards	R6/6	Medium	To enhance the maturity of the risk management arrangements, the recording of the risks associated with the Welsh Language Standards should be strengthened to include risk mitigation and the nature of the risk score, to better inform the oversight and assurance forums.	Develop an enhanced dashboard to reflect recommendations. Present to ESWLSG for comment / agreement. Finalise for effective updating and reporting of risk.	Executive Director of People and Culture	Welsh Language Officer Equality Manager	PC	Recommendation re-added following Internal Audit Recommendation. Work is being undertaken with the Shaping Change team to improve the way that risks are managed.
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 another 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
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 breaches 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 breach 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	PC	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 June and July 2023/24.
2021-22	Complete in UAT go live July 2022 Complete in UAT go live July 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 OSs 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	C	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.
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)	PC	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.
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)	C	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.
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)	C	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.
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)	PC	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.
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 Richards)	C	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.
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	A follow up review of the Audit will take place during June and July 2023/24 following the rollout of new systems.

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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 July 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	31.12.2022	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 issues raised 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	15/06/2023 Update: There is further work to do regarding the roll out of the US audit tool across the UHB. The next USCGG is on 29th June 2023 where roll out of the audit tool in on the agenda. I would therefore request that this action remains partially complete (PC) for the time being. 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 AMAi.
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	Update 12/06/2023 - Stock management system implemented by the Neuro Directorate team has been successful, resulting in all stock being accounted for at delivery into the directorate and on to patient level, with matching spend. End of month reporting has shown no concern with stock levels within neuromodulation position. The Neuro Directorate remains unable to progress discussions with the procurement team within stores to set up a process of proactively track orders before being delivered to the neuro teams. Now escalated to DoOps for Sp5 to follow up with Stores.
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 Estates Operations / Waste and Compliance Manager	PC	Working with Finance department to realign budgets against individual waste streams.
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 have been processed via procurement, and agreed data/kpis are in place.
2022-23	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	Many contract change over has taken place and has resulted in main stoarge and segregation areas being redesigned. Currently mapping new signage requirements to fit with changes and the increase in waste streams
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	A review of waste streams has been underway and linked with procurement tendering process for many waste streams 23/24 will be a year of collating data on all waste streams inclusive of increased recycling of UHB wastes
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-Coordination 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	Work on updating the Sharepoint Pages continues, but at a slower pace than anticipated due to staff movements. Recruitment is currently underway and it is anticipated that pace will improve in September 2023. JD templates ongoing. All vacancies going out are checked to ensure current values and behaviours are communicated.
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	C	The objective has been included under Theme 2, Engaged, Motivated and Healthy Workforce

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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 July 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 one year 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 Director 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	Following the introduction of the People and Culture Committee, the future of the Wellbeing Strategy Group is being considered. Due to a lack of attendance, the group has not run since Jan 2023. Current consideration for the People and Culture Committee is whether this group is required, or a more operational Health and Wellbeing Group, which will support the organisation to meet the requirements as outlined through CHS, Taking Care of the Carers etc.
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	Please see above re Wellbeing Strategy Group. The Wellbeing Pages have been updated, and are continually reviewed. Recruitment into the Wellbeing Team has led to a delay in updates, however this will be rectified in July 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	The Draft Wellbeing Strategy approach was presented to WPG in May 2023. Feedback from the group highlighted the need for broader consultation to shape the Framework (rather than a strategy). A task and finish group will plan stakeholder engagement which will take place in Autumn 2023. During a period of uncertainty and then, establishment of permanent roles, work on Wellbeing Measures stalled slightly but has now been picked back up. Dashboard development continues and a draft will be put forward for discussion at P&C Committee in October 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 completed in ALAS using the Leadership and Compassion Programme. Paper to agree CAV approach to Cultural Assessments being prepared for end of June 2023. NHS Wales Staff Survey confirmed for September 2023, using question set as per NHS England Staff Survey.
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	C	Impact report complete and presented. Key recommendations built into P&C Plan, theme 2 and 6.
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	Conversation re review required of the Wellbeing BAF delayed due to change in staffing. Rescheduled for arrival of new Director of CG. OH and EWS Team production of monthly KPIs continue. Staffing uncertainty and sickness has delayed incorporation into wider reporting, however local dashboard development has continued and improvements in reporting demonstrated. ADOD to speak to DDP&C re positioning of data in P&C reporting. Decide on format by July 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) • IMPT 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.

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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 July 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 arrangements 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 pending 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 correlates 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 resposn 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 business as 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 representation 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 2023/24	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	Updated governance proposals to be discussed at DHIC during May 2023 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 include 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 membership that exceeds 350. Additionally, a senior group from the COO office is in process of forum 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 discussed at December 2022 MEG and MDSO meetings. EDoTH to confirm if discussed at Senior Leadership Board.

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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 July 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	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	C	Policy ratified at the QSE Committee November 2022.
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	No, a further extension to the implementation date is required. Feb 2024. 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	R5/7	Medium	A periodic review of the Medusa medical equipment database should be undertaken to ascertain the status and current use of loaned medical equipment items. At the next review, the Management of Medical Equipment Procedure should be revised to provide guidance relating to the recording, oversight and active management of externally loaned medical equipment items.	The commissioning process for long term loan equipment will be changed to record information regarding the basis of the loan where available. Users will be reminded via the MEG and MDSO groups to record or share this information. The action in recommendation 4 will serve to audit old, loaned equipment.	Executive Director of Therapies and Health Science	Head of Clinical Engineering	PC	Recommendation re-added following Internal Audit Recommendation. Discussed loaned equipment at December 2022 MEG, and requested that users inform CE of basis of loan agreements. Medical Equipment Procedure is currently being updated to include guidance to capture information as required in the recommendation.
2022-23	1.04.2023	Medical Equipment	R6/7	Medium	All medical equipment items that have undergone local decontamination prior to submission to the Clinical Engineering Department should be supported by a completed Contamination Status Clearance Certificate and the issuing book should be retained by the Emergency Unit. Additionally, the Management of Medical Equipment Procedure should be revised and updated to reflect the Ward/Unit based decontamination processes.	Clinical Engineering will work with the EU management to ensure decontamination certificates are available and completed. The Medical Equipment and Devices task and finish group will include the decontamination process in their revisions of the Policy and Procedure.	Executive Director of Therapies and Health Science	Head of Clinical Engineering	PC	Recommendation re-added following Internal Audit Recommendation. EC (aDoTH Med Equip) met with EU manager Craig Davies to discuss decontamination and cleaning equipment in the EU. There is now a HCA with responsibility for medical equipment who will assist the department in meeting this recommendation. Explicit guidance on the need for decontamination certificates will be included in the revised Med Equip Procedure.
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	Implementation date moved to December 2023 Progress report 06/2023, EC (aDoTH, Med. Equip.) is working with colleagues in Clinical Engineering and senior nurses in CD+T to re-establish the practice development network, linking in with ECOD. An SBAR for staffing resource to support a training records system is going to be produced. Recommend making this action a longer term goal, December 2024.
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.	Director of Planning	Project Manager	C	The framework is currently undergoing re-tendering and included 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	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

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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 July 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	31.12.2022 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	C	All PIFs sent for approval via DocuSign
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 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 documentation 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 documentation	Director of Finance	Head of Procurement in consultation with Director of Capital Estates & Facilities	C	All contracts included with the approval of the procurement documentation on DocuSign
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	C	Monthly highlight reports template has been revised and updated to include financial monitoring, PIF status and contract status. SRO's formally appointed with a letter from the Exeutive Lead, template letter from WG has been adopted and tailored.
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.	Director of Planning	Project Manager	PC	The framework is currently undergoing re-tendering and included a requirement for contractors to implement project bank accounts where the value or timescale meets the relevant criteria.
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 developing the monthly cashflow	Director of Finance	Rebecca Holliday, Head of Financial Services	PC	The Financial Services department is in the process of reviewing and modernising the cash forecasting and ordering systems. Once this is complete a revised FCP will be developed to reflect the new working practices. Completion of processes and documentation is forecast for November 2023.
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
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

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 July 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	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 assist them in the implementation of the Access Standards. We note, Access Forum minutes are not shared with the	PCIC Director of Operations	Sarah Griffiths, Head of Primary Care	PC	15/06/23- Terms of reference in place/adopted. Discussions are continuing to review the appropriate reporting structure/forum to report access. Access data is provided as part of core Executive Review Data set (Monthly).
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	C	15/06/23 - ToR are signed off/in place. Specification has been developed to engage practice managers formally into the Access forum.
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	C	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	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	C	15.06.2023 No longer insourcing 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	C	15.06.2023 - Basis of KPA report available should insourcing restart. 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	Medical 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	Update 14.06.23 Digital Health intelligence have commissioned the support of a third party to review and update the related Policy and Procedure. A draft version is expected end of June / beginning of July and anticipated for a final version to the August meeting of the Digital & Health Intelligence Committee for ratification 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
2022-23	31.03.2023	Medical 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 Health Board.	Chief Operating Officer		PC	Update 14.06.23 Decision by the Caldicott Guardian and Chair of the Information Governance Sub-group, to reinstate an adapted version of the Medical Records Management Group (MRMG) . Anticipated to be reinstated during Qtr. 3 23/24 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

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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 July 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	3.03.2023	Medial 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	Update 14.06.23 Director of Nursing agreement that related elements of the learning & proposal document to be part of QSE agendas, however, metrics to measure delivery need to be agreed and likewise, distinction made between which will rest in the proposed Medical Records Management Group In relation to improvements made, scanning of records related to concerns has commenced ensuring more timely access to records and mitigating against the loss of paper records. Also, as of 05.06.23, all on-site filing libraries now operate as fully restricted access areas (only filing library staff permitted to enter). This will ensure records are tracked in and out of libraries. It is also a key enabler to moving to universal standards of storage i.e. location based
2022-23	31.03.2023 28.02.2023	Medial 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	Medial 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	Update 14.06.23 As per update for R4/7, Health Records destruction
2022-23	31.07.2023	Medial 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	14.06.23 This work is incorporated into the digital strategy roadmap plans for 23/24/25 which are being shared with Executive team. It is due to be reviewed at the newly established Digital Advisory Board, which will report routinely into the Senior Leadership Board.
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
2022-23	31.03.2023 31.03.2023	Management of Locum Junior Doctors (Children & Women's Clinical Board)	R2/4	Medium	Management should ensure that the rates paid are in line with the Directorate approved rates, in instances where the rates paid do deviate from the recommended rates evidence should be retained to support these decisions. We acknowledge that there will be a rate card introduced for the M4 corridor in 2023.	1. Obstetrics and Gynaecology: Prior to locum shifts being offered to colleagues, the rate of pay will be confirmed with the Directorate Manager / Service Manager / Clinical Director by the rota-coordinator for assurances that those working shifts are told of the correct rates. If at any time rates of pay need to change, Clinical Board approval will be sought in writing. 2. CHFW: Prior to a rate card being introduced, the directorate are working to agreed rates. In some instances where there have been difficulties covering the service a higher rate of pay has been authorised. This is to ensure safe staffing levels across the clinical areas. The team will ensure evidence is retained to support the agreed higher rate of pay and Clinical Board authorisation will be sought in writing.	Chief Operating Officer	Rhodri John, Directorate Manager Clinical Lead / Directorate Management Team	NA	No update received
2022-23	31.03.2023	Management of Locum Junior Doctors (Children & Women's Clinical Board)	R3/4	Medium	In instances where management are approving the payment of shifts in excess of the hours requested, management should ensure that appropriate reasons are provided for the additional time, and that staff are encouraged to take appropriate rest-breaks.	CHFW: During high pressures on the wards there are occasions where staff are unable to take their rest breaks. Assistant Clinical Director for Workforce will remind all doctors of the importance to take their allocated break and record these as part of their worked shift.	Chief Operating Officer	Dr Genevieve Thueux, Assistant Clinical Director for Workforce (Lead for Junior Medical Workforce)	NA	No update received
2022-23	31.03.2023 28.02.2023	Management of Locum Junior Doctors (Children & Women's Clinical Board)	R4/4	Medium	Rota-Coordinator need to ensure that all bank shifts for Locum Junior Doctors are entered onto the Envoy system prior to the shift being worked to facilitate accurate financial planning and reporting.	Obstetrics and Gynaecology: Rota coordinator will remind all clinical leads to notify of any vacant shifts each month. This will ensure Envoy is up to date with any outstanding shifts prior to being filled. This will be regularly audited by the Directorate Management Team. CHFW: Rota coordinator will remind all clinical leads to notify of any vacant shifts each month. This will ensure Envoy is up to date with any outstanding shifts prior to being filled. This will be regularly audited by the Directorate Management Team	Chief Operating Officer	Rhodri John, Directorate Manager Clinical Leads Victoria Taylor, Medical Staffing Coordinator	NA	No update received
2022-23	No Agreed Deadline	Decarbonisation	R1/11	Medium	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.	Director of Planning		C	COMPLETED
2022-23	No Agreed Deadline	Decarbonisation	R2/11	Medium	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.	Director of Planning		NA	
2022-23	No Agreed Deadline	Decarbonisation	R3/11	Medium	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, and Re:Fit. Bids have gone in to EFAB. To quantify.	Director of Planning		NA	
2022-23	No Agreed Deadline	Decarbonisation	R4/11	Medium	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 after the next set of data is compiled in summer 2023 (foir f/y 22/23)	Director of Planning		NA	
2022-23	No Agreed Deadline	Decarbonisation	R5/11	Medium	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.	Director of Planning		C	COMPLETED
2022-23	No Agreed Deadline	Decarbonisation	R6/11	Medium	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.	Director of Planning		NA	

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2022-23	No Agreed Deadline	Decarbonisation	R7/11	Medium	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.	Director of Planning		PC	
2022-23	No Agreed Deadline	Decarbonisation	R8/11	Medium	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.	Director of Planning	Programme Director - Redevelopment	C	COMPLETED
2022-23	No Agreed Deadline	Decarbonisation	R9/11	Medium	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 out of Decarbonisation training.	Director of Planning	Programme Director - Redevelopment	PC	
2022-23	No Agreed Deadline	Decarbonisation	R10/11	Medium	Given the scarcity of funding, it is important that bids for funding are appropriately considered prior to submission.	C&V successfully bid for £145k.	Director of Planning		C	COMPLETED
2022-23	No Agreed Deadline	Decarbonisation	R11/11	Medium	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	Director of Planning		PC	
2022-23	31.07.2023	Financial Reports and Savings Targets	R1/3	Low	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.	Produce a Desktop Procedure outlining data sources and process for collation and completion of the Monthly Monitoring Return to Welsh Government.	Director of Finance	Principal Finance Manager (PE)	NA	This has been delayed due to the unplanned redeployment of staff to the Statutory Accounts processes. The team will aim to complete by the end of September 2023.
2022-23	31.07.2023	Financial Reports and Savings Targets	R2/3	Low	To support the robustness of the financial reporting process, the sources of data which inform the monthly 'Finance Report' should be evident and traceable.	Produce a Desktop Procedure outlining data sources and process for collation and completion of the Monthly 'Finance Report'.	Director of Finance	Principal Finance Manager (PE)	NA	This has been delayed due to the unplanned redeployment of staff to the Statutory Accounts processes. The team will aim to complete by the end of September 2023.
2022-23	31.07.2023	Financial Reports and Savings Targets	R3/3	Low	Management should consider incorporating the Financial Saving Schemes RAG rating definitions into the monthly 'Finance Report', to enhance transparency within the publicly available paper.	Incorporate the Financial Saving Schemes RAG rating definitions into the monthly 'Finance Report', to enhance transparency	Director of Finance	Principal Finance Manager / Assistant Head of Finance (PE / KP)	C	COMPLETED
2022-23	31.03.2023 31.05.2023	Nurse Staffing Levels Act	R1/3	Medium	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	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. 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: o Disaggregated SafeCare responsibilities for wards, senior nurse, temporary staffing department and agencies; o Management of red flags and routes of escalation; o Expectations of daily staffing meetings; and o 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.	Executive Nurse Director	Emma Davies, Nurse Staffing Levels Lead Jason Roberts, Executive Nurse Director Emma Davies, Nurse Staffing Levels Lead	NA	
2022-23	30.04.2023 30.04.2023 30.06.2023 31.05.2023 31.05.2023 Ongoing 30.06.2023	Nurse Staffing Levels Act	R2/3	Medium	2.1 - Approval of the agreed nurse staffing levels by the Designated Person should be evidenced on the Nurse Staffing Level - Workforce Planning templates. 2.2 - The Finance budget reports for the WTE staff should be amended to align with the correct Nurse staffing levels.	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. B) The Designated Person to sign the workforce planning template. Nurse Staffing Levels Lead to confirm this prior to inclusion in the board report. C) Review the establishment review process as part of the Operating Framework setting out a clear timeline for future establishment review. 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. B) Ensure agreed establishments are updated in Health Roster and this is reviewed bi-annually following presentation to board (May and November). C) Periodically undertake audits to confirm alignment of ESR, HealthRoster, Finance Ledger and NSA sign off establishments 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.	Executive Nurse Director		NA	
2022-23	31.03.2023 31.03.2023 31.05.2023 Ongoing	Nurse Staffing Levels Act	R3/3	Medium	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.	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. B) The All Wales Informing Patient's Poster and FAQs will also be available on the newly created Nurse Staffing Levels Act SharePoint page. 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. 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	Executive Nurse Director	Emma Davies, Nurse Staffing Levels Lead Emma Davies, Nurse Staffing Levels Lead Emma Davies, Nurse Staffing Levels Lead Aron White, Nurse Informatics Lead / Helen Bonello	NA	
2022-23	31.09.2023	Individual Patient Funding Requests	R1/2	Low	The IPFR team should consider including a permanent signatory field within the application form where the Clinical Board's Director and Clinical Director can signoff. This would reduce the IPFR team's overall time consumed in undertaking administrative responsibilities.	The IPFR Team will aim to include a permanent signatory field that is still editable for the Clinical Board Director and Clinical Director authorisation.	Director of Planning	IPFR Commissioning Officer	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 July 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	30.04.2023 30.06.2023 30.09.2023 30.04.2023 30.06.2023	Individual Patient Funding Requests	R2/2	Medium	2.1 Management should remind clinicians to complete all sections within the IPFR application. 2.2 Standard templates including the decision record should be used as required. Where there are exceptions to this practise, this should be updated within the SOP. 2.3 Management should strive towards timely processing of all documents (as stated in the IPFR Policy) to avoid delay in the IPFR application process. 2.4 Management should ensure that IPFR applications full amount approved, period covered, and timeline required for completion of an outcome questionnaire (where already determined) is clearly stated within the decision record.	2.1 The IPFR Team will remind clinicians to complete all the relevant sections within the IPFR form as detailed in the SOP. 2.2 The SOP will be updated to reflect that standard documents may be tailored to reflect the individual circumstances of the specific applications and associated decisions. The IPFR Team will work with the IPFR Chair to develop a Chair's Action Decision Record which aligns with the IPFR Panel Decision Record. 2.3 As per the All Wales IPFR Policy, the initial decision letter will continue to be sent within 5 working days. The IPFR Team will aim to also send the letter containing the decision rationale within 5 working days, once the clinical detail has been ratified by the IPFR Chair. 2.4 We will ensure that duration of the funding is explicit in the decision letter (cycles, annual, excessive toxicity, progression, death or trial period). We will specify how often an outcome data questionnaire is required to be completed by the clinician in the decision letter. We will update the SOP to specify that an Outcome Data Questionnaire is expected every 6 months unless the IPFR Panel specify an alternative period.	Director of Planning	IPFR Commissioning Officer IPFR Commissioning Officer IPFR Commissioning Officer	NA	
2022-23	31.07.2023	Clinical Audit - Follow-up	R1/1	Low	Management need to ensure that the Clinical Audit Policy is formally approved by the Quality, Safety and Experience Committee. Following approval, the policy should be made available on the Clinical Audit Sharepoint page.	The Clinical Audit Policy has been developed and circulated for comment to the Clinical Effectiveness Committee and the Clinical Board Directors. It will be circulated wider through the UHB policy ratification process by Corporate Governance, followed by discussion at the Senior Leadership Board, and finally approval in the Quality Safety and Experience Committee. It will be made available to staff via the Clinical Audit Share point page.	Executive Medical Director	Head of Patient Safety and Quality Assurance	NA	
2022-23	11.05.2023	Nurse Bank (Temporary Staffing Department) Follow up	R1/3	Low	Management should ensure that when all procedures in relation to the TSD are fully completed they are shared with the Temporary Staffing Department team and placed onto a shared folder with hard copies compiled on a file.	Following completion of all processes and flow charts, this has now been compiled into a lever arch file and uploaded onto a Teams shared folder. This will be promoted and communicated to the wider Team at a meeting scheduled for 11 May 2023.	Executive Director of People and Culture	Assistant Director of People	C	All processes have been reviewed and updated and are now available to all staff in the Staff Bank both electronically and on a paper file.
2022-23	19.05.2023	Nurse Bank (Temporary Staffing Department) Follow up	R2/3	Low	Management need to ensure that more staff are trained on the agency invoice report so cover can be provided in the event that an employee is absent.	Two members of the team have now been identified to be trained and assist with the processing of invoices.	Executive Director of People and Culture	Senior Nurse, Temporary Staffing & Strategic Nursing Workforce	PC	Two members of the team have been identified and training has commenced.
2022-23	31.12.2023	Nurse Bank (Temporary Staffing Department) Follow up	R3/3	Medium	The Temporary Staffing Department should undertake a review of agencies that are utilised within the Health Board for Nurses to ensure a greater fill rate and to support the safer operation of wards.	The number of agencies used by the UHB will have reduced from 1 April 2023 as a result of introducing the workforce sustainability model which ended the use of Agency HCSWs in favour of using the UHB's own bank HCSWs.	Executive Director of People and Culture	Senior Nurse, Temporary Staffing & Strategic Nursing Workforce	C	Following the last audit review, the approach has changed to maximise the use of bank rather than agencies. Although there are a large number of Agencies on the All Wales supplier list, the majority do not have RNs available to work locally. A number of meetings have been held over the past few months with Agencies that the UHB no longer use due to their failure to comply with rules and processes. This was to inform them that we would reconsider using them if they were able to give assurance of compliance. All Agency HCSWs were successfully stopped from 1/4/23 following a large recruitment campaign to the Staff Bank. This will save the UHB considerably in avoiding the payment of premium costs.
2022-23	31.03.2023	Charitable Funds	R1/5	Low	Management should ensure that the Financial Control procedure for Charitable Funds is updated to note its author and date of last review.	Agree, FCP shall be updated with review dates and author assigned. ACTIONED	Director of Finance	Head of Financial Services - RH	C	COMPLETE
2022-23	30.04.2023	Charitable Funds	R2/5	Low	Management should issue a general reminder to all staff within the Health Board that any monies received should be passed to Cashiers promptly. Alternatively, if appropriate, staff may advise prospective donors to take monies direct to the hospital's Cashiers Department personally.	The Fundraising Department, will engage with Clinical Boards regarding the importance of establishing efficient banking mechanisms to allow charity donations received at ward level to be banked in a timely manner. Colleagues will be reminded to direct donations to the Fundraising Office for processing whenever possible. The Fundraising Team will communicate with cashiers to identify and monitor potential delays in the banking process.	Director of Finance	Director of Communications & Engagement	C	The Fundraising Department has completed the agreed management actions as advised. E-mail communication sent to the the Cashiers Depts. which has been acknowledged by the Cashiers Manager and cascaded to Cashiers team members. E-mail communication has been distributed to Clinical Board Leads and Endowment Fund-holders requesting that charitable fund donors and/or donations are directed to the Fundraising Office for processing of all donations where possible. Acknowledgments have been received advising that this information has been circulated for action to colleagues at ward/dept. level.
2022-23	30.04.2023 30.04.2023	Charitable Funds	R3/5	Medium	To ensure charitable funds expenditure is appropriate and accounted for correctly the following action should be undertaken: • Fundholders should be reminded regarding the eligibility guidance on items that can be purchased from charitable funds; • All expenditure should be approved prior to it being incurred; • A record should be maintained by the Fundraising Department on decisions made to approve expenditure from funds that they manage. Information should include fund expenditure to be charged to, reason for expenditure, names of approver and date; and • With regards to purchase order 725863146 due to the time that has elapsed regarding the accrual management should consider removing the system accrual.	• The Head of Financial Services shall circulate the eligibility guidance to all fund holders and requisitioners, on items that can be purchased from Charitable Funds. • Also Fund holders and requisitioners shall be reminded that prior approval is required for all expenditure. • Of the 5 samples selected above, 3 of the sample's expenditure had been approved prior to being incurred. • Order 725863146 – has been cancelled and an annual review shall be completed of all aged system accruals pre-year end close down. • Funds managed within the fundraising dept., a formal recording process will be implemented to account for decisions made to approve from those funds. Information will include fund expenditure to be charged to, reason for expenditure and names of approvers	Director of Finance	Head of Financial Services - RH Director of Communications and Engagement	NA	
2022-23	No date provided	Charitable Funds	R4/5	low	Management may wish to consider issuing information regarding Charitable Funds to the Finance Business Partners on a quarterly basis.	The Charity is a separate entity to the Health Board and financial support is outside of duties of the Finance Business Partners also they do not have capacity to support this on an operational level. All nominated Fund Holders receive a summary statement via email on a monthly basis which details fund balances and spend to date. The responsibility to manage and spend fund remains with the fund holders, support is available from the Charitable Fund Officer or they can contact their Finance Business Partners.	Director of Finance	Head of Financial Services - RH	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 July 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	No date provided	Charitable Funds	R5/5	High	An annual operating plan for the fundraising department should be submitted to the Charitable Funds Committee at the beginning of each financial year. The plan should provide specific details regarding the structure of the department, individual staff costs and also non staff costs. Details should also be provided of an estimate of staff costs that can be recharged to specific appeals and funds that the fundraising staff support noting the net costs that can be expected to be recharged to the "general fund". An update on the plan should be reported at each meeting of the Charitable Funds Committee noting any changes to the structure that will impact on the 'recharge' to the general fund.	The Health Charity is currently reviewing its strategy and in line with good practice has been engaging with CFC members and others to review and redevelop it collaboratively. Part of the strategy review entailed a recognition to include an Annual Operational Plan. This will be developed in Quarter 1 of 2023 and will be reviewed agreed via the Charitable Funds Committee and be embedded as part of its annual governance reporting mechanisms. This will include staff structure, costings and projections on any identified changes to the core staff establishment that require additional funding. Operational changes to staffing, responding and reacting to workforce or project requirements that do not require additional funding from general reserves, specific funds or have external funding will continue to follow the current reporting mechanisms and sign off via the Day to day operational responsibilities of the Director of Communications and sign off by the lead Executive as identified under section 2.27 above.	Director of Finance	Director of Communications & Engagement	PC	The Health Charity has developed a draft Operational Plan for 2023/24 which has been submitted to the quarterly Charitable Funds Committee meeting scheduled for 20.06.23*. The plan includes projected income/expenditure and current/projected staff costs for this period. The Health Charity and Charitable Funds Finance team are working collaboratively to ensure that the projected financial plan is regularly revised and updated to reflect actual income/expenditure, which will be reported back to the CFC meetings via a newly developed Events reporting template. This template will also be used to report operational staff changes. *Subsequent annual reports will be submitted to the CFC meeting in the first quarter of each year, i.e. Jan - March, outlining the plan for the following financial year.
2022-23	30.06.2023	Community Patient Appliances (SS CB)	R1/5	Medium	The review of the 'Request for Repair' procedure should be completed and finalised, to provide clarity to staff and service users.	Finalisation of the Request for Repair is pending completion of the actions from the recent RCA, described in section 2.21. These actions have been communicated with the ALAS QSE and will be presented to SpS Clinical Board QSE at next scheduled opportunity.	Chief Operating Officer	Interim Assistant of Therapies & Health Science & Directorate Manager, ALAS	PC	Review and updated process for 'Request of Repair' now complete but not yet presented to SpS CB QSE. This has been
2022-23	30.06.2023	Community Patient Appliances (SS CB)	R2/5	Medium	Following our review of Repair Worksheet documentation, the following should be adhered to for completeness of records: - Field Service Engineers (FSEs) must ensure that Repair Worksheets for completed repairs are signed and dated by the service user where possible, or a note documented to explain the absence of a signature; and - Repair Worksheets are returned to the Senior Technical Officer in a timely manner and the documentation scanned onto the BEST system.	An additional 'Safety Check' checklist has been added to all FSE paper work. This should be completed at each repair to ensure opportunities are not missed to identify unsafe equipment. Completion of the check list will be reported on at fortnightly Operational meetings and form part of the regular ISO 9001 audit cycle. - Team to review and agree the process which will ensure that the completed forms are always scanned on the system and any non-completed forms are raised with the PMC Technical Manager for investigation. - The MTO team are responsible for the receipt, triage, recording and action of any returned actions from the Field Service Team. - Reports on number of FSE jobs completed, number of those with further work to be reported at fortnightly PMS Ops meeting.	Chief Operating Officer	Russel Bailey, Technical Officer	PC	Process around correct management of FSE paper work complete. Signing of repair paperwork is active, being monitored and reported at fortnightly PMS operational meetings. Responsibility clearly aligned to MTO lead. The new repair worksheet process, along with the reporting and monitoring, are deemed to be in draft until Aug 2023 where upon they will be reviewed and finalised (and will be imbedded in our ISO9001 13485 QMS). See also response to R5/5
2022-23	30.04.2023 31.05.2023	Community Patient Appliances (SS CB)	R3/5	Medium	Arrangements should be put in place to ensure that open repairs within the BEST system are regularly reviewed and that once actioned or no longer required, are closed within the system in a timely manner for accuracy of records held.	Administration Manager to take responsibility for regular checks and validation of open repairs. Administration Manager to present open repairs position at fortnightly operational meetings. Reinstate Daily Ops Meeting [Administration Manager/ Technical Manager/ Stock Team Lead] to address time critical issues. Any themes to be escalated to/ oversight provided at fortnightly PMC Operational Meeting.	Chief Operating Officer	Linda Hull, Contact Centre Manager Archie Kaul-Mead, ALAS Service Manager	C	These are now reported at the fortnightly PMS Operational meetings. The Admin Manager/ Technical Manager and Stock lead are in contact with each other daily so did not feel an additional meeting would be of benefit. They have, however, introduced a mid week (Weds mornings) huddle to address any issues outstanding.
2022-23	30.06.2023 30.06.2023 31.07.2023	Community Patient Appliances (SS CB)	R4/5	Low	Consideration should be given to the arrangements in place to undertake annual inspections of all powered wheelchairs to inform the Service's planned repairs programme, given the current limitations on existing resources.	Service to review approach to Planned Preventative Maintenance (PPMs). The additional Field Service Engineers check lists now contain a safety check that can be used as a PPM. Service to review how these can be incorporated into PPM cycle to reduce duplication of effort. Recruitment to full establishment of FSE staff in order to meet demand.	Chief Operating Officer	Russel, Bailey, Technical Officer	PC	The addition of the safety check list has helped with addressing PPMs. The Field Service Engineering (FSE) team have been low on staff (due to long term sick). 2 additional staff have recently been recruited and are due to start in July. Following a period of training this return to normal capacity will allow PPMs to resume.
2022-23	30.04.2023 30.06.2023	Community Patient Appliances (SS CB)	R5/5	Medium	To support adherence to the 'Terms and Conditions' of loaned equipment, the following should be undertaken: - Handover Certificates must be signed and dated by all service users receiving new equipment. Where a signature cannot be obtained, this must be clearly noted on the certificate by a member of staff responsible for delivering / providing the equipment; and - Management should consider reviewing the BEST system to ascertain the scale of instances where service users have not signed and dated Handover Certificates.	5a) Signing of handover sheets was postponed during COVID due to risk of cross contamination. It has now resumed and should be complied with fully. Audit of this action forms part of regular ISO9001 audit process 5b) Reporting of the number of FSE job completed and those with appropriately completed worksheets (patient signature and completed FSE check list) at fortnightly PMS Operations Meeting	Chief Operating Officer	Archie Kaul-Mead, ALAS Service Manager	C	Signing of handover sheets has been reintroduced and is being monitored by the PMS Technical Manager and reported on. FSE completed jobs and completed worksheets are being reported at fortnightly PMS Ops meetings. See also response to R2/5
2022-23	31.07.2023	Data Warehouse	R1/7	Low	A map of feeds should be produced	Documentation of all feeds will be put in place with outline procedure to maintain and keep up to date.	Director of Digital & Health Intelligence	Head of Business Intelligence	NA	
2022-23	31.07.2023	Data Warehouse	R2/7	Medium	As the LDR is developed, the department should prioritise the development of replacement feeds from the LDR for those feeds that are currently a manual process.	An assessment of manual data feeds will be undertaken to identify and document which would be suitable for and benefit from migrating to the LDR. Note actual redevelopment of feeds would be subject to resource and prioritisation in the longer term.	Director of Digital & Health Intelligence	Head of Business Intelligence	NA	
2022-23	31.07.2023	Data Warehouse	R3/7	High	The database should be upgraded. A patch strategy should be defined and implemented	The PMS database is planned for upgrade in September/October 2023. Following the upgrade of PMS, the Data Warehouse database will also be migrated to the latest Oracle database and be included within our new Oracle Goldengate infrastructure. A patching strategy will be implemented for both the PMS and Data Warehouse databases.	Director of Digital & Health Intelligence	Senior Developer	NA	
2022-23	31.10.2023	Data Warehouse	R4/7	Medium	Leads for data use should be identified within Clinical Boards in order to facilitate better links with Digital. Lead contacts for each Clinical Board should be defined within Digital, within the constraints of the staff resource available.	List of current digital coordinators in clinical boards will be reviewed and gaps identified. D&HI will work with Clinical Boards who haven't nominated a coordinator to demonstrate the benefits of the approach.	Director of Digital & Health Intelligence	Head of Digital Services Management	NA	
2022-23	31.03.2024	Data Warehouse	R5/7	Medium	A report / information catalogue should be devised in order to make clear what information is available to staff.	It is planned to build catalogues as part of the implementation of Power BI and the LDR	Director of Digital & Health Intelligence	Head of Business Intelligence (Power BI) Head of Architecture and Analytics (LDR)	NA	

Approved: Sarah
23/06/2023 11:19:03

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 July 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	31.03.2024	Data Warehouse	R6/7	Medium	A skills framework should be developed that identifies the required skills within the department that are needed to deliver a modern information and analytics service. This should be underpinned by a development plan setting out how skills will be brought in, either by development of staff, recruitment, or by partnering with other organisations eg Cardiff University.	Training plan for existing Informatics and BI staff is in place which will become the departments standard training pack for new starters going forward. Training will be delivered on-line via UDEMY training platform and will run for at least 12 months.	Director of Digital & Health Intelligence	Head of Business Intelligence	NA	
2022-23	31.03.2024	Data Warehouse	R7/7	Medium	A data strategy should be fully defined, along with a supporting roadmap. This should consider the appropriateness of the warehouse for the future. We note that there is a large amount of valuable information and reporting being provided from the data warehouse. To start anew would be a resource intensive undertaking, however the warehouse may not be able to fully provide a modern analytics function. As such the capability of Jupyter workbooks should be fully assessed to ensure it is capable of meeting the demands of the organisation.	We are committed to and are working to develop a data strategy which will address the warehouse issue raised but also the wider issue of providing data to those that need it.	Director of Digital & Health Intelligence	Director of Digital & Health Intelligence	NA	
2022-23	31.07.2023	Inclusion and Equality	R1/3	Medium	A review of the Terms of Reference along with the membership and remit of the ESWLSG is required by management, along with the formation of subgroups to facilitate decision-making and implementation.	The Terms of Reference, including membership and governance requirements of the ESWLSG are currently under review. This review will be informed by the governance surrounding the UHB's Equality, Equity and Experience Framework (currently at consultation), the requirements of the People and Culture Committee and the outcome of this audit. This review will include the identification of any required sub groups / steering groups / working groups and subsequent membership requirements and TORs.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing & Culture	PC	The People and Culture Committee commenced in May 2023, and as part of developing effective governance and reporting arrangements to ensure the UHB meets its legislative and ethical requirements, ESWLSG has been paused while a more effective model is developed. The challenge with the group previously had been around ensuring ownership of the E&I and WL agenda, and there was inconsistency with reporting and representation from CBs and SBs. The main focus of the new group(s) will be ensuring understanding, ownership, measuring and reporting upon legislative requirements. Draft TORs will be discussed at P&C Committee.
2022-23	30.09.2023	Inclusion and Equality	R2/3	High	To ensure compliance with the organisation's objectives and legislative requirements, management should undertake a review of the responsibilities of the team members and the structures in place within the Health Board to support the team.	The People and Culture Directorate will commence a benchmarking exercise to assess the effectiveness of current capacity compared to other NHS organisations. This is not restricted to the Equity and Inclusion Team, but also looking at Welsh Language, and Education, Culture and OD. This is being looked at alongside the UHBs commitment to delivering the SEP, meeting its Socio Economic Duties, and responding to WG direction, including the Anti-Racist Wales Action Plan; WRES etc. This will be completed, and the UHB will be presented with a paper, outlining the findings, team capacity findings highlighting any areas of risk / any short-falls. This will go to the People and Culture Committee in the first instance.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture	PC	The benchmarking exercise has been completed and a paper has been drafted to go to the Executive Director of P&C in the first instance. The priorities in this instance have been identified as Equity and Inclusion; OD and Strategic Workforce Planning. The paper will include a risk analysis, benefits realisation and proposed next steps. This will go to the EDoP&C in June 2023.
2022-23	31.05.2023	Inclusion and Equality	R3/3	Medium	Management should ensure that a robust process is in place to enable the required action plans to be effectively developed and delivered. This should include effective structures to support the Inclusion and Equality Team, including development of the Inclusion Ambassadors and Equality sub-groups.	The review and refresh of the TORs of the ESWLSG (Action 1), will reinforce the reporting and local accountability against equality actions, while enabling a forum that shapes strategic direction against EDI (and Welsh Language). The reviewed TORs will include reporting accountability for Clinical and Service Boards, along with reporting to the People and Culture Committee, and Board.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture	PC	Please see above re changes to ESWLSG. (Line 129) This will ensure effective monitoring, understanding and ownership across the UHB.
2022-23	30.09.2023 30.05.2023	Risk Management	R1/4	Medium	1.1 - Further risk management education/training be delivered at directorates/departments level to ensure that risk owners understand their responsibilities in relation to maintaining accurate risk information within risk registers. 1.2 - Risk Registers in place for the Surgery Clinical Board and the directorates be reviewed, updated and high-profile risk information be shared on an on-going basis with the Risk and Regulation Team ("Check and Challenge" process).	1.1 - Action agreed – The risk and regulation team will provide further educational support to clinical board and directorate leads to ensure that risk owners understand their responsibilities in relation to maintaining accurate risk information within risk register and have access to relevant supporting documentation and literature. 1.2 Action Agreed – The Head of Risk and Regulation will remind the Surgery Clinical Board of their obligations in this regard.	Director of Corporate Governance	Head of Risk and Regulation	PC	1.1 The Risk and Regulation team have corresponded with all Clinical Board Triumvirates and Corporate Directorate risk leads to offer training to risk leads within these areas and their directorates. Regular check and challenge feedback will also continue to be provided as well as ad hoc guidance and support to all colleagues. 1.2 The Head of Risk and Regulation has met with the Surgery Clinical Board Director of Nursing and received re-assurance that directorate and clinical board risk registers are in place and that regular reviews of these registers are undertaken locally and at monthly Executive Clinical Board review meetings.
2022-23	30.06.2023	Risk Management	R2/4	Medium	Risk owners must ensure that all newly identified risks are properly documented within the Risk Assessment form and for this to be reviewed/approved by the Risk Owners and Clinical Board Directors in line with the Risk Management Procedures.	Action Agreed – The Head of Risk and Regulation will make clinical colleagues and risk leads aware of this recommendation and their obligations as part of the additional education to be provided, as detailed in response to Recommendation 1	Director of Corporate Governance	Head of Risk and Regulation	PC	The Risk and Regulation team have corresponded with all Clinical Board Triumvirates and Corporate Directorate risk leads to remind them of the need to document newly identified risks within Risk Assessment documents.
2022-23	30.06.2023	Risk Management	R3/4	Medium	Staff within Clinical Boards and Directorates be reminded of their responsibility to actively engage with the escalation/de-escalation process to ensure that risk registers contain risk information that is relevant and up to date.	Action Agreed – The Corporate Governance Team will regularly remind Clinical Boards and Directorates of their responsibility to actively engage with the escalation/de-escalation process to ensure that risk registers contain risk information that is relevant and up to date. These reminders will take place at monthly Executive Clinical Board Reviews.	Director of Corporate Governance	Director of Corporate Governance / Head of Risk and Regulation	PC	The Risk and Regulation team have corresponded with all Clinical Board Triumvirates and Corporate Directorate risk leads to remind them of the need to periodically review their risks and to escalate/de-escalate them following the implementation of controls/mitigations so that recorded risks remain up to date.
2022-23	30.06.2023	Risk Management	R4/4	Medium	Risk owners must ensure that action to address control gaps / weaknesses are frequently monitored and that progress of achieving these is documented and updated within the risk registers in a timely manner.	Action agreed - The Corporate Governance Team will regularly remind Clinical Boards and Directorates of their responsibilities in this regard. These reminders will take place at monthly Executive Clinical Board Reviews.	Director of Corporate Governance	Head of Risk and Regulation	PC	The Risk and Regulation team have corresponded with all Clinical Board Triumvirates and Corporate Directorate risk leads to remind them of the need to periodically review their risks and open actions to address control gaps and weaknesses so that risk mitigations remain fully up to date and effective.
2022-23	Sep-23	Management of Health Board Policies	R1/9	Medium	Updated Policies and Procedure should be added promptly to the Health Board's website and Sharepoint; Fixed PDF versions of documents should be added to CVU's website and Sharepoint so that they cannot be amended. However, separate Word versions may also be required where documents need to be completed by users. For example, the key document approval checklist which should be completed by the developer of a policy who is separate from Corporate Governance; UHB 242 should be circulated by email to all relevant staff who are required to follow it; The key document approval checklist in UHB 242 should be used and fully completed; The Document Style links on page 25 of UHB 242 should be amended so that they work correctly; and UHB 001 and UHB 242 should be updated to reflect changes to committee structure which are being implemented.	The Policies and Procedure (UHB 001 and UHB 242) are publicly available on our Website, and are available to staff via Sharepoint. They are now published in a pdf format. As and when staff contact the Corporate Governance department with queries relating to policies and other written controlled documents, copies of the up to date Policy and Procedure (UHB 001 and UHB 242) are sent by email to the member of staff concerned. The Corporate Governance team also send a copy of the Key Document approval checklist (in Word format) for completion and return. The Key Document approval checklist referred to in UHB 242 is now being used by the Corporate Governance team.	Director of Corporate Governance	Head of Corporate Governance	C	Complete

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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 July 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	31.07.2023	Management of Health Board Policies	R2/9	High	The out of date policies and procedures should be reviewed, updated and published as soon as possible.	Whilst a detailed plan to address to the previous recommendations made by Internal Audit in 2019/20 was drawn up and presented to the Audit and Assurance Committee in November last year, unfortunately it has been very challenging adhering to the timescales set out in the plan. This has been due to a number of reasons, including limited resource with the Corporate Governance team to undertake this large piece of work. The plan will be updated to reflect the recommendations made (see agreed management action 7 below), but in the meantime the following actions will be undertaken as soon as possible:- a) Head of Corporate Governance to review the current Policies Tracker and ensure that each Policy/other controlled document referenced on the Tracker has an Executive Lead sponsor; b) Produce an updated list of out of date Policies/other controlled documents per Executive Lead and issue to the same for comment with regards to likely timescales to review each policy. c) Executive Leads to work with the Head of Corporate Governance to provide a completed list of all of those out of date policies/other written controlled documents by the end of July 2023.	Director of Corporate Governance	Head of Corporate Governance	PC	This work remains ongoing within the Corporate Governance Team
2022-23	31.07.2023	Management of Health Board Policies	R3/9	Medium	<ul style="list-style-type: none"> Further work is required to resolve the 44 blank rows with Date to Review to 2022 where no Executive Lead is identified; Comments on the tracker should include sufficient information so that the status of policies and procedures can be clearly understood including what further action is required; The large number of gaps in the tracker spreadsheet should be reviewed and cleared; and The multiple variants of Executive Lead titles should be reviewed and amended so that there is a consistent approach. 	The Head of Corporate Governance will undertake a comprehensive review of the policies tracker to address the recommendations made. The Corporate Governance team developed the "tracker" last year as a starting point for this large piece of work in order to record the policies/procedures which were registered on the Corporate Governance team's system and the review dates of the same etc. It is also used by the Corporate Governance team to record the work which the team is and has been undertaking since August last year with regards to putting the Corporate Policies register on a much better footing. For example, it provides the team with a status position of policies/procedures as we work through the tracker list). It is a tool to record the work being undertaken by the Corporate Governance team to produce a fully functioning policy management system.	Director of Corporate Governance	Head of Corporate Governance	PC	This work remains ongoing within the Corporate Governance Team
2022-23	31.05.2023	Management of Health Board Policies	R4/9	Medium	<ul style="list-style-type: none"> Staff should be notified when draft policies and procedures are added to the consultation page on Sharepoint; and The cover emails accompanying draft policies and procedures provided to South Glamorgan Community Health Council, the Stakeholder Reference Group and the Local Partnership Forum for comment should make it clear that the documents are being provided for consultation and the deadline by which any responses must be received. 	The Corporate Governance team notify the relevant contact/policy author as soon as the policy/procedure document has been published for consultation and a link to the relevant SharePoint link is provided. The relevant policy author should notify relevant members of staff once the document has been published on Sharepoint. Cover emails accompanying draft policies and procedures provided to Llais (formerly the Community Health Council), the Stakeholder Reference Group and the Local Partnership Forum for comment now clearly state that the documents are being provided for consultation and the deadline by which any responses must be received.	Director of Corporate Governance	Head of Corporate Governance	PC	This work remains ongoing within the Corporate Governance Team
2022-23	31.07.2023 31.05.2023	Management of Health Board Policies	R5/9	Low	The links to UHB 001 Management of Policies, Procedures and Other Written Control Documents Policy and UHB 242 Written Control Documents - Development and Approval Procedure should be amended so that they work correctly.	Noted. The Policy (UHB 001) and accompanying Procedure (UHB 242) are to be reviewed and all links will be updated to ensure that they operate properly. There is a template section on the Policies page of Sharepoint where staff can access the Health Board's templates for a Policy and (ii) a Procedure. This section will be updated to include the other template documents referred to in Policy UHB 001 and Procedure UHB 242.	Director of Corporate Governance	Head of Corporate Governance	PC	This work remains ongoing within the Corporate Governance Team
2022-23	30.09.2023	Management of Health Board Policies	R6/9	Medium	The Standing Operating Procedure which covers the Corporate Governance Team's management of the Corporate Policies should be reviewed and updated once all work on getting the policy management system fully up to date has been successfully completed.	Noted. There are various strands to the Corporate Governance Team's work in relation to putting the management of Corporate policies on a much better footing. This involves working with the Health Board's archivist and IT colleagues to put in place a more efficient policy management system. The SOP will be updated to reflect that work, in addition to any other improvements identified when the policy management system has been fully updated.	Director of Corporate Governance	Head of Corporate Governance	PC	
2022-23	30.06.2023	Management of Health Board Policies	R7/9	Medium	If all actions in the Corporate Policies Management System Plan 2022/23 have not been completed and scheduled targets have not all been met by the May 2023 deadline, then a progress update and revised target completion dates should be presented at the next available Audit Committee.	The timescales set out in the Policies Management System Plan were ambitious and very challenging. Given the current resource within the Corporate Governance team, it has been very difficult adhering to the timescales set out in the original Plan. The Head of Corporate Governance will review the Corporate Policies Management System Plan 2022/23 with the Director of Corporate Governance. The updated Plan will be presented to the Audit Committee on 4 July 2023.	Director of Corporate Governance	Head of Corporate Governance	PC	The updated Plan will be presented to the Audit Committee on 4 July 2023.
2022-23	30.09.2023 31.07.2023	Management of Health Board Policies	R8/9	Medium	<ul style="list-style-type: none"> The most appropriate structure for managing policies and procedures should be developed and applied consistently on the Health Board's website and Sharepoint. The policies and procedures published on the Health Board's website and Sharepoint should be checked for accuracy and corrected where necessary. 	As highlighted above, the Head of Corporate Governance is working with the Health Board's archivist in order to develop a more appropriate structure (including better categorisation) for the published policies and procedures. It is anticipated that once developed, this structure will be common to both the Health Board's website and SharePoint. Noted. A thorough review of the policies and procedures published on the Health Board's website and SharePoint will be undertaken to ensure accuracy as recommended.	Director of Corporate Governance	Head of Corporate Governance	PC	This work remains ongoing within the Corporate Governance Team
2022-23	30.06.2023 31.05.2023	Management of Health Board Policies	R9/9	Medium	For each new or amended policy or procedure, the Executive Lead should provide Corporate Governance with a statement indicating how staff and stakeholders have been notified and this information should be included in the Corporate Governance policies and procedures tracker.	The Corporate Governance team will strengthen its SOP so that the team routinely notify the Stakeholder Reference Group, the Local Partnership Forum and Llais (formerly the Community Health Council) once a policy/procedure has been approved and/or published. The Corporate Governance team now request a statement from the Executive Lead and/or policy author once the document has been approved and is ready for publication. The Policy Tracker has been updated to include a comment box to capture these statements, and it is already being populated.	Director of Corporate Governance	Head of Corporate Governance	PC	This work remains ongoing within the Corporate Governance Team

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation		Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: 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	31.05.2023	Cyber Security	R1/5	High	1. The team should prioritise and focus on the development of a Cyber Security Improvement Plan as required by the NIS Regulations. 2. A realistic timetable should be drawn up for the development and implementation of a Cyber Security Improvement Plan.	1. Accepted. The Cyber Security Improvement Plan remains a priority on our workplan. 2. The UHB had this program of work earmarked for the new Cyber Security Manager post but this appointment unfortunately fell through during the late stages of the recruitment process. Work was due to begin early March 2023. We will re-prioritise this work to begin in April 2023.	Director of Digital & Health Intelligence	Head of Information Governance & Cyber Security	NA	
2022-23	30.04.2023	Cyber Security	R2/5	High	A formal terms of reference should be drawn up and approved for both the CAV Cyber Security Meeting and the Cyber Security Sub-Group. The Terms of Reference should include details of the membership and Chair of each group, the frequency of meetings, quorum, reporting lines and if applicable their decision-making process. The make-up of the CAV Cyber Security Group should be reviewed with consideration given to including clinical board representation. The meetings of both groups should be recorded in meeting notes or minutes. An Action Log should be maintained by the Cyber Security Sub-	Accepted	Director of Digital & Health Intelligence	Head of Information Governance & Cyber Security	NA	
2022-23	30.06.2023	Cyber Security	R3/5	Medium	The position in respect of the development and implementation of a Cyber Security Improvement Plan or Cyber Security Workplan should be regularly reported to the Digital Health and Intelligence Committee.	Accepted. The next committee paper will include an update on the Cyber Security Improvement Plan.	Director of Digital & Health Intelligence	Head of Information Governance & Cyber Security	NA	
2022-23	30.06.2023	Cyber Security	R4/5	Medium	Cyber security performance measures and key performance indicators should be developed and reported to the Digital Health and Intelligence Committee on a regular basis.	Accepted. The next committee paper will ensure cyber security KPIs are included.	Director of Digital & Health Intelligence	Head of Information Governance & Cyber Security	NA	
2022-23	N/A	Cyber Security	R5/5	High	A record should be kept of all system restores from back-up's, the reason the restore was undertaken and whether or not the restore was successful. It is acknowledged that the number of systems in use within the Health Board generates a large amount of data for storage, and the team is carrying a number of vacancies. However, the integrity of backed up data for systems that have not been subject to ad hoc restores should be periodically tested.	Partially accept. The UHB does keep a record of all ad-hoc restores. This is typically >200 pa. However, whilst this doesn't test all backed up data, following a similar WAO recommendation in 2013, the UHB made following assessment: A preliminary assessment has been undertaken of increased resource requirements necessary to enable test-restore on all clinical systems. Indicative costs as follows: i) Backup and Test-Restore 6 monthly - £250k equipment plus 3 additional WTE resource ii) Backup and Test-Restore monthly - £500k equipment plus 7 additional WTE resource iii) Additional commitment of typically 3 (for 3 to 5 days) Service Department staff to test restored systems during test period (equates to circa 10 man days for twice yearly restore and 60 man days for monthly restore). The proposed actions in relation to recommendation 4 should be noted in this context, since additional investment in the virtual server farm will provide most, although not complete, mitigation of risk of back up. In the 10 years since this report, we anticipate that these figures will now be 2 to 3 times higher. Additionally, we don't believe that any UHB, including DHCW routinely test restores due to the cost incurred and risk to data.	N/A	N/A	NA	

Financial Year Fieldwork Undertaken	Agreed Implementation Date	Audit Title	No of Recs	Priority	Recommendation	Executive Lead	Operational Lead	Please confirm if complete (c), partially complete (pc), not actioned (na)	Management Response / Executive Update for February 2022: 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	Nov-19	Surgery CB Medical Finance Governance Follow-up Final	R2/6	High	The Directorates should ensure that any displaced SPA sessions are appropriately recorded and agreed on the WLI form, in accordance with the policy.	Interim Chief Operating Officer	Directorate/Specialty managers in conjunction with Clinical Directors	C	SOP developed which has been circulated which describes the process for booking and claiming WLI payments and includes how to identify any displaced SPAs.
2019-20	Oct-19	Surgery CB Medical Finance Governance Follow-up Final	R3/6	High	General Surgery should ensure that they follow the correct procedure for recruiting and authorising Locum Consultants.	Interim Chief Operating Officer	Directorate/Specialty manager in conjunction with CD	C	Any locum consultant appointment follows the TRAC and internal vacancy scrutiny process.
2019-20		Surgery CB Medical Finance Governance Follow-up Final	R4/6	Medium	Management should produce desk top procedures to ensure that Consultants medical staff time and costs are being managed appropriately and consistently	Interim Chief Operating Officer	Directorate/Specialty Manager	PC	Improved capturing of leave has identified some poor practice amongst some consultants on INTREPID. This again will be re-emphasised at the joint job planning meeting. All leave requests come directly through the Directorate, no activity will be cancelled without the Directorates team being notified.
2019-20		Surgery CB Medical Finance Governance Follow-up Final	R5/6	Medium	In conjunction with the actions already being taken following the Consultant Job Planning Audit, the Directorate should ensure that all consultants have an up to date, agreed job plan in place that accurately reflects the current required sessions.	Interim Chief Operating Officer	Clinical Director	PC	Job planning has commenced, signed off job plans have been updated on to ESR. A small number of job plans remaining to be completed by end of September.
2019-20		Surgery CB Medical Finance Governance Follow-up Final	R6/6	Medium	Management should ensure that request for Locum cover documentation is fully completed prior to the cover required.	Interim Chief Operating Officer	Directorate Manager/Deputy Director of Operations	C	Any locum consultant appointment follows the TRAC and internal vacancy scrutiny process.
2019-20	Oct-20	Deprivation of Liberty Sa	R1/4	High	Staff should attempt to ensure that all Urgent assessments are undertaken within the stipulated seven days as detailed in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards.	Executive Medical Director	TBC		All attempts are made to ensure the DoLs assessments are carried out within the specified timeframes, however this remains a challenge with the current resource. Only 1.5 wte (out of 6 wte) staff are funded by health with the remaining staff funded by LA. This means that resource is shared between LA assessments also. This position will be reviewed in 2020 with introduction of LPS.

2019-20	Oct-20	Deprivation of Liberty Safeguards	R2/4	Medium	The Health Board should ensure that staff are provided with appropriate DoLS training and where areas have low compliance these areas should be targeted.	Executive Medical Director	TBC		DoLS training has remained challenging, as it is directly related to the ability of clinical areas to release staff. The inability to release staff for Mandatory and Statutory training remains high on the UHB risk register. Formal monthly training continues to be supported by staff, although attendance poor. Bespoke training (one hour) drop in sessions are now being provided. Training is also incorporated into the general Safeguarding Training to continue to raise awareness of DoLS, however these results are captured in the safeguarding training numbers and not a formal record of DoLS training.
2019-20	Oct-20	Deprivation of Liberty Safeguards	R3/4	Low	Staff should attempt to ensure that all Standard and Further assessments are undertaken within the stipulated 21 days as set out in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards.	Executive Medical Director	TBC		All assessments that are deemed as a priority have to be undertaken before the Standard and further assessments as outlined in line with WG priority tool.
2019-20	Oct-20	Deprivation of Liberty Safeguards	R4/4	Low	The Health Board need to ensure that they produce a plan for implementing Liberty Protection Safeguards following the production of the Code of Practice.	Executive Medical Director	TBC		Whilst LPS will come into force in October 2020, we are unable to formulate a plan without the implementation of the code. Scoping meeting planned for 12th December 2019 to develop framework and code and produce work plan across wales for 2020.
2019-20	Mar-20	Charitable Funds	R1/3	High	Fund holders must be contacted and reminded that they should not allow funds to remain dormant and expenditure plans must be developed to ensure appropriate use of the funds. Where funds are not being utilised they should be reviewed and potentially re-allocated / transferred. To ensure there is a robust and adequate control system in place, the FCP should include more information on the treatment of dormant funds such as the requirement for periodic reporting and update of dormant funds and periodic exercises where dormant funds are reviewed by Finance etc.	Director of Finance	Deputy Director of Finance		This is a strategically important issue for the charity and a policy on the treatment of dormant funds will be specifically considered by the CFC/Trustee. This policy will consider these findings and recommendations.
2019-20	Mar-20	Charitable Funds	R2/3	Medium	Staff should be informed of the standardised documentation to be used for the completion of donations. Management should inform relevant staff and ensure they are aware that: <input type="checkbox"/> The donation form should be adequately completed. <input type="checkbox"/> Donation form copies should also be timely forwarded to the key departments responsible for the processing of the donations. <input type="checkbox"/> Thank you letters should also be timely dispatched to the donors.	Director of Finance	Head of Arts and Health Charity		The Fundraising team will continue to engage with the Clinical Boards to ensure donation forms are completed correctly and submitted to the fundraising team within a timely manner.

2019-20	Nov-19	Charitable Funds	R3/3		Management should remind key staff responsible for processing the Charitable fund expenditure to ensure that transactions have the required supporting documents and undergo the expected approval as stated within the Financial Control Procedure. All transactions entered into Oracle should accurately match their supporting documents.	Director of Finance	Charitable Funds Finance Manager		Staff will be reminded of the importance of ensuring that the correct supporting documentation exists at all times.
2019-20	Dec-19	PCIC Business Continuity	R1/4	Medium	Management should ensure that all Business Units and Service Areas which require a BCP produce a formally documented one as soon as possible.	Director of Operations PCIC	PCIC Business Manager		PCIC Clinical Board management are aware that all Business Units and Service Areas have been involved in the BCP process although not all have a written document completed and approved. Reviews are planned or have taken place with all Business Units and finalised documents are anticipated to be received by the Clinical Board in November and December 2019. One BCP (OOHs) will be submitted to PCIC QSE in November 2019 along with a briefing paper and process flowchart and the Director of Nursing will present the paper and flowchart. The other BCPs are anticipated to be submitted to PCIC QSE in January 2019 and will then enter an annual review process within their Business Units.
2019-20	Dec-19	PCIC Business Continuity	R2/4	Medium	Management should ensure all terms of references are reviewed and updated as required.	Director of Operations PCIC	Individual members of SMT / December 2019 Business Unit Leads / December 2019 PCIC Business Manager / November 2019		PCIC Clinical Board Senior Management Team will ensure the terms of reference for any meetings they chair are reviewed and refreshed, and that future review dates are established. The Business Units will be advised to review the terms of reference for their established meetings and ensure they are refreshed if needed. This will also be added to the agenda for November 2019's PCIC Clinical Board Meeting, under a standing Governance update on Internal Audit.
2019-20	Feb-20	PCIC Business Continuity	R3/4	Low	Management should ensure that all members of staff are made aware of the existence of a BCP, the risk associated with possible occurrences and how to respond in such an event.	Director of Operations PCIC	Business Unit Leads		Business Unit Leads will be asked to ensure that all Service Areas make all team members aware of the existence of a BCP, where the document is located, key risks for their Service Area, and their role in the use of the document.
2019-20	Jan-20	PCIC Business Continuity	R4/4	Low	Management will ensure that all service areas which require a BCP have their plans signed off.	Director of Operations PCIC	PCIC Business Manager		One BCP (OOHs) will be submitted to PCIC QSE in November 2019 along with a briefing paper and process flowchart and the Director of Nursing will present the paper and flowchart. The other BCPs are anticipated to be submitted to PCIC QSE in January 2019 and will then enter an annual review process within their Business Units. The PCIC Business Manager maintains logs indicating the status of each BCP in the approval process and this will then form the basis of a tracker to ensure plans are reviewed on an annual basis within the Business Units.
2019-20		Wellbeing at Maelfa	R1/4	Low	The PEP should be updated accordingly and resonate with other supporting documentation (i.e. terms of reference) (O).	Director of Planning	Director of Capital, Estates & Facilities		Accepted. The PEP will be updated accordingly.
2019-20	Nov-19	Wellbeing at Maelfa	R2/4	Low	As the project gains momentum, Project Board and Project Team members should be reminded of the importance of attendance to ensure all discussions / decisions taken are suitably informed.	Director of Planning	Director of Capital, Estates & Facilities		Accepted. The terms of reference will be reviewed at the next meetings for the Project Board [SOFW:IOC Delivery Group and Project Team] with specific reference to the required nominated officers for each.

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2019-20	Nov-19	Wellbeing at Maelfa	R3/4	Low	Work stream leads should produce resource/activity plans for the attention of the Project Team/ Board (O)	Director of Planning	Director of Capital, Estates & Facilities		Accepted. At the last Project Team meeting [1 October 2019] the draft membership for each of the three work streams was reviewed. Further review of the roles and responsibilities for each will be undertaken.
2019-20	Oct-19	Wellbeing at Maelfa	R4/4	Medium	Arrangements should be made to ensure the correct section of the contract is signed by both parties (O)	Director of Planning	Director of Capital, Estates & Facilities		Accepted. The contract was returned to the SCP at the end of September for signing and is currently with the Head Office for the second signatory.
2019-20	Apr-20	PCIC CHC Adults Follow-	R1/2	High	A timescale should be set to ensure the Head of Service Agreement is agreed promptly. Action Partially Complete Current documentary evidence was provided that shows that work is ongoing between all parties across the Local Authorities and the UHB to progress contractual arrangements between providers that will lead to formalised Heads of Service Agreement (HoSA). Current documentary evidence was provided that shows that work is ongoing between all parties across the Local Authorities and the UHB to progress contractual arrangements between providers that will lead to formalised Heads of Service Agreement (HoSA).	Interim Chief Operating Officer	Regional Commissioning Board (Director of Nursing)	PC	There has been significant progress with community stakeholders including Third sector providers, their legal representatives and Cardiff and Vale Local Authorities in developing an agreed contract process which will then lead to the updating of the Heads of service agreement. These discussions have been overseen by Regional Commissioning Board which has representatives from C&V UHB (PCIC and the Planning team) and both LA's.
2019-20		PCIC CHC Adults Follow-	R2/2	High	PCIC should ensure an annual review is carried out on existing CHC placements as per the framework and evidence of this review should be maintained on the patients file.	Interim Chief Operating Officer	Director of Nursing PCIC	C	All 10 patients sampled from across the three Cardiff Localities (North & West, South & East and the Vale of Glamorgan) held a documented follow up annual review undertaken in 2019. It is however noted that the testing identified that two Locality PARIS Reports (Vale and SE Cardiff) did not fully include confirmation of annual follow up assessments undertaken in 2019, although the PARIS entries themselves confirmed that they had been undertaken by Nurse Assessors. This issue has already been raised with management and is noted here for information only.
2019-20	Oct-17	Children & Women CB CHC Children Follow-up	R1/2	Medium	The Children CHC team should develop a local procedure that sets out how they adopt the Welsh Government guidance.	Interim Chief Operating Officer	Lead Nurse CCH	C	A Joint Working Agreement between Cardiff & Vale UHB, Cardiff Council and the Vale of Glamorgan Council that includes a Children's and Young People's Continuing Care Operational Policy has been developed in 2019
2019-20	Jun-20	Children & Women CB CHC Children Follow-up	R2/2	Medium	Individual Service User Agreements should be produced to cover health aspects of child residential placements and KPIs developed/expanded to monitor performance internally.	Interim Chief Operating Officer	Lead Nurse CCH	PC	Testing identified that where appropriate, SLAs are in place between the Health Board and Continuing Care placement providers. Continuing Care KPIs have been developed and introduced within the Community Child Health Directorate during 2018/19 and these are also in place through to October 2019. However, there is no evidence that Continuing Care KPIs have been presented to the Directorate Performance Management meetings or any other Directorate group between April 2018 and October 2019 or to peers in neighbouring Health Boards.

Key: C – Complete

PC – Partially Complete

NA – No Action

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2019/20 (July 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							2					
No date set												
Total					2		2					

Total number of recommendations outstanding as of 22nd June 2023 for financial year 2019/20 is 2 compared to the position in April 2023 when a total of 5 outstanding recommendations were noted.

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Key: C – Complete

PC – Partially Complete

NA – No Action

INTERNAL AUDIT REPORT RECOMMENDATIONS FOR 2020/21 (July 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	
Total					3		3		1		1	

Total number of recommendations outstanding as of 22nd June 2023 is 4 compared to the position in April 2023 when a total of 5 outstanding recommendations were noted.

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Key: C – Complete

PC – Partially Complete

NA – No Action

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

Recommendation Status	High	C	PC	NA	Medium	C	PC	NA	Low	C	PC	NA
Date not reached												
No date agreed												
Overdue under 3 months												
Overdue by over 3 months under 6 months												
Overdue over 6 months under 12 months						1	2	1			2	
Overdue more than 12 months		1				3	4	2				1
Total	1	1			13	4	6	3	3		2	1

Total number of recommendations outstanding as of 22nd June 2023 is 17 (5 of which are listed as complete) compared to the position in April 2023 when a total of 39 outstanding recommendations were noted.

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Key: C – Complete

PC – Partially Complete

NA – No Action

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

Recommendation Status	High	C	PC	NA	Medium	C	PC	NA	Low	C	PC	NA
Date not reached			2	2		3	11	3		2	1	4
No date agreed			1			4	3	5		2		
Overdue under 3 months						1	9	4		2	3	
Overdue by over 3 months under 6 months			3			2	15	11		4	2	2
Overdue over 6 months under 12 months		1				4	8					3
Overdue more than 12 months											2	
Total	9	1	6	2	83	14	43	23	27	10	8	9

Total number of recommendations outstanding as of 22nd June 2023 is 119 (25 of which are listed as complete) compared to the position in April 2023 when a total of 81 outstanding recommendations were noted.

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Report Title:	Audit Wales Recommendation Tracking Report			Agenda Item no.	7.6	
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	04.07.2023	
		Private	<input type="checkbox"/>			
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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”).

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

There have been no new recommendations added to the Tracker since the April 2023 Committee meeting. Out of the 31 recommendations carried forward from April, 2 are reported as complete, 24 have been partially completed, and 5 are reported as having no action taken.

- Four recommendations are 1+ year’s overdue with one showing no date specified
- Four are 6+ months overdue
- Fifteen are greater than 3+ months but less than 6 months.
- Four are less than three months
- 7 of the recommendations remain on target to be completed on the agreed implementation date although a number of these have not been updated for this meeting.

Since April 2023, a review of all outstanding recommendations has been conducted with executive and operational leads for each recommendation. This work will be reported to the Audit and Assurance Committee on a quarterly basis to provide updates on the status of recommendations. Between each instance of reporting to Committee the Risk and Regulation team will also continue meeting with Audit Wales Colleagues to verify progress made against recommendations included within the Tracker.

The table at Appendix 1 shows a summary status of each of the recommendations made for external audits undertaken in 19/20, 20/21 and 21/22 as at 19 June 2023.

Recommendation:

The Audit and Assurance Committee Members are asked to:

- Note and receive assurance from the progress which has been made in relation to the completion of Audit Wales recommendations.

To note the continuing development of the Audit Wales Recommendation Tracker.

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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	
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Impact Assessment:

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

Risk: Yes

By maintaining an up to date Audit Wales Recommendation Tracker, the Health Board mitigates the risk that it may be subject scrutiny and supports the ongoing achievement of best practice recommendations.

Safety: N/A

Financial: N/A

Workforce: N/A

Legal: N/A

Reputational: N/A

Socio Economic: N/A

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Equality and Health: N/A

Decarbonisation: N/A

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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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
2019-20	No date specified	Clinical Coding Follow-up From 2014 not yet completed	R2	Medical Records: Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include: a) reinforcing the Royal College of Physician (RCP) standards across the Health Board and developing a programme of audits which monitors compliance with the RCP standards; b) improving compliance with the medical records tracker tool within the Health Board Patient Administration system (PAS); 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	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. May 2023 - From the 5th June 2023 all filing libraries are being restricted so that only medical records personnel retain access which should improve compliance with the WG target for coding activity. March 2023 Update- • The mobile tracking technology being assessed by Medical Records is being rethought due to technical challenges. • An internal audit into the tracking of patient records concluded in January 2023 and will inform future implementation. • Medical Records are instead currently trialling a single device within the filing libraries. 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. Aug '22 Update An internal audit plan has been approved to undertake a tracking audit - * Fieldwork - September 2022 * Audit Completion - December 2022 Update March '22 Discussion on the direction of travel AWIP 23/24.Future potential work packages for 23/24 with narrative for context. Possibility of inclusion of one or two projects to final delivery ITSM / IAM and the realistic expectations in time remaining. Highlight outstanding actions by board members to hold them to account. Summary of workshop efforts support upcoming ratification. Ratification list for the day – with included documents sent before the required vote. Run through high level project Plan so the board understands outstanding actions.
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.	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 Practitioners 4) The Workforce Manager continues to work closely with the Cardiology and Trauma & Orthopaedic Theatre Teams to resolve ongoing cultural and staffing behaviours and this work will be completed by end of September 2022.	Chief Operating Officer	Ceri Chinn	C	The regular 2:1 Theatre Manager and Lead Nurse/General Manager meetings and the regular 2:1 Clinical Leader, Lead Nurse and General Manager meetings will continue for the foreseeable 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 regular basis, are scheduled in advance either monthly or bi-monthly and are well attended. There are agendas and minutes are recorded that are fed back during Directorate Management Team Meetings by each of the Theatre Managers. Actions are discussed and closed when completed. THIS RESPONSE CAN BE CLOSED
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	May 2023 - By September 2023 all staff should have access to ESR training materials electronically via their own desk top of LED run sessions. A programme for digitally enabling the entire workforce is being developed, focussing initially on nursing staff, provide NADEX and email accounts to them, starting in September 2022 to support the implementation 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 replacement is not currently feasible, the Health Board should ensure that robust mitigating arrangements 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 be 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 Health Board should test the 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	May 2023 - Completion of work to be undertaken during August 2023 March 2023: New backup storage has been partially installed and configured. The complete solution is waiting for the DR sites at Woodland House and UHL to be available Q2 2023. A revised DR plan is currently being worked on by the CAV IT Security team, completion date unknown at this time.

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2021-22	feb-22	Audit of Accounts Report Addendum - Recommendations	R4/6	The Health Board should update its IT change 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	March 2023: Change Control has been deployed for select teams at this time (Ivanti and Helpdesk). The plan is to continue the deployment to the Digital Ops teams initially and then to the wider Digital teams.
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	March 2023: Electrical work is still pending due to international logistic challenges with the UPS devices for Woodland House and UHL. This is waiting for CEF to confirm availability. IT1 and IT2 datacentres have been reduced in footprint and core services consolidated to the SAC building (Main DC). Limited network services are still hosted in IT1 and IT2 due to cost of relocation at this time.
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 being 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 organisation 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 provide support and guidance to managers to manage risk in more complex situations. Development on the Wellbeing Framework is underway following presentation to Local Partnership Forum. A stakeholder group is being established to shape the consultation and ensure the framework is fit for purpose. The People Health and Wellbeing Service are continuing to work on measuring and evaluating provision and effectiveness of services. Internal dashboards have been developed, and the Employee Wellbeing Service is working closely with therapies in enhancing this work. The UHB has developed a 'My Health Passport' (name to be confirmed), to enable and support effective conversations between individuals with disabilities, long term health conditions, mental health conditions etc to have effective conversations with their managers, about their requirements and health needs.
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 has recently been completed, including accessing short term support to develop effective and measurable project plans. Developing maturity in evaluation remains a priority, with all areas, including Employee Wellbeing Service, Occupational Health, Education and Equity and Inclusion, working together to implement effective systems to measure impact.
2021-22	mar-23	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 Services, 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 effectively 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. Please see above re work on evaluation and measures.

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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 has been presented to the majority of CBs. This is being utilised to inform priorities, action plans and developments locally. This is also informing the focus of targeted intervention which may include: retention; wellbeing; education and development. Employee Wellbeing Service and Occupational Health Team have developed a dashboard of delivery which is reviewed monthly - work is underway to improve the analysis of, and insights provided by this data. 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... The Anti-Racist Action Plan has been designed through co-design, and agreed by Board. The implementation has commenced and a steering group is being formed. A review of Wellbeing Services has resulted in the maintenance of an enhanced service through a move from fixed term to permanent posts, providing stability.
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 have been presented to CBs and are informing the focus of targeted intervention which includes: retention; wellbeing; education and development. Review of People and Culture Plan priorities and KPIs has been completed and incorporated into the IMTP. Employee Wellbeing Service and Occupational Health Team have developed a dashboard of delivery which is reviewed monthly and work underway to improve insights and use of the data. EHIA recently completed to support Strategy Refresh Work, and review of Shaping Our... EHIAs to be undertaken to ensure changes to processes / policies etc are inclusive and not detrimental to our communities or staff. Anti-Racist Action Plan has been approved and is underway. Organisational approach to Cultural Assessments is in development, to be presented in July 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 resettling services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.	Existing 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	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.
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 July 2023 meeting
2022/23	okt-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 reviewed at CEC and going out for wider comment through the UHB Policy ratification process • Funding fro the buslness case has been utilised for an AMaT officer and Clinical Effectiveness Lead which have been in post since September 2022 •AMaT has been implemented through the UHB, support is ongoing with using the system. Modules in use include the Clinical Audit and Service Evaluation, Service audit 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 Annual Clinical Audit plan will be submitted to QSE Committee in April

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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	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-focused 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	PC	No update received for February 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.	Executive Director of People and Culture	Assistant Director of OD, Wellbeing and Culture	PC	VBA compliance 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. An update paper is being presented to People and Culture Committee in July 2023, including progress against targets, along side trajectory to achieve and sustain compliance.
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	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 July 2023 meeting
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	The UHB is working with Audit Wales to implement the use of Info Collaborate software with Audit Wales to manage Audit queries during the 2022/23 Annual Accounts Audit Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines.
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 process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines.
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 process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines.
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	The UHB is working with Audit Wales to implement the use of Info Collaborate software with Audit Wales to manage the Audit Deliverables. Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines.
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	PC	Two cyber security analysts in post with responsibility for routine monitoring of DFE on all WIN10 machines. Further progress in relation to Penetration Testing and SIEM to complete towards Q3 2023/24 following additional recruitment to a band 5 post.
2022/23	31-mar-23	Audit of Accounts Report Addendum	R8/9	Monitoring and review of user access to the Well Sky Hospital Pharmacy system can be strengthened: The Health Board should strengthen its formal monitoring of user access rights to the Well Sky System. Also, the Health Board should ensure that its monitoring is based on regular reviews, and a clear and up-to-date record (retaining historic details) of all users, and confirmation that each user's access is appropriate.	The Well Sky system management team will review user access profiles by the end of March 2023, this will also include putting in place a regular annual review process.	Clinical Director Pharmacy and Medicines Management	Clinical Director Pharmacy and Medicines Management	C	Working with DHCW to review list of staff with access to WellSky. Process for removing/amending staff access level when the leave/change roles is being developed. Report to identify who has access to which features is not available - DHCW resolving this with WellSky so only who has access to the system can be reviewed not what level they can access. 14/3 - All users access to WellSky has been reviewed and we are in the process of asking DHCW to remove users who have not accessed the system or no longer require access. 4/6 - review and cease of users has been actioned. Internal process in place to remove staff leavers from system. Regular procedure in place to review inactive system users.

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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	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 process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines. 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 resilience (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	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 Estate code, six facet	Director of Capital Estates and Facilities	Director of Capital Estates and Facilities	PC	No update received for February 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 Mica 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. A further update will be shared at the April Committee meeting.
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	NA	Work remains ongoing. A further update will be shared at the April Committee meeting.
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		NA	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	Enhancing the Integrated Performance Report The Integrated Performance Report provides a good overview of the Health Board's performance. However, details of the actions being taken to sustain or improve performance that falls below target appears in some sections of the report but not others. The Health Board, therefore, should ensure this information is provided consistently throughout the report to strengthen the assurances provided to the Board that 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		NA	No Update shared for April Committee meeting

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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	28.02.2023 31.01.2023 31.01.2023 31.03.2023 31.01.2023 31.01.2023	Structured Assessment 2022	R3/3	Enhancing 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 meetings available publicly as soon as possible after each meeting; d) Ensure the dates Terms of Reference were last reviewed and approved are 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	a) 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. b) The meeting dates for this year's SRG meetings have been published on the website, along with some of the meeting papers. The meeting papers for the LPF are publicly available up to February 2023. We are working with our colleagues who administer the SRG and the LPF to complete this action and aim to have all meeting dates and meeting papers published on the website by the end of June 2023. c) This has not yet been actioned, although we will commence this action from now. d) This action has been completed. e) We ask for copies of presentations and, as far as possible, publish them in advance of the meetings. Where that is not possible, we publish the presentations as soon as possible following the meeting. f) This action has been completed.

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Status of Report Overall	(All)
Please confirm if completed (c), partially completed (pc), no action taken (na)	(All)
Financial Year Fieldwork Undertaken	(All)

Count of Age	Column Labels
Row Labels	Date not Specified
Audit of Accounts Report Addendum - Recommendations	
Audit of Financial Statements Report Addendum - Recommendations	
Clinical Coding Follow-up From 2014 not yet completed	2
Follow-up of Operating Theatres	
Implementing the Wellbeing of Future Generations Act	
Structured Assessment 2018	
Grand Total	2

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Due Date Not Reached	over 6 Months	Over One Year	under 3 months	(blank)	Grand Total
				3	3
		1			1
				4	6
5					5
	7				7
		1			1
5	7	2	3	4	23

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List Status

Chief Executive C

Chief Operating Officer PC

Director of Corporate Governance NA

Director of Finance

Director of Planning

Director of Public Health

Director of Therapies &

Director of

Transformation &

Director of People & Culture

Executive Medical

Director

Executive Director of Nursing

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Clinical Coding Follow-up From 2014 not yet completed

Audit of Financial Statements Report Addendum - Recommendations

Implementing the Wellbeing of Future Generations Act

Follow-up of Operating Theatres

Follow-up of Operating Theatres

Assessment of Progress Against Previous ICT Recommendations

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Audit Wales Recommendations 2019/20 – 2022/23 (July 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		6				7			7
Audit of Accounts Report Addendum – Recommendations 2021-22			4				1	1	2	4
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		2	3		2			3		5
Structured Assessment 2022		2	1		1		2			3
Taking Care of Carers			6		4		2			6
Total	2	5	24	1	7		15	4	4	31

According to the table above, No recommendations have been added to the Tracker since last reported at the Committee in April 2023. The total number of recommendations is currently 31, with 2 actions reported as complete. Twenty-four actions are partially completed and 5 have no recorded update since the last Committee meeting. Four outstanding actions were more than a year behind schedule. Four recommendations are more than six months overdue, with one indicating no date specified. Fifteen actions have exceeded their agreed-upon deadlines by over three months, but less than six.

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Report Title:	Regulatory Compliance Tracking Report		Agenda Item no.	7.7	
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	04.07.2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>		
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 is 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 Green Amber Red	Comments
2021006	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 April 2023 Committee meeting the following Circulars have been added to the tracker and triaged to executive colleagues for action:

- 2023/006 Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020
- 2023/007 Patient Testing Framework, Updated Guidance
- 2023/011 NICE Guidance on Self-harm: assessment, management and preventing recurrence
- 2023/012 NHS Wales financial monitoring returns, 2023 to 2024
- 2023/015 COVID-19 vaccination observation periods/vaccination following recovery from COVID-19
- 2023/016 Implementing the move to one dose of the HPV vaccine in Wales
- 2023/017 NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management
- 2023/018 Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies
- 2023/019 In support of prevention of suicide and self-harm
- 2023/022 Armed Forces Covenant healthcare priorities

As of the 23.06.2023 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 23.06.2023 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.

As these Patient Safety Alerts have remained outstanding for some time the Committee may consider it appropriate to refer the items to the Quality Safety and Experience Committee for reassurance that the Alerts are being appropriately progressed.

Regulatory Tracker

The Regulatory Tracker attached to this report is up to date as of the 23rd June 2023 and will continue to be updated throughout the organisation and reported to the Committee on a bi-meeting basis.

Following the April 2023 Committee Meeting a total of 2 completed entries have been removed from the register. 4 further entries have reported as complete since the April 2023 Committee Meeting and are reported in the attached Tracker.

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

External Regulator	Report Area	Number of Recommendations	Responsible Executive Officer
UKAS	Biochemistry	All recommendations complete at time of reporting.	Executive Director of Health Therapies & Sciences
UKAS	Haematology and Blood Transfusion	All recommendations complete at time of reporting.	Executive Medical Director
Research and Development	Clinical Trials	19 – All of which are complete	Executive Medical Director/Head of Research and Development

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	
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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:

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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	mai-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	mai-23	4 recommendations	mai-23	A review of recommendations made has been undertaken. 1 of the 4 Recommendations has complete - 3 remain Partially Complete No progress reported since the April 2023 committee meeting.		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 No progress reported since the April 2023 committee meeting.		PC
Capital Estates and Facilities	Capital Estates and Facilities	NWSSP	(Medical Gas Pipe Line Systems)	mai-22	Authorising Engineer (Medical Gas Pipe Line Systems) Annual Report	Executive Director of Finance	Strategy and Delivery Committee	Director of Capital Estates and Facilities	mai-23	13 recommendations	mai-23	A review of recommendations made has been undertaken. 3 of the 13 Recommendations have been completed - 10 remain Partially Complete No progress reported since the April 2023 committee meeting.		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	56 out of 105 action plans remain outstanding.		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. Reply to the audit with actions submitted 17/2/23. Awaiting if actions 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 Hygiene Ratings	Central Production UHW	12.05.2022	Unannounced 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	An update will be shared at the July Health and Safety Committee meeting providing assurance to the Health Board.		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 Health 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 complete/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	4 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. 2 recommendations are reported as complete, the remaining 2 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	1 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	5 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														

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Mental Health	Capital and Asset Management	Fire and Rescue Services	Mental Health HVC and Vale MH Services, Barry Hospital	14.04.2021	Regulatory 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. Legal proceedings remain ongoing.		PC
Medicine	Capital and Asset Management /UHW - Ward A4	Fire and Rescue Services	UHW Ward A4	29.09.2021	Regulatory 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 Article 21: Training	31.03.2023	Measures have been agreed with and implemented by senior managers of the UHB's Estates Service Board. Consequently 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 timescale, 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 likely 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	okt-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	15 of the 16 recommendations are reported as complete . An educaitaon plan is being developed to respond to the final recommendation.		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	9 recommendations are reported as complete. The remaining 12 recommendations are reported as partially complete with progress being made against sub-recommendations which are reported as complete.		PC
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	7 of the 9 recommendations are reported as complete. The remaining two recommendations are reported as Partially Complete with detailed progress updates provided		PC
CD&T	Nuclear Medicine Department	HIW	Nuclear Medicine Department	okt-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	7 of the 8 recommendations are reported as complete.		PC

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 statement 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 which has now been received.		C

HUMAN TISSUE AUTHORITY

INFORMATION COMMISSIONERS OFFICE

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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 Accountability. 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 to complete outstanding recommendations. Updates are shared at the Digital Health Intelligence Committee. No progress reported since the April 2023 Committee meeting.		NA	
JOINT ACCREDITATION 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-accreditation notice - There are ongoing discussions with the executive board regarding a new facility for BMT / Haematology as the service will not achieve re-accreditation post the next inspection cycle. A capital planning project team has been established to develop the business case to support the development of a refurbished facility for the service. No progress reported since the April 2023 committee meeting.		PC	
MEDICAL GENETICS															
MHRA															
CD&T	Pharmacy	MHRA	Pharmacy SMPU	12.10.2021	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															
R&D	Clinical trials	Good Clinical Practice	Clinical Trials	12 - 16.12.2022	Good Clinical Practice	Executive Medical Director	QSE Committee	Head or Research and Development	TBC	The inspection at this investigator site revealed 19 findings, 3 of which were graded as critical, 12 as major and 4 as minor.	N/A	1- Actions from inspection have been completed and reported to Joint Research Governance Group. Prompted a wider conversation on inspection readiness for research across the health board which were also discussed at Joint Research Governance Group. Report has been drafted to go to QS&E 2- n/a 3- No challenges 4- Last discussed at JROGG in May currently working through new Audit plan and establishing a quality assurance group to take forward inspection readiness work		C	
UKAS															
CD&T	Biochemistry	UKAS	Biochemistry	5-7/12//2022	ISO Accreditation	Executive Director of Health Therapies & Sciences	QSE Committee	Nigel Roberts	TBC	ISO15189:2012 accreditation maintained. Key strengths on-going maintenance of a highly conformant quality management system and robust risk management system	N/A	Mandatory findings have been addressed. Recommended findings are not mandatory and are proposed as quality improvement or indicate possible future non-conformity		C	
CD&T	Haematology and Blood Transfusion	UKAS	Haematology and Blood Transfusion	25-26/04/2023	ISO Accreditation	Executive Medical Director	QSE Committee	Alun Roderick	TBC	ISO accreditation maintained. Only minor findings noted in assessment all addressed and evidence supplied back to UKAS	N/A	Mandatory findings have been addressed. Recommended findings are not mandatory and are proposed as quality improvement or indicate possible future non-conformity		C	
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 measurement and undue consumption of water at the premises.112	20.06.2022	Action plan developed and working through actions before Revisit. No update received following the April 2023 Committee meeting.		PC	
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 recommendations made relating to standards 1.a.5, 1.c.6, 5.d.3 and 6.b.1, one of which is reported as completed.		PC	
WEST MIDLANDS QRS															

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Report Title:	Updated Policies Plan 2023-2024		Agenda Item no.	7.9	
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	4 July 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report

Background and current situation:

Cardiff and Vale University Health Board (“the Health Board”) has a responsibility to ensure compliance with legislative, statutory and regulatory requirements. One of the ways in which the Health Board seeks to meet those requirements is by its Corporate Policies, procedures and other written control documents (“Policy Documents”). These Policy Documents set out how the Health Board operates and the parameters within which its staff are expected to work in order to meet the Health Board’s statutory requirements.

It is therefore essential that the Health Board maintains a robust and clear governance framework for the management of its Policy Documents in order to minimise risk to patients, staff, contractors, the public and the organisation itself.

In December 2020, Internal Audit undertook an audit in relation to the Health Board’s management of its Policy Documents and made a number of recommendations. Limited work was undertaken to address those recommendations due to various reasons which included (i) the emergence of, and continuation of, the Covid-19 pandemic, (ii) limited resource within the Corporate Governance team and (iii) turnover in the Head of Corporate Governance post.

At its meeting held on 8 November 2022, the Committee received a report which set out the proposed actions and timescales planned to address the recommendations in the 2020 Internal Audit Report. The report included a Policies Plan which set out a step by step process comprising of a number of actions to be completed in order to ensure a fully functioning sustainable system is in place for the management of the Health Board’s corporate policies and procedures. The date for completion of the final action was May 2023.

Whilst some progress has been made to address the actions set out in the Policies Plan, unfortunately many of the actions have not been completed. This is due to a number of reasons, including the limited dedicated resource within the Corporate Governance team. With hindsight, it is also acknowledged that the timescales set out in the Policies Plan were ambitious and it has been very challenging trying to adhere to the timescales set out in the original Plan.

A further review relating to the Management of Health Board Policies was undertaken by Internal Audit recently and the final audit report (with a finding of Limited Assurance) was presented to the Committee on 11 May 2023 along with the management responses provided to address the recommendations made.

Following receipt of Internal Audit’s report in May 2023, the Corporate Governance team has reviewed and updated the Policies Plan (attached as Appendix 1) in order to address the latest set of recommendations. The updated Policies Plan is premised upon having a dedicated resource within the Corporate Governance department to focus solely upon this piece of work over the next 6-12 months.

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

The recent Internal Audit report identified that 68% of the Policy Documents (502 at the time of the audit) were out of date and/or required a review. Put simply, aside from the possibility that the Health Board's out of date policies/procedures fail to adequately direct working practices, the Health Board could potentially be in breach of its regulatory and statutory requirements.

In order to give priority to this piece of work additional dedicated resource within the Corporate Governance department is required and a proportion of the time of the Corporate Archivist and Records Management Manager has been identified to support. He will work closely with the Executive Leads over the next 6-12 months and support the Head of Governance in order to complete all of the actions set out in the updated Policies Plan and to put in place an effective policies management system as soon as possible (but no later than May 2024).

Recommendation:

The Committee is requested to:

- a) **Note** the proposed actions and timescales set out in the updated Policies Plan 2023-2024 (as attached under Appendix 1).

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	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		Collaboration	x	Involvement	x
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Impact Assessment:

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

Risk: No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes

The current status of the Corporate Policy Register could give rise to potential Staff or Patient safety implications, given that some of the published Policy Documents have long expired review dates. The body of the report sets out the actions being taken to address this.

Financial: No

Workforce: No	
<i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>	
Legal: Yes	
Potential breach of Health Board's regulatory/statutory requirements if out of date policies/procedures are relied upon and do not reflect current legislation/guidance.	
Reputational: Yes	
For the reasons set out above.	
Socio Economic: No	
<i>The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.</i>	
<i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES (If this has been addressed in the main body of the report, please confirm)</i>	
Equality and Health: No	
<i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.</i>	
<i>Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales) (If this has been addressed in the main body of the report, please confirm)</i>	
Decarbonisation: No	
<i>Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made. (If this has been addressed in the main body of the report, please confirm)</i>	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Appendix 1

Corporate Policies Management System Updated Plan 2023-2024

No.	Action	Timescale	Responsible Officer	Complete / Partially Complete / Incomplete
1	<p>Update the original Corporate Policies Management System Plan following Internal Audit Report received in May 2023.</p> <p>The original Policies Plan has been reviewed. As at the end of May 2023, 8 of the 21 Actions listed on that Plan have been completed. The outstanding actions have now been superseded by the Actions sent out in this updated Policies Plan (2023-2024).</p> <p>This updated Plan sets out the required Actions from June 2023 to June 2024.</p>	May 2023	Head of Corporate Governance	Completed
2	Head of Corporate Governance to follow up with the contacts provided by the Executive Medical Director.	June 2023	Head of Corporate Governance	In progress
3	Head of Corporate Governance to have follow up meeting with Health Board's Archivist	July 2023	Head of Corporate Governance/Archivist	In progress

	Meeting scheduled for 29 June 2023			
4	<p>Produce and issue updated Executive Trackers to Executives for comment and action</p> <p>Updated individual Policy Trackers per Executive Lead are to be produced and issued to relevant Executive Leads.</p> <p>Updated Individual Trackers have been produced for:-</p> <ul style="list-style-type: none"> - Executive Director of People and Culture in respect of HR/employment related policies/procedures (May 2023). <p>Updated Individual Trackers to be produced for:-</p> <p>Director of Digital & Health Intelligence Executive Director of Therapies and Healthcare Sciences Executive Medical Director Executive Nurse Director Executive Director of Finance Executive Director of Strategic Planning Executive Director of Public Health Executive Director of People and Culture (in respect of Health and Safety policies/procedures) Chief Operating Officer Director of Corporate Governance</p>	June – July 2023	Head of Corporate Governance	In progress
5	<p>Head of Corporate Governance to undertake thorough review of Policies Tracker (draft v1.2) to ensure:-</p> <ul style="list-style-type: none"> - Each policy/document recorded on it has a relevant Executive Lead and to make appropriate enquiries where not known; - The multiple variants of Executive Lead titles are reviewed for consistency and updated; 	June – July 2023	Head of Corporate Governance	In progress

	<ul style="list-style-type: none"> - The gaps in the Tracker are reviewed and updated/completed and/or cleared. - The title of the policy/document listed reflects the title of the published policy/document; and - The comments boxes are reviewed to check that they contain sufficient information with regards to the status of the policies/documents, including actions required/taken (eg actions taken by whom and when). <p>This has been actioned for:-</p> <p>Executive Director of People and Culture's HR/employment related policies and documents (June 2023).</p>			
6	Review Corporate Governance Team's SOP following actions taken since last review and the recommendations made by Internal Audit	June – July 2023	Head of Corporate Governance	In progress
7	<p>Carry out a thorough review of all policies / other controlled documents published on the Website and SharePoint to ensure that those policies/procedures and other written control documents:</p> <ul style="list-style-type: none"> - are the correct version; - Where required to be published on both the Health Board's Website and SharePoint, the same/correct versions are published; - Are in a pdf format (and not in a Word format); and - The links to access the policies/documents work. <p>This has been actioned for:-</p> <p>Executive Director of People and Culture's HR/employment related policies and documents (June 2023).</p>	June – August 2023	Head of Corporate Governance	In progress
8	Update the Health Board's "Policy on Policies" to reflect the changes to the Committee structure that were approved in March 2023	June – September 2023	Head of Corporate Governance	In progress

9	Head of Corporate Governance to meet with Director of Communications to discuss how the publication of new/updated policies – when published on SharePoint – can be communicated to staff.	July – August 2023	Head of Corporate Governance/Director of Communications	Not yet due
10	<p>Executive Leads to provide comments to the Head of Corporate Governance in respect of updated Executive Policy Tracker (see Action 4):-</p> <ul style="list-style-type: none"> - Check that all of the policies / documents which fall within their portfolio are captured on the Tracker and to provide details of those policies/procedures which have not been registered on the Tracker. - Provide the Head of Corporate Governance with timescales within which any out of date policies/documents will be reviewed. 	August 2023 to September 2023	<p>Executive Director of People and Culture</p> <p>Director of Digital & Health Intelligence</p> <p>Executive Director of Therapies and Healthcare Sciences</p> <p>Executive Medical Director</p> <p>Executive Nurse Director</p> <p>Executive Director of Finance</p> <p>Executive Director of Strategic Planning</p> <p>Executive Director of Public Health</p> <p>Chief Operating Officer Director of Corporate Governance</p>	Not yet due

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11	<p>Circulate proposed template for the Policies Management System to Exec Leads.</p> <p>The Head of Corporate Governance to circulate the draft “template” which sets out the proposed categorisation and sub-categorisation of policies/documents for the Website and SharePoint to be circulated to the Exec Leads for comment.</p>	August 2023 – September 2023	Head of Corporate Governance	Not yet due
12	<p>Executive Leads to respond to Action number 11 above (ie categorisation template)</p>	End of October 2023	<p>Executive Director of People and Culture</p> <p>Director of Digital & Health Intelligence</p> <p>Executive Director of Therapies and Healthcare Sciences</p> <p>Executive Medical Director</p> <p>Executive Nurse Director</p> <p>Executive Director of Finance</p> <p>Executive Director of Strategic Planning</p> <p>Executive Director of Public Health</p> <p>Chief Operating Officer</p>	Not yet due

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			Director of Corporate Governance	
13	<p>Meet with IT to discuss SharePoint page to see how this can be utilised for the Policy Management System and/or whether there are any other options.</p> <p>Meeting to be arranged once the template for proposed categorisation of policies has been agreed by Executive Leads.</p>	November – December 2023	Head of Corporate Governance/IT	Not yet due
14	<p>Follow up meeting with IT to progress the establishment of the Policy Management System</p>	January – February 2024	Head of Corporate Governance/IT	Not yet due
15	<p>Follow up with Exec Leads with up to date Policy Tracker</p> <p>Circulate to each Executive Lead, the latest version of the Policy Tracker Policy Tracker Draft v1.2 plus the individual Policy Tracker for the respective Executive Lead, and seek:-</p> <ul style="list-style-type: none"> - confirmation as to the current status of any policy/documents which are still recorded as having expired Review Dates, proposed action regarding the same together with indicative timescales; and - clarification as to whether the Tracker provides a complete register of all current corporate policies/documents which fall within his/her respective portfolio and which should be recorded on the Corporate Register. 	March – April 2024	Head of Corporate Governance/each Executive Lead	Not yet due
16	<p>Executive Leads to respond to Action 15.</p>	April 2024	Executive Director of People and Culture	Not yet due

			<p>Director of Digital & Health Intelligence</p> <p>Executive Director of Therapies and Healthcare Sciences</p> <p>Executive Medical Director</p> <p>Executive Nurse Director</p> <p>Executive Director of Finance</p> <p>Executive Director of Strategic Planning</p> <p>Executive Director of Public Health</p> <p>Chief Operating Officer</p> <p>Director of Corporate Governance</p>	
17	<p>Fully functioning Policy Management System in place.</p> <p>Which serves to: -</p>	By May 2024	Head of Corporate Governance	Not yet due

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<ul style="list-style-type: none"> - Provide the Corporate Policy Register which is an accurate register of all up to date Corporate Policies and other written controlled documents. - Identifies review dates for all policies/documents held on the register. - Includes details such as:- <ul style="list-style-type: none"> - UHB Policy Reference number - Document title - Publication Date - Whether a policy/document has been published on the Website. - Date of next review of policy/document - Mechanism to alert Corporate Governance Team to a policy/document review date. - Relevant Executive Lead - Policy Author - Whether the Policy/document is available bi-lingually. - Comment box – to record current status of a policy/document (eg if a policy is out for consultation, due to go to Board/Committee for approval etc). 			
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Report Title:	Procurement Compliance Report		Agenda Item no.	7.10
Meeting:	Audit and Assurance Committee	Public	X	Meeting Date: 4 July 2023
		Private		
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Assistant Director of Procurement Services and Executive Procurement Lead – C&V			
Main Report				
Background and current situation:				

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

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

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

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

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

Unfortunately, there are times 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.

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

ASSESSMENT AND ASSURANCE

Non-Compliant Activity (16)

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
Grow Cardiff	£8,606.00	N/A	12 months	PCIC	No Procurement involvement in engagement of services	In Progress - Procurement liaising with Service to understand ongoing requirement for future compliance
D&HI Agency	£40,000.00	N/A	5.1 months	Executives – D&HI	Appointment agreed and candidate commenced prior to Procurement compliance approval	Closed – Procurement have completed a contract
D&HI Agency	£40,980.00	N/A	3 months	Executives – D&HI, Eye Care Digitalisation Team	Appointment agreed and candidate commenced prior to Procurement compliance approval	Closed – Procurement have completed a contract
Cardiff People First	£8,746.80	N/A	6 months	Executives – RPB	Transfer from Cardiff Council which already had these arrangements in place with no contract. RPB looking at options going forward	In Progress – Procurement liaising with Service to understand requirement and future compliance
Dental Student Transport	£5,060.00	N/A	1 month	Surgery - Dental	No Procurement involvement in engagement of services	In Progress - Procurement liaising with Service to understand requirement and future compliance
Penkife Printing	£10,593.00	N/A	One purchase order of goods	Children and Women	No Procurement involvement in engagement of services	In Progress - Procurement liaising with Service to understand ongoing requirement for future compliance
City Hospice Trust	£5,990.91	N/A	3 months	PCIC	No Procurement involvement in engagement of services	In Progress - Procurement liaising with Service to understand ongoing

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Home Dialysis Conversion with Electrical and Mechanical Works	£11,716.40	N/A	One off service	Specialist	No Procurement involvement in engagement of services	requirement for future compliance Closed – completed home conversion
Complex Wound Clinical Services	£28,512.00	N/A	3 months	Executives – Finance	No Procurement involvement in engagement of services as historic agreement in place. Corporate Finance had been processing invoices, however, service ownership has now been transferred to Surgery.	Closed – Compliant contract in place
40 Year Celebration Evening	£6,759.36	N/A	One off event	Specialist	No Procurement involvement in engagement of services	Closed – One off event
Temperature Monitoring Service for Clinical Research Facility	£18,802.82	N/A	12 months	Executives – Clinical Research	No Procurement involvement in engagement of services	Closed – On workplan to procure for 2024/25
Cardiff University	£91,319.20	N/A	12 months	C,D&T	No Procurement involvement in engagement of services	In progress – discussions with service on future requirements
Beckford Consulting Workshop	£12,000.00	N/A	One off event	Specialist	No Procurement involvement in engagement of services	Closed – One off event
Action Starter Ltd	£11,000.00	N/A	12 months	Mental Health	No Procurement involvement in engagement of services	In progress – discussions with service on future requirements
Team Software (Innovise) Portertrac Service Pack UHL	£11,563.44	N/A	12 months	Capital, Planning, Estates and Facilities	No Procurement involvement in engagement of services	In progress – discussions with service on future requirements
IRS agreement	£42,000.00	N/A	One off purchase	Mental Health	No Procurement involvement in engagement of services	Closed – One off purchase

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

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

Other Non-Compliant Activity (5 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
Legal Fees	£67,356.12	N/A	One off service	Executives – Risk and Regulation	NWSSP Legal and Risk select barristers with no Procurement or Health Board involvement in appointment	One off service - closed
Renal Association	£5,591.67	N/A	Annual Membership	Specialist – Nephrology and Transplant	Exemption as regulatory requirement	One off service - closed
Barrister Fees	£6,300.00	N/A	One off service	Executives – Risk and Regulation	NWSSP Legal and Risk select barristers with no Procurement or Health Board involvement in appointment	One off service - closed
Emergency Works for Heulwen Ward Roof	£12,340.00	N/A	One off emergency works	Capital, Planning, Estates and Facilities	Emergency works	One off service - closed
Medicines and Healthcare Products Regulatory Agency (MHRA) Inspection Fee	£7,302.00	N/A	One off fee	CD&T	Exemption as regulatory requirement and the only organisation able to undertake inspection.	One off service - closed

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 Return) requests during the period the 1st March 2023 to 31st May 2023.

Clinical Board	Supplier	Name of Project	Retrospective Value of Contract Excl VAT	STA Type
Executives - RPB	The Care Collective	Young Carers Engagement	£25,000.00	Capability with existing equipment or service

Should Retrospective STA/SQA's occur a letter from the Director of Finance will be sent to the Clinical Director/Department Head and copied to the relevant Executive Director to seek assurance that

measures will be put in place to ensure that a breach does not occur again. If repeated breaches continue this will be escalated to the CEO.

Prospective (within the permitted guidelines)

The report outlines all SQA/STA (24) requests during the period the 1st March 2023 to 31st May 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	Applied Spectral Imaging	ASI Imaging and Analysis System Upgrade	\$76,275.00	Sole Supplier of Goods or Services
CD&T	MZ Events	WorldLab-EuroMedLab event	£10,720.00	Sole Supplier of Goods or Services
Executives	Swansea University	Masters training for assessing decision making capacity for Clinicians	£14,250.00	Sole Supplier of Goods or Services
CD&T	SCC Soft Computer	Super User Training	£16,318.00	Sole Supplier of Goods or Services
CD&T	GenQA (Oxford Trust)	ISO Accreditation	£25,807.00	Sole Supplier of Goods or Services
Executives	Lumina Spark	Lumina Learning	£44,640.00	Sole Supplier of Goods or Services
Executives	Access UK (Previously Elemental)	Social Prescribing Platform	£112,140.00	Sole Supplier of Goods or Services
CD&T	Hologic	Maintenance of ThinPrep T-2000 Processor	£7,000.00	Sole Supplier of Goods or Services
Surgery	Minum Healthcare	Bulk Purchase of Surgery Consumables	£47,217.50	Sole Supplier of Goods or Services
Specialist	Cardiff University	NRU Neuroscience Research Trials	£19,960.80	Sole Supplier of Goods or Services
Executives	Action for Children	Family Support Pilot to provide alternative routes to families joining hospital diagnostic pathways	£41,000.00	Sole Supplier of Goods or Services
CD&T	IBEX Medical Analytics	Provision of Artificial intelligence software supporting the reporting of prostatic biopsies	£30,800.00	Sole Supplier of Goods or Services
CD&T	Cardiff University	Data hosting and Support WREN System	£47,500.00	Sole Supplier of Goods or Services
PCIC	ACE	Community Development Manager and Community Health Connectors	£153,000.00	Sole Supplier of Goods or Services
CD&T	CellPath Ltd	Cellular Pathology off-site storage	£10,948.93	Sole Supplier of Goods or Services
CD&T	Perkin Elmer AES (UK) Ltd	Maintenance contract for NexION 5000 ICP-MS	£18,185.00	Sole Supplier of Goods or Services
CD&T	Monmouth Scientific	Exhaust Ventilation Filters Consumables	£18,218.00	Sole Supplier of Goods or Services

Children and Women	Paraid	Neonatal Transporters	£36,000.00	Capability with existing equipment or service
CD&T	Ideagen	Q-Pulse Annual Licence	£15,499.40	Sole Supplier of Goods or Services
CD&T	Promega	MaxPrep™ Premier Service Agreement	£28,882.08	Sole Supplier of Goods or Services
CD&T	AB Sciex UK Limited	Maintenance Contract for AB Sciex 5500	£99,237.24	Sole Supplier of Goods or Services
CD&T	Perkin Elmer AES (UK) Ltd	Maintenance contract for NexION 2000 ICP-MS	£15,317.00	Sole Supplier of Goods or Services
CD&T	Waters Limited	Maintenance Contract for Xevo Qtof	£30,097.81	Sole Supplier of Goods or Services
CD&T	CoolTherm	Hire of Chiller Unit for SMPU	£31,956.00	Capability with existing equipment or service

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	2022/23			2023/24		
	Non-Compliant Breaches	Exemption	Covid-19	Non-Compliant Breaches	Exemption	Covid-19
AWMGS	1	0	0	0	0	0
Children and Women	2	0	0	1	0	0
Capital Planning, Estates and Facilities	3	2	1	1	1	0
Clinical, Diagnostics and Therapies	2	0	0	1	1	0
Executives	8	5	0	5	2	0
Medicine	2	1	0	0	0	0
Mental Health	0	0	0	2	0	0
PCIC	0	0	0	2	0	0
Specialist	3	1	0	3	1	0
Surgery and Dental	9	1	0	1	0	0
TOTALS	31	10	1	16	5	0

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

Clinical Board	2021/22		2022/23		2023/24 (Year To Date)	
	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	4	3	3	3	0	0
Children and Women	2	0	3	1	1	0
Capital Planning, Estates and Facilities	2	0	15	2	0	0
Clinical, Diagnostics and Therapies	14	1	26	2	16	0
Executives	9	3	23	1	4	1
Medicine	6	1	4	0	0	0
Mental Health	1	0	3	0	0	0
PCIC	2	0	11	3	1	0
Public Health Commissioning Team	1	0	7	0	0	0

Specialist Services	6	2	11	1	1	0
Surgery Services and Dental	5	1	11	0	1	0
Grand Total	52	11	117	13	24	1

Recommendation:

The Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	
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Impact Assessment:

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

Risk:	As outlined in the above section
Safety:	As outlined in the above section
Financial:	As outlined in the above section
Workforce:	As outlined in the above section
Legal:	As outlined in the above section

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

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Report Title:	Counter Fraud Progress Report		Agenda Item no.	7.11		
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	04/07/2023	
		Private	<input type="checkbox"/>			
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Lead Executive:	Executive Director of Finance, Catherine Phillips					
Report Author (Title):	Counter Fraud Manager, Gareth Lavington					

Main Report

Background and current situation:

The Counter Fraud Progress report seeks to provide assurance to members that the Counter Fraud work being undertaken is satisfactory, robust and compliant with NHS Counter Fraud Authority requirements.

The report provides information around key areas of work including, fraud awareness and learning, Fraud Risk assessment, Investigation and reactive work, and promotional activity.

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

Thematic Engagement exercise conducted by the NHS CFA – included under separate cover, and responses to this report by Counter Fraud Manager that are included in the main Progress Report.

Recommendation:

The Committee is requested to:

- a) review, discuss and note the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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
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Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

Fraud is a risk to all organisations. Within the NHS should fraud occur then this can have financial and reputational impacts and ultimately negatively affect patient care.

Safety: Yes/No

Financial: Yes/No

All fraud occurring in the organization has a financial loss to the organization.

Workforce: Yes/No

Reduction of available staff during investigations and sanctions; demotivation

Legal: Yes/No

Reputational: Yes/No

As at Risk

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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GIG
CYMRU
NHS
WALES

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

NHS WALES

Counter Fraud Progress Report

01/04/23 – 16/06/2023

Public

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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1. Introduction

In compliance with the Secretary of State for Health's Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the Cardiff and Vale University Health Board's Local Counter Fraud Specialists on behalf of the Health Board.

This report relates to activity for the reporting period 01/04/2023 – 16/06/2023.

2. Progress

Infrastructure/Annual Plan

Work has continued in maintaining the Counter Fraud infrastructure in order to maintain compliance with the Counter Fraud Plan for 2023-2024, and the NHS CFA functional standards. The below activity has taken place -

- i. Continued maintenance and development of a comprehensive local activity database which is vital in maintaining a detailed and accurate record of work undertaken and activity reported in order to inform areas of future work.
- ii. Continued maintenance of Counter Fraud digital platform – Members of the Audit Committee are encouraged to visit the site at the link/QR code here

[Counter Fraud - Home \(sharepoint.com\)](https://nhs.wales365.sharepoint.com/sites/CAV_Counter%20Fraud%20&%20Internal%20Audit)

https://nhs.wales365.sharepoint.com/sites/CAV_Counter%20Fraud%20&%20Internal%20Audit



Promotion and Awareness and Educational Activity

Corporate Induction– At this point in time there is no traditional Corporate Induction taking place at Cardiff and Vale UHB. Following liaison with the ECOD team it has

been agreed that the Counter Fraud will attend and deliver fraud awareness sessions at all future Corporate Induction Events. It is understood that the first of these will take place in September. In the meantime a Counter Fraud Introduction document has been developed and provided to the ECOD team for inclusion in the Corporate Induction Handbook. The aim is to signpost new members of staff to Counter Fraud learning and support documents.

Fraud Pop Ups- Further fraud pop up events have been held during this quarter. This has involved the team attending various sites around the organisational estate, promoting the Counter Fraud Team, engaging with staff members and visitors, and handing out promotional materials. (UHW, Woodland House, CRI and St Davids Hospital) A flyer/bulletin has been developed and has been handed out to staff at these sessions and left in key places around the estate to encourage staff to attend Webinar events, book fraud awareness sessions, undertake e-learning and report fraud. A copy of this bulletin is at [Appendix 1](#).

Webinar Events – During this period a total of 6 webinar events have been held. These sessions are held once a month and are advertised for staff to book into. Two sessions are held – General fraud Awareness and Mandate Specific Fraud Awareness. One member of staff from CAVUHB has attended a webinar in this Quarter.

Intranet Site- during this Quarter the intranet site has received 409 visits.

Other/Ad Hoc/Trial promotional activity- A quarterly newsletter has been produced, disseminated and published on the intranet site. This can be found at the following link - [Counter Fraud Newsletter - May 2023 \(sharepoint.com\)](https://nhs.wales.nhs.uk/sites/CAV_Counter%20Fraud%20&%20Internal%20Audit/SitePages/Counter-Fraud-Newsletter---May-2023.aspx) https://nhs.wales.nhs.uk/sites/CAV_Counter%20Fraud%20&%20Internal%20Audit/SitePages/Counter-Fraud-Newsletter---May-2023.aspx or via the QR Code provided above.

A promotional email has been shared with Department Heads and Fraud Champions in order that it is cascaded to as many staff as possible which aims to increase the uptake of e-Learning, the Counter Fraud App and the uptake of Fraud Awareness sessions. A copy of this is provided at [Appendix 2](#)

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E- Learning – The new e-Learning package is now Live on the ESR system and available to staff. This is not mandatory learning at the organisation. Since launch 10 members of staff at CAVUHB have completed the learning. During the same time period across NHS Wales as a whole 1192 members of staff have completed the learning. Liaison has been made with the People Services team in order promote Counter Fraud e-Learning to the Mandatory Training Steering Group.

Prevention

Local Bulletins – One local fraud bulletin has been produced this quarter. This was in relation to the production of false references by a former member of staff from an employment agency to a number of Healthcare Support Workers around the country. The matter has been reported to the police by the agency involved. One of these references was supplied to an applicant to CAVUHB and as a result the applicant was removed from the recruitment process. The bulletin/alert in relation to this issue was sent to other NHS Organisations in order provide awareness of the issue and protect the wider NHS organisation.

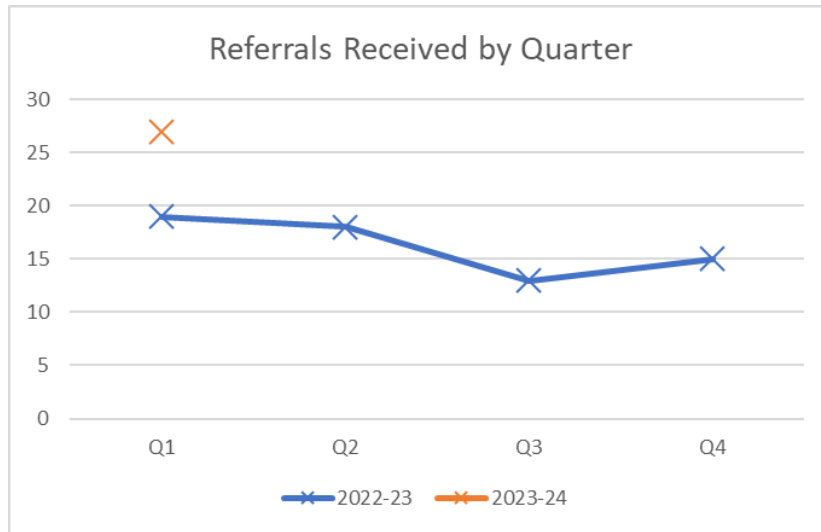
Iburn – One Iburn notice has been disseminated by the NHS Counter Fraud Authority in this Quarter. This related to a person believed to be multiple working/subcontracting out their work for multiple NHS organisations as a Finance Manager, possibly through an agency. Checks conducted on organisations ESR with no results found for details or alias. Checks conducted with organisations Fraud champion/finance department who confirmed that no person by the given details was currently or previously employed by the organisation. Results recorded on CLUE database.

FPN – No FPN's have been issued by the NHS Counter Fraud Authority in this Quarter.

Referrals

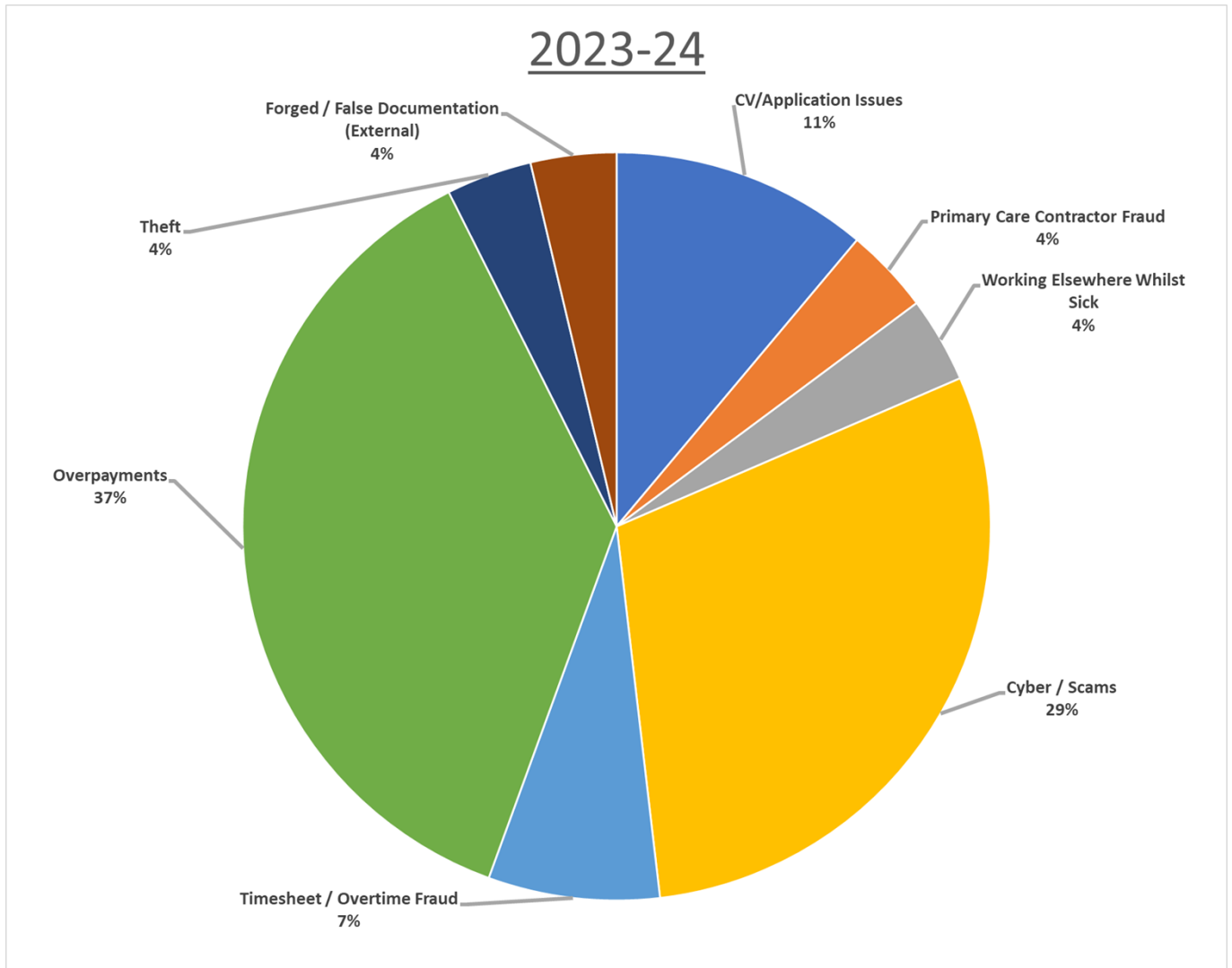
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During this reporting period there have been a total of 27 referrals made to the team.



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A thematic breakdown of the referral areas for the 2023-24 year to date is shown below. The largest area of referral is Overpayments of Salary making up 10 of the 27 referrals. Whilst 'Cyber/Scams' accounts for a large proportion of referrals (29%) the data is skewed due to receiving multiple referrals for one incident which transpired to be a test email sent out by our IM&T Team.



Investigations

A total of 14 Investigations have been commenced this Quarter. At the start of the quarter 8 investigations were open. 6 have been closed in the Quarter. There are therefore 16 investigations open and being actively investigated by the team at 16/06/2023. A summary of the investigations are provided below.

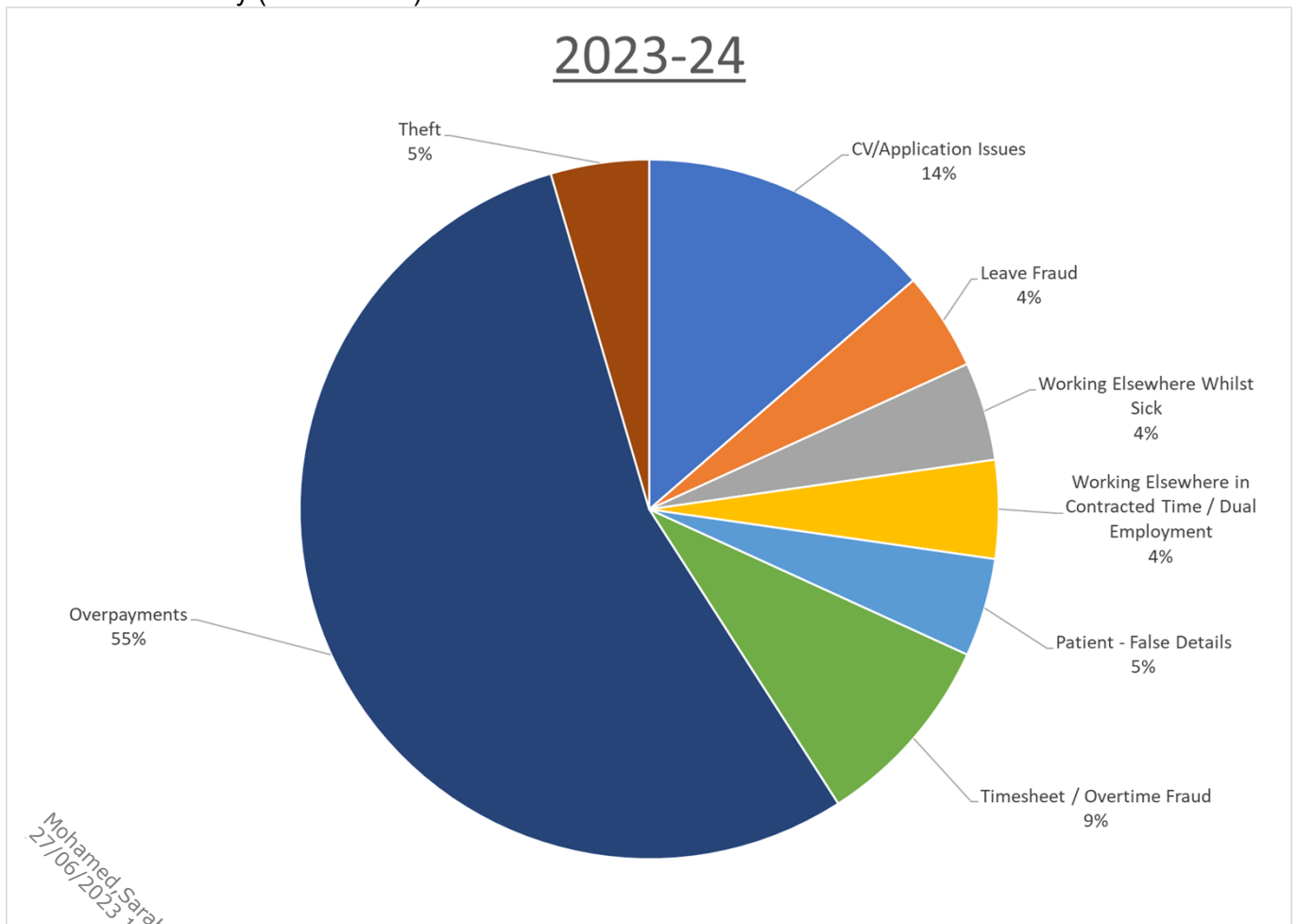
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Investigation Number	Investigation Subject	Date Opened	Date Closed	Outcome
INV/22/00730	False On Call Claims	CARRIED OVER - 24/06/2022		
INV/22/01558	False Bereavement	CARRIED OVER - 25/10/2022		
INV/23/00079	Staff Over Payment	CARRIED OVER - 10/01/2023		
INV/23/00096	Overpayment of Salary - Non Starter	CARRIED OVER - 12/01/2023		
INV/23/00113	Suspected Overtime Fraud (EW)	CARRIED OVER - 13/01/2023		
INV/23/00263	Working elsewhere during HB Hours	CARRIED OVER - 06/02/2023	02/05/2023	No fraud identified, all avenues of investigation completed under available powers.
INV/23/00412	Patient letters to different address	CARRIED OVER - 28/02/2023		
INV/23/00415	Working whilst sick / NFI match	CARRIED OVER - 27/02/2023		
INV/23/00646	Theft of Cyclizine	03/04/2023	02/05/2023	Evidence of theft to the value of £11.33, passed evidential test however did not pass public interest test for criminal prosecution. Subject work with organisation terminated.
INV/23/00648	Overpayment Of Salary - Career Break	03/04/2023	01/06/2023	Non Fraud Recovery £10,847.74
INV/23/00702	Overpayment / On-Call Banding error	06/04/2023	18/05/2023	Disciplinary hearing completed - written warning issued in relation to nonfraud offences. No losses to fraud identified.
INV/23/00737	Salary Overpayment Following Termination	18/04/2023		
INV/23/00764	Salary Overpayment Following Termination	21/04/2023		
INV/23/00824	Salary Overpayment Following Termination	02/05/2023		
INV/23/00825	Salary Overpayment for Sick Pay	02/05/2023		
INV/23/00826	Salary Overpayment Reduction in Hours	02/05/2023		

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INV/23/00827	Salary Overpayment Following Termination	02/05/2023		
INV/23/00828	False Reference - Bank Worker	02/05/2023	18/05/2023	Subjects recruitment with the organisation was terminated. Intelligence shared with counter parts across Wales regarding Subject.
INV/23/00884	Overpayment of Salary - Career Break	10/05/2023		
INV/23/00896	Overpayment of Salary - Late termination	11/05/2023		
INV/23/00991	CV Issues	23/05/2023	30/05/2023	Investigation complete, no issues found
INV/23/01060	Falsified managers signature on training form	02/06/2023		

A thematic breakdown of the investigation areas for the 2023-24 year to date is shown below. The largest proportion of investigations is made up of Overpayments of Salary (12 out of 22).



Fraud Risk

A total of 3 Fraud Risk Assessments have been completed in this period. These have been disseminated to nominated stakeholders and Executive leads for review, and consideration for recording on the local risk register, as per the Risk Management Policy.

The areas that the risk assessments have been submitted:

- Staff Sickness – False reporting
- Staff Sickness – Working Elsewhere whilst sick
- Capital and Estates Procurement

Copies of these assessments have been submitted in the papers for the private meeting along with the live Risk Fraud Profile that provides up to date reporting of the current situation in relation to fraud risk.

National Fraud Initiative

Work has commenced into the latest NFI data dump. The below table provides the total matches that are addressed by the Counter Fraud Team.

Report Type	Total No. of Matches	No. Cleared
Payroll to Payroll - NI	311	18
Payroll to Payroll - Tel. No.	54	0
Payroll to Payroll - Email	1	1
Payroll to Pension	132	132
Payroll to Company Director/Trade Creditor	116	5
Payroll to Creditor	190	1

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3. Other

NHS Counter Fraud Thematic Engagement Exercise – Fraud Risk

On 6th June 2023 the NHS Counter Fraud Authority reported on a 'Thematic Engagement Exercise' that they had undertaken into compliance with the Government Functional Standard GovS 013: Counter Fraud; requirement 3 Risk assessment. This document is provided under separate cover and submitted as supplementary to this progress report as **Appendix 3**. The document outlines the background and scope of the exercise and identifies its findings and recommendations for NHS Wales as a whole and for each individual Health Board. These are summarised below and the actions being undertaken by the Counter Fraud Team provided alongside.

This has been reported to the Audit Committee, in support of the Annual Report that also reported on this at the last meeting, to provide assurance that in this requirement area the CAVUHB Counter Fraud Team are compliant.

Generic Recommendations (Responses, where appropriate, in red)

- NHSCFA to provide continued support and training to organisations via workshops or webinars in order to increase knowledge and understanding of both fraud risk assessments and LPEs.
- NHSCFA to reinforce the importance of fraud risk assessments and the targeted approach to LPEs so that LCFS resources are best spent more effectively.
- NHSCFA to explore the possibility of allowing access to Ngage for key staff within an organisation for eg deputy directors of finance, head of governance and head of risk.
- Organisation must record FRAs in-line with their own risk management policies to achieve an amber rating and once evidence supports review and evaluation in-line with those policies then a green rating would apply for requirement 3 – **This is already being carried out. All Fraud Risk Assessment work is recorded on the local form created for the purpose and is reported to nominated stakeholders and Executive leads for review, recording on the local risk register, consideration for escalation, and any recommended remedial action to be undertaken.**

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- Organisations to undertake comprehensive fraud risk assessments at a local level which should be reviewed and updated in line with the organisations own policies and procedures – **as above with the addition that a local live Fraud Risk Profile is held by the Counter Fraud Team with review dates and actions to be completed.**
- Organisations must ensure that all FPNs are recorded on Clue as this will ensure the benchmarking dashboards accurately reflect the work being done to counter fraud at a local level. Failure to do so would result in a red rating for requirements 6, 8 and 10. – **this is already being completed.**
- Organisations to ensure outcomes from LPEs must be accurately recorded even if this is some time after the proactive exercise has concluded. For example, following recommendations it would be beneficial to revisit the exercise to review outcomes. – **this is completed as an when appropriate. All LPE records remain live on the clue system and contain regular dates of review.**

Organisational Findings and Recommendations

Findings

- A number of FRAs had been written however at the time of the assessment no FRAs had been recorded on Datix which was a policy requirement. The LCFS lead did confirm that plans had been put in place to rectify this issue. The FRAs we had sight of were broadly written in line with GCFP methodology. LPE's and FPNs had been recorded and at the time of the assessment a total of 7 had been recorded on Clue for the period 01/04/2021 to 01/09/2022- **this is an inaccurate statement. CAVUHB does not use Datix to record risk. Local risk registers and the Corporate Risk Register are used. All risk work complies with both the local Risk Policy and with the CFA requirements. All work is recorded accordingly on the CLUE database and on the Local Fraud Risk Profile maintained at the CF department. All exercises are reported to organisational stakeholders and a request is made for inclusion on the local risk register.**

Recommendations

- The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. – **All risk work is already fully compliant with local policy and with CFA requirements.**

- FRAs should be recorded in-line with local policy as at the time of the assessment a red rating would have applied for requirement 3. – the Fraud Risk work carried out is already compliant with GCFP content and local policy requirements. All fraud risks are reported to the organisational stakeholders. Further to this a live Fraud Risk Profile is maintained by the Counter Fraud team for the purposes of status and review. All risk work is also recorded on the CLUE database.
- Outcomes from LPEs should be accurately recorded – these are being recorded as above on the CLUE database.
- All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10. – this is an incorrect statement. All FPN's issued by the NHS CFA have been actioned in a timely fashion and have been recorded on the CLUE Database accordingly. Further to this all FPN's that are issued are always presented to the Audit Committee along with actions undertaken.

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4. Appendices


Appendix 1 – Flyer used for promotion

Counter Fraud Bulletin

CAVUHB | Velindre | HEIW | PHW | DHCW
Local Counter Fraud Specialists (LCFS)

Over the past year we have set up a new [Counter Fraud Intranet Page](#) it can be accessed via the or the QR code opposite. It is hosted on the Cardiff and Vale SharePoint Platform . However is accessible to anyone in NHS Wales.

On the site you will find out more information about your counter fraud team, NHS Fraud, how to report fraud, how to request awareness sessions and useful links. You will also find information about recent cases and investigations. We look forward to your visit.




All New NHS Wales Counter Fraud E-Learning Package

NHS Counter Fraud Service (CFS) Wales along with Local Counter Fraud Specialist (LCFS) colleagues in NHS Wales are pleased to announce that the new Fraud Awareness E-Learning module is now available. The module is accessible via ESR and is named **NHS Wales Fraud Awareness (2023)**, it replaces all previous versions of the Counter Fraud training. The package is accessed via ESR My Learning Page and searching for - “000NHS Fraud Awareness 2023—Certification”

Further instruction can be found via the QR code below.

The E-Learning module provides a detailed overview of how the NHS CFS Wales team work with LCFSs in each organisation in NHS Wales to implement Directions from Welsh Government to NHS Wales Health Bodies and to help all NHS employees protect the NHS from the risk of fraud.



All NHS Wales staff are encouraged to access ESR to complete the Counter Fraud E-Learning module.

Welsh Government fully endorse the new E-Learning module and encourage all NHS Wales health bodies to protect our NHS services against fraud.

We all have a responsibility as NHS employees to help protect NHS Wales by preventing and reporting any fraud concerns to NHS CFS Wales or the relevant LCFS.


Fraud Awareness Sessions

The counter fraud team are keen to increase the availability and uptake of counter fraud awareness sessions to improve staff's overall knowledge of Fraud in the NHS, its impact and how everyone can help tackle fraud.

With this in mind we have set up a new system of running drop-in awareness sessions on Teams at fixed times and dates, these are accessible to any member of staff from any of the organisations that we cover.

The dates and booking procedures are available via QR code opposite.

Ad Hoc and specific awareness sessions can be arranged via the same QR code opposite and we are always keen to come out and carry these out in person in order to engage with staff members.



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NHS Wales Counter Fraud APP

We are pleased to announce the launch of the new NHS Wales Counter Fraud App, available to all NHS Wales staff. Our goal with this app is to increase awareness and education of fraud in the workplace and to make reporting fraud as accessible as possible for all NHS Wales staff.

Features include the latest news, fraud reporting, convictions in Wales, and resources such as the fraud awareness toolkit.

Additionally, the app will feature fraud awareness videos and a section where you can easily contact your local counter fraud specialist.

We encourage you to download the app and take advantage of the resources and tools it offers. (Power Apps is required for this and you may need to request this access from your IT Team)

For more information on how to download the NHS Wales Counter Fraud Service App please visit the NWSSP Intranet Pages or scan the QR code below



Thank you

Your Local Counter Fraud Team.

NHS fraud. Spot it. Report it. Together we stop it.

Local Counter Fraud Team

The Counter Fraud Department has a **new online reporting tool** which can be accessed by scanning the QR Code below. There is also a new generic email inbox which can be used to contact the team. Any information provided is treated **confidentially**.

Counter Fraud Enquiry Form

CounterFraudEnquiries.CAV@wales.nhs.uk



Gareth Lavington

Tel: 029218 36265

Gareth.Lavington2@wales.nhs.uk

Counter Fraud Manager

Henry Bales

Tel: 029218 36264

Henry.Bales@wales.nhs.uk

Deputy Counter Fraud Manager

Nicola Tillings

Tel: 029218 36481

Nicola.Tillings2@wales.nhs.uk

Local Counter Fraud Specialist

Office: Counter Fraud Department, 1st Floor Woodland House, Maes-Y-Coed Road, Cardiff, CF14 4HH

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Appendix 2 – Promotional Email sent to Dept. Heads, Fraud Champions

“Dear Colleagues

We are pleased to announce that the new Fraud Awareness E-Learning module is now available. The module is accessible via ESR and is named **NHS Wales Fraud Awareness (2023)**, it replaces all previous versions of the Counter Fraud training.

The package is accessed via ESR My Learning Page and searching for -

“000NHS Fraud Awareness 2023—Certification”

Full instruction on accessing and completing the course can be found here: [Online Learning \(sharepoint.com\)](#)

https://nhs.wales365.sharepoint.com/sites/CAV_Counter%20Fraud%20%26%20Internal%20Audit/SitePages/Online-Learning.aspx

The E-Learning module provides a detailed overview of how the NHS CFS Wales team work with LCFs in each organisation in NHS Wales to implement Directions from Welsh Government to NHS Wales Health Bodies and to help all NHS employees protect the NHS from the risk of fraud.

All NHS Wales staff are encouraged to access ESR to complete the Counter Fraud E-Learning module.

Welsh Government fully endorse the new E-Learning module and encourage all NHS Wales health bodies to protect our NHS services against fraud. We all have a responsibility as NHS employees to help protect NHS Wales by preventing and reporting any fraud concerns to your Local Counter Fraud Specialists. (Counterfraudenquiries.Cav@wales.nhs.uk)

In addition, the counter fraud team are keen to increase the availability and uptake of counter fraud awareness sessions to improve staff's overall knowledge of Fraud in the NHS, its impact and how everyone can help tackle fraud.

With this in mind we have set up a new system of running drop-in awareness sessions on Teams at fixed times and dates, these are accessible to any member of staff from any of the organisations that we cover.

We will be running general fraud awareness sessions and specific mandate fraud awareness sessions (Finance Staff). These will be half hour sessions with a presentation and time for questions and answers at the end.

There is a registration form (click on the date you wish to attend) which you will need to complete in order to receive the link to the session and add it to your calendar.

The dates and booking procedures are available here: [Fraud Awareness Sessions \(sharepoint.com\)](#)

https://nhs.wales365.sharepoint.com/sites/CAV_Counter%20Fraud%20%26%20Internal%20Audit/SitePages/Request-Fraud-Awareness-Session.aspx

Ad Hoc and specific awareness sessions can be arranged also at the above link and we are always keen to come out and carry these out in person in order to engage with staff members.

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27/06/2023 11:19:03

Finally, we are pleased to announce the launch of the new NHS Wales Counter Fraud App, available to all NHS Wales staff. Our goal with this app is to increase awareness and education of fraud in the workplace, and to make reporting fraud as accessible as possible for all NHS Wales staff. Features include the latest news, fraud reporting, convictions in Wales, and resources such as the fraud awareness toolkit. Additionally, the app will feature fraud awareness videos and a section where you can easily contact your local counter fraud specialist.

We encourage you to download the app and take advantage of the resources and tools it offers. (Power Apps is required for this and you may need to request this access from your IT Team)

For more information on how to download the NHS Wales Counter Fraud Service App please click the link below

[Counter Fraud Service Wales app \(sharepoint.com\)](https://nhswales365.sharepoint.com/sites/SSP_Intranet/SitePages/Counter-Fraud-Service-Wales-app.aspx)

https://nhswales365.sharepoint.com/sites/SSP_Intranet/SitePages/Counter-Fraud-Service-Wales-app.aspx

Best wishes

The Cardiff and Vale UHB Counter Fraud Team

As requested above, please could you assist with dissemination of this email/or the information contained within, in order that it filters through to Departmental/Directorate Managers within your organisation in order to assist with the uptake of Fraud Awareness and Education. We will be arranging dates in the near future to get out and about to spend a day at each organisation visiting and engaging with staff, delivering promotional materials and holding Counter Fraud surgeries. Dates and locations will be confirmed in due course.

Many Thanks for your assistance in advance, ""

[Appendix 3 – Thematic Engagement report NHS CFA - provided separately](#)

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Report Title:	Counter Fraud Progress Report – Appendix 4 – NHS CFA Thematic Engagement Exercise		Agenda Item no.	7.11b
Meeting:	Audit and Assurance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date: 04/07/2023
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
			Information	<input checked="" type="checkbox"/>
Lead Executive:	Executive Director of Finance, Catherine Phillips			
Report Author (Title):	Counter Fraud Manager, Gareth Lavington			

Main Report

Background and current situation:

This appendix to the Counter Fraud Progress Report is provided as supplementary to it and directly links to the responses given at section 3 in the main body of the report.

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

Thematic Engagement exercise conducted by the NHS CFA – included under separate cover, and responses to this report.

Recommendation:

The Committee is requested to:

- a) review, discuss and note the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
Fraud is a risk to all organisations. Within the NHS should fraud occur then this can have financial and reputational impacts and ultimately negatively affect patient care.									
Safety: Yes/No									
Financial: Yes/No									
All fraud occurring in the organization has a financial loss to the organization.									
Workforce: Yes/No									
Reduction of available staff during investigations and sanctions; demotivation									
Legal: Yes/No									
Reputational: Yes/No									
As at Risk									
Socio Economic: Yes/No									
Equality and Health: Yes/No									
Decarbonisation: Yes/No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

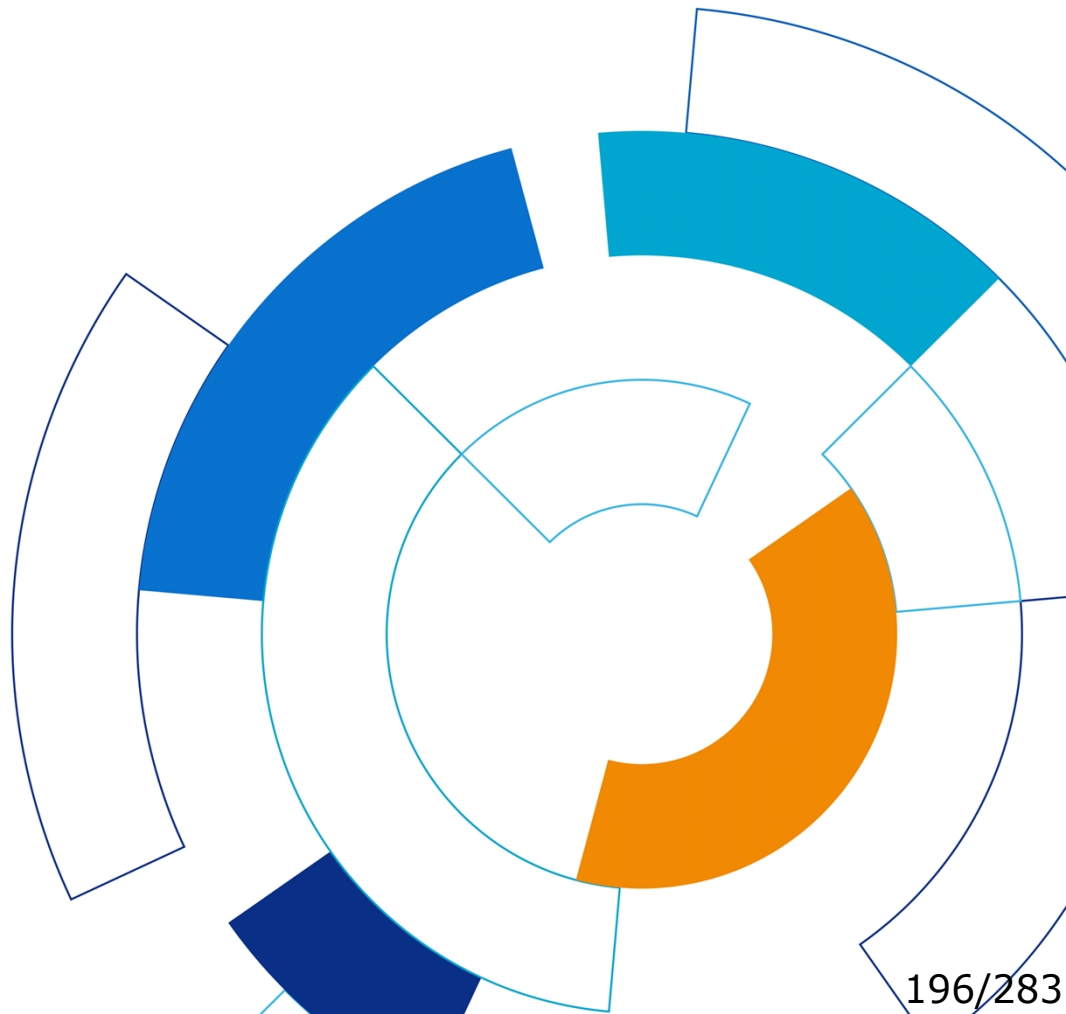
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RISK BASED LOCAL PROACTIVE WORK

Thematic Engagement Exercise

JUNE 2023

Version 1.0 Final version



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NHS fraud.
Spot it. Report it.
Together we stop it.

Version control

Version	Name	Date	Comment
0.1	T Barlow	30 May 2023	Initial draft
0.2	J Gall	01 June 2023	Proof read and comment
1.0	T Barlow	01 June 2023	Final

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Executive summary

Background

Since April 2021 all NHS funded services have been required to provide assurance against the Government Functional Standard GovS 013: Counter Fraud. To enable NHS funded services to meet the Government Functional Standard the NHSCFA released a suite of NHS Requirements in January 2021.

The NHS Counter Fraud Authority (NHSCFA) describe the requirements for these counter fraud arrangements in a set of fraud, bribery, and corruption requirements within the Functional Standard, which are published annually for both NHS funded organisations and commissioners. Welsh Government has adopted the same stance and the NHS Counter Fraud Service Wales supports compliance with the NHS Requirements.

The NHS Requirements include in component 3 the need to undertake detailed local fraud risk assessments in line with the Government Counter Fraud Profession (GCFP) standards and methodology. Furthermore, the component requires health bodies to record and manage those risk assessments in line with their own risk management policies.

The NHS Requirements include in component 6 the need to identify and report on outcome-based metrics, informed by national and local risk assessment. The outcomes to be recorded on the approved NHS case management system.

The NHS Requirements include in component 8 the need to use the case management system to record all fraud, bribery, and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during investigations and/or proactive prevention and detection exercises.

The NHS Requirements include in component 10 the need to undertake proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery, and corruption.

There is a requirement for the NHSCFA to seek assurance of compliance with these requirements from the sector and this thematic exercise will feed into the assurances sought. The findings will in turn inform future fraud landscape reports produced by the department.

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Summary of findings

Firstly, we would like to thank those involved in the fraud risk assessment work and local proactive exercise (LPE) work undertaken to date and we have been encouraged by the progress made. Fraud risk assessment underpins how organisations can strategically counter fraud and more importantly at a local level ensure they have appropriate resources in place to mitigate fraud risk.

It was evident that in most cases organisations with the support of their counter fraud service provider had grasped the concepts of local fraud risk assessments and the process for conducting and recording local proactive exercises along with linking associated outcomes resulting from that work and this was encouraging.

It was pleasing that some LCFSs had worked closely with key staff at a local level to help support fraud risk work and some examples of how working closely with risk managers had expedited the fraud risk assessment process. It should however be noted that not all health boards had embraced the fraud risk assessment process and in some cases were in breach of their own policies as well as the NHS Requirements. This is reflected in both this general overarching recommendations made in this report and, in the organisation specific reports issued directly to those organisations included in the thematic exercise.

All health boards and trusts in Wales were covered in the exercise and face to face meetings were held with the LCFS leads responsible for the counter fraud provision. We would like to thank those LCFS leads for their professionalism in their approach to the exercise and their honesty of the position their organisation were in with fraud risk assessment and LPEs at the time of the exercise. We appreciate that progress will continue to be made in this area of counter fraud work and it may well be prudent to revisit the position in the future.

Suggested Next Steps

We (NHSCFA) will assist and continue to support organisations with the development of local FRAs and LPE activity through a variety of means (webinars, forums, guidance).

We (NHSCFA) will look to engage with those key members of staff responsible at a local level for fraud risk activity (Risk managers).

Organisations should continue to manage FRAs in line with their organisations risk management policy whilst ensuring the content of FRAs falls in line with the standards set by the Government Counter Fraud Profession.

Organisations should continue to undertake and record fraud risk based local proactive exercises.

Organisations should ensure fraud prevention notices are recorded as local proactive exercises on Clue in a timely manner ensuring all outcomes are recorded as appropriate.

Objectives

To undertake an exercise applied to all Health Boards and Trusts in Wales who submitted a CFFSR in June 2022, to assess the level and detail of risk-based counter fraud proactive work undertaken, with specific focus on GovS013 component 3, GovS 013 component 6, GovS 013 component 8 and GovS component 10.

To support the sector with guidance and share good practice with stakeholders to promote the benefits of shared learning and ensuring the best possible return on investment for proactive counter fraud work undertaken across the sector.

- To understand the risk based counter fraud procedures in use across NHS Provider organisations for proactive work.
- To test compliance of NHS provider organisations with regards to the four GovS 013 components relevant to this exercise (3, 6, 8 and 10) for proactive work.
- To consider appropriate guidance and continued support that the NHSCFA could provide the sector.
- Highlight good practice within the sector and communicate the findings with our stakeholders
- To report on our findings to NHSCFA and to those NHS provider organisations who formed part of the exercise (Directors of Finance, Audit Committee Chairs, Fraud Champions and Local Counter Fraud Specialists). To publicise the findings of the thematic exercise across the sector.

Purpose

The purpose of the exercise was to provide assurance to Welsh Government that appropriate measures to prevent fraud, bribery and corruption within Health Boards and Trusts for those areas of fraud risk assessment, risk based proactive exercises, outcome-based metrics and appropriate usage of the NHSCFA approved case management system (Clue) were place. Where they were not in place, to make appropriate and meaningful recommendations to address any identified vulnerabilities.

Scope / Out of Scope

The exercise engaged with all Health Boards and Trusts in Wales. Those NHS organisations that commission services (Commissioners) and any organisation falling outside the mandatory requirements of the NHS Requirements (components) were out of scope.

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Methodology

Organisation Selection

There are a total of 12 organisations in Wales however Digital Health Care Wales fall under Velindre NHS Trust for reporting. Therefore 11 were selected for the exercise and those selected were.

Aneurin Bevan University LHB
 Betsi Cadwaladr University LHB
 Cardiff and Vale University LHB
 Cwm Taf Morgannwg University LHB
 Health Education and Improvement Wales
 Hywel Dda University LHB
 Powys Teaching LHB
 Public Health Wales NHS Trust
 Swansea Bay University LHB
 Velindre NHS Trust
 Welsh Ambulance Service NHS Trust

NHS Wales Shared Services Partnership were included under the Velindre NHS Trust findings.

The organisations were asked to provide their risk management policy and evidence of local fraud risk assessments undertaken. All organisations engaged fully with that request and submitted the required material in a timely manner which was welcomed.

In addition, Shared Services Wales took part in the exercise given they had recently appointed their own LCFS lead and the organisation carried a high level of responsibility for higher risk fraud areas such as procurement, human resources and some finance functions such as payroll for the whole of Wales.

NHS Requirements Relevant to the Exercise

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 analysis is undertaken in line with Government Counter Fraud Profession 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).

3 organisations (27%) had rated themselves as **Green** and meeting the requirement.

8 organisations (73%) had rated themselves as **Amber** and partially meeting the requirement.

Zero organisations (0%) had rated themselves as **Red** and not meeting the requirement.

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.

8 organisations (73%) had rated themselves as **Green** and meeting the requirement.

3 organisations (27%) had rated themselves as **Amber** and partially meeting the requirement.

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 investigations and/or proactive prevention and detection exercise.

10 organisations (91%) had rated themselves as **Green** and meeting the requirement.

1 organisation (9%) had rated themselves as **Amber** and partially meeting the requirement.

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 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.

7 organisations (64%) had rated themselves as **Green** and meeting the requirement.

4 organisations (36%) had rated themselves as **Amber** and partially meeting the requirement.

Ms Sarah
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Findings

Risk

We found that in most cases organisations with the continued support of their counter fraud service provider had begun to understand the concepts of local fraud risk assessments and in some instances, we were encouraged to hear that the LCFS had engaged with risk managers. It should however be noted that this was not the case for all organisations in Wales. An organisational summary is included within this report.

It was evident that there were varying degrees of compliance with NHS Requirement 3 with some organisations being at the beginning of their local fraud risk assessment work whilst others had grasped the understanding of the GCFP standard for fraud risk assessment and the importance of conducting local fraud risk assessments which would assist and inform their local proactive exercise activity and ensuring that fraud risk mitigation is undertaken and supported by hierarchy of the organisation.

Of the organisations we looked at for the thematic exercise all used Datix software to record risk assessments not all organisations had recorded their risk assessments in line with their local risk management policies and as such would be rated red for requirement 3. None of the organisations had rated themselves red on the annual CFFSR return submitted to NHSCFA. This was the area of most concern in general terms. Fraud risks should be treated and managed in the same way as any other risk formally recorded at a local level and local policies should be followed. It was also apparent that fraud was not referenced as a consideration in the local risk management policies.

We found that further support for our stakeholders will be required to reinforce the importance undertaking detailed FRAs in-line with standards and working closely with the organisations risk teams in order to better equip the organisation to fully understand their local risk areas and how then those risks can be addressed with actions.

We would encourage stakeholders to utilise the NHSCFA NGAGE platform to support their local fraud risk assessments to ensure that both the NHS Requirements and GovS013 functional standards are met.

Local Proactive Exercises (LPEs)

It was evident from the records held on Clue that the recording of LPEs and Outcomes resulting from fraud risk based LPEs was limited at the time of the assessment.

For the year 2021/22 across the 11 organisations a total of 35 LPEs had been recorded however 20 of those recorded were for 2 organisations, leaving some organisation without any recorded LPEs.

Organisations must remember that it is a requirement to record action against fraud prevention notices (FPNs) including no action required or a “not relevant” response. FPNs have been assessed centrally as posing a potential risk and therefore should be recorded locally to offer assurance to the organisation that FPNs are being actioned appropriately.

Organisations who do not record activity against FPNs could be in breach of NHS Requirements 6, 8 and 10 and the return on the CFFSR would suggest the majority of organisations would not have actually been compliant with these requirements.

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We can say that more work must be undertaken to reinforce and publicise the importance of conducting fraud risk based LPEs so that limited resources are best spent more effectively with the aim of preventing and deterring fraud at a local level.

We can say that for those organisations who had recorded LPEs on Clue that the data entry was positive, and we were encouraged by the level of detail on some LPEs recorded (e.g. investigator notes). This can of course be improved with further support.

Recommendations

- NHSCFA to provide continued support and training to organisations via workshops or webinars in order to increase knowledge and understanding of both fraud risk assessments and LPEs.
- NHSCFA to reinforce the importance of fraud risk assessments and the targeted approach to LPEs so that LCFS resources are best spent more effectively.
- NHSCFA to explore the possibility of allowing access to Ngage for key staff within an organisation for eg deputy directors of finance, head of governance and head of risk.
- Organisation must record FRAs in-line with their own risk management policies to achieve an amber rating and once evidence supports review and evaluation in-line with those policies then a green rating would apply for requirement 3.
- Organisations to undertake comprehensive fraud risk assessments at a local level which should be reviewed and updated in line with the organisations own policies and procedures.
- Organisations must ensure that all FPNs are recorded on Clue as this will ensure the benchmarking dashboards accurately reflect the work being done to counter fraud at a local level. Failure to do so would result in a red rating for requirements 6, 8 and 10.
- Organisations to ensure outcomes from LPEs must be accurately recorded even if this is some time after the proactive exercise has concluded. For example, following recommendations it would be beneficial to revisit the exercise to review outcomes.

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Individual organisational summaries

Organisation	Summary of findings	Recommendations
Aneurin Bevan University LHB	<p>FRAs had been undertaken broadly in-line with GCFP methodology and had been recorded locally according to the local risk management policy. Which included recording risks on the organisations risk management software, Datix.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 16 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded and all FPNs should be actioned and recorded.
Betsi Cadwaladr University LHB	<p>FRAs had been undertaken broadly in-line with GCFP methodology and had been recorded locally according to the local risk management policy. Which included recording risks on the organisations risk management software, Datix.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 5 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Cardiff and Vale University LHB	<p>A number of FRAs had been written however at the time of the assessment no FRAs had been recorded on Datix which was a policy requirement. The LCFS lead did confirm that plans had been put in place to rectify this issue. The FRAs we had sight of were</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements.

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	<p>broadly written in line with GCFP methodology.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 7 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • FRAs should be recorded in-line with local policy as at the time of the assessment a red rating would have applied for requirement 3. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Cwm Taf Morgannwg University LHB</p>	<p>FRAs had been undertaken broadly in-line with GCFP methodology and had been recorded locally according to the local risk management policy.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 2 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Health Education and Improvement Wales</p>	<p>We did not have sight of FRAs for the organisation.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 5 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should ensure that FRAs are completed, recorded and managed in-line with local policy. A red rating will apply for requirement 3 until

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		<p>this work is completed.</p> <ul style="list-style-type: none"> • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Hywel Dda University LHB</p>	<p>We had sight of a number of FRAs that had been written broadly using the GCFP methodology. At the time of the assessment only 1 FRA had been recorded on the organisations Datix system.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 2 had been recorded on Clue for the period 01/04/2021 to 01/09/2022</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Powys Teaching LHB</p>	<p>The risk management policy for Powys Teaching LHB stated that all risks rated 9 and below should be managed locally and intimated there was no requirement to record these risks on Datix.</p> <p>We had sight of a comprehensive spreadsheet of FRAs completed by the LCFS which broadly utilised the GCFP methodology.</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. I would also be prudent to ensure fraud risk ownership is relevant and department specific and therefore to

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	<p>The concern would be the local ownership of the FRAs which should be owned where the risk is relevant. For example a risk relating to procurement should be owned by the procurement team and it was not clear if this was the case.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 2 had been recorded on Clue for the period 01/04/2021 to 01/09/2022</p>	<p>comply with their own policy fraud risks should be included on local departmental registers.</p> <ul style="list-style-type: none"> • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Public Health Wales NHS Trust</p>	<p>We did not have sight of FRAs for the organisation.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 4 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should ensure that FRAs are completed, recorded and managed in-line with local policy. A red rating will apply for requirement 3 until this work is completed. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Swansea Bay University LHB</p>	<p>We had sight of a comprehensive spreadsheet of FRAs completed by the LCFS which broadly utilised the GCFP methodology. However, when it came to recording risks on Datix and in-line with their own policy the LCFS had found it</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements.

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	<p>challenging at the time of the assessment to enable FRAs to be recorded on the Datix system. This meant that at that time the organisation would be rated red for requirement 3. It is important that the organisation treat fraud risks in the same way as all other risks.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 1 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • FRAs should be recorded in-line with local policy as at the time of the assessment a red rating would have applied for requirement 3. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Velindre NHS Trust</p>	<p>We did not have sight of FRAs for the organisation.</p> <p>However we did engage with the LCFS for Shared Services Wales and expect FRAs to be written and recorded for this service arm of Velindre.</p> <p>LPE's and FPNs had been recorded and at the time of the assessment a total of 4 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should ensure that FRAs are completed, recorded and managed in-line with local policy. A red rating will apply for requirement 3 until this work is completed. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
<p>Welsh Ambulance Service NHS Trust</p>	<p>LPE's and FPNs had been recorded and at the time of the assessment a total of 17 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.</p>	<ul style="list-style-type: none"> • The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local

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		<p>policy requirements, including the recording of FRAs on Datix.</p> <ul style="list-style-type: none">• Outcomes from LPEs should be accurately recorded and all FPNs should be actioned and recorded.
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Report Title:	Losses and Special Payments Reportl		Agenda Item no.	8.1
Meeting:	Audit and Assurance Committee	Public	X	Meeting Date: 4 th July 2023
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Head of Financial Accounting and Services			

Main Report

Background and current situation:

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

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

The Losses and Special Payments Panel met on 22nd November 2022 to consider the period 1st April 2022 to 30th September 2022. The recommendations of that Panel were reported to, and approved by, the Audit & Assurance Committee on 7th February 2023.

This report informs the Audit and Assurance Committee of the items considered at the next meeting of the Losses & Special Payments Panel, held on 16th May 2023.

The 16th May 2023 Losses & Special Payments Panel considered the period 1st October 2022 to 31st March 2023 in respect of :-

- Clinical Negligence
- Bad Debts
- Ex gratia payments
- Small Claims
- Employment Tribunals
- Fraud

The Losses & Special Payments Panel also considered the longer period of 1st April 2022 to 31st March 2023 in respect of :-

- Permanent Injury claims
- Stock Losses

The minutes of the Panel meeting are attached at Appendix 1, providing greater detail about the issues discussed at the meeting.

This completes the scrutiny and recommendations to the Audit & Assurance Committee of all Losses & Special Payments to be written off in the year 2022-2023. These losses are included within the Cardiff & Vale UHB 2022-23 draft Annual Accounts submission.

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

The losses and special payments discussed at the 16th May 2023 Losses & Special Payments Panel require consideration and approval by the Audit and Assurance Committee.

The following losses have been identified for write off in addition to those previously approved by the Audit and Assurance Committee.

(For information the total amounts to be written off in 2023-24, incorporating the first six months' values, already approved by the Committee at its February meeting, have been included in brackets)

- Clinical Negligence claims of £6.248m and Personal Injury claims of £1.156m for the period 1st October 2022 to 31st March 2023 (Full 2022-23 value - Clinical Negligence £11.442m, Personal Injury £1.600m)
- Bad Debt write-offs of £34,255 for the period 1st October 2022 to 31st March 2023 (Full 2022-23 value £133,682)
- Permanent Injury claims of £196,378 for the period 1st April 2022 to 31st March 2023 (Full 2022-23 value £196,378)
- Ex gratia and other losses of £2,420 for the period 1st October 2022 to 31st March 2023 (Full 2022-23 value £6,725)
- Small Claims losses of £32,103 for the period 1st October 2022 to 31st March 2023 (Full 2022-23 value £48,209)
- Employment Tribunal losses of £5,000 for the period 1st October 2022 to 31st March 2023 (Full 2022-23 value £17,000)
- Stock losses of £630,679 for the period 1st April 2022 to 31st March 2023 (Full 2022-23 value £630,679)
- Fraud losses Nil for this period - (Full 2022-23 value £18,532)

Recommendation:

The Committee is requested to:

- **APPROVE** the write offs for the period outlined in the Opinion and Key Issues Section of this report as recommended by the Losses and Special Payments Panel held on 16th May 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		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	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		Collaboration		Involvement	
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Impact Assessment:

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

Risk: No

Safety: No

Financial: Yes - This completes the summarized record of the losses incurred by the UHB in 2022-23

Workforce: No

Legal: No

Reputational: Yes - This completes the summarized record of the losses incurred by the UHB in 2022-23

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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MINUTES OF THE MEETING OF THE LOSSES AND SPECIAL PAYMENTS PANEL HELD ON 16th May 2023

PRESENT: Robert Mahoney (RM) – Deputy Director of Finance (Chair)
Andrew Crook (AC) – Head of People Assurance & Experience
Helen Lawrence (HL) – Head of Financial Accounting & Services
Steve Monk (SM) – Losses & Taxation Accountant
Suzanne Wicks (SW) – Head of Clinical Negligence Claims
Rebecca Holliday (RH) – Head of Financial Services

APOLOGIES: Raymond Cockayne (RC) – Deputy Head of Security
Gareth Lavington (GL) – Head of Counter Fraud Service

1. Minutes of Last Meeting

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

2. Clinical Negligence and Personal Injury Losses

SM presented the financial report on Clinical Negligence and Personal Injury losses for the period 1st April 2022 to 31st March 2023. He stated that the **first part** of the report was to note the Income & Expenditure (I&E) impact of CN & PI for the full year and the **second part** was to report the finalised claims for the period 1st October 2022 to 31st March 2023 (the finalised claims for the first 6 months of 2022/2023 were reported to the November Panel).

First Part - Summary of Losses

	2022/2023 £'000	2021/2022 £'000
Clinical Negligence	76,626	74,845
Personal Injury	890	-81
Total Loss	77,516	74,764
Less WRP Receipts Due	-75,776	-72,988
Total Net Cost to the UHB	1,740	1,776

Appendix 1

SM advised that the gross cost for all new and ongoing Clinical Negligence claims was £76.626m. Whilst there was a modest increase in the number of new claims received compared to the previous financial year SM stated that the value of claims remains consistent. Where claims had been reclassified from Possible to Certain to settle the gross costs increase was £51.090m and within this amount were 4 high value claims totalling £42.324m. There was also an existing case that had increased in value by £15.147m.

SM advised that the impact of all new and ongoing Personal Injury claims was a gross cost of £0.890m. He advised there had been an increase in the number of claims conceded and damages paid that were concluded in year. The UHB continues to use our in house Alternative Compensation Scheme which provides redress to injured individuals without the need for costly litigation. Improvements in working practice, safety at work and investigative process has resulted in individuals being dissuaded from seeking legal advice to pursue potential claims.

Recommendation

The Panel recommended that the Audit and Assurance Committee note that the gross cost of Clinical Negligence & Personal Injury claims for the full year was £77.516m and following expected reimbursement from the Welsh Risk Pool of £75.776m, the net cost to the UHB on these claims was £1.740m. The losses figures in the Summary of Losses table within the report are included within Note 3.4 of the 2022/2023 Annual Accounts.

Second Part - Finalised Claims

Clinical Negligence

During the six month period ending 31st March 2023, there were 31 claims (where liability had been conceded and settlements paid) which had concluded at a total settlement cost of £6.248m (which is treated as a loss for write off). The UHB had also incurred £0.349m in defence fees and was successful in recovering £5.956m from the Welsh Risk Pool for these claims, resulting in a net cost to the UHB of £0.641m.

Personal Injury

During the six month period ending 31st March 2023, there were 34 claims (where liability had been conceded and settlements paid) which had concluded at a total settlement cost of £1.156m (which is treated as a loss for write off). The UHB had also incurred £0.217m in defence fees and was successful in recovering £0.872m from the WRP for these claims, resulting in a net cost to the UHB of £0.501m.

Appendix 1

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

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 31 Clinical Negligence claims totalling £6.248m and 34 Personal Injury claims totalling £1.156m for the period 1st October 2022 to 31st March 2023. These write offs are included in the FR4 submission of the Annual Accounts.

3. Debt Write Offs

RH presented a report on proposed invoice write offs for the period 1st October 2022 to 31st March 2023.

These were as follows;

Month 6-12	2022/2023	
Category of Debt	Value	No
Accommodation	2,707.35	9
Payroll	23,299.95	53
Private Patients	261.15	2
Overseas Patients	188.71	1
Miscellaneous	7,798.29	17
	34,255.45	82

As in previous years the overpayment of salary for those employees who have terminated continues to prove difficult to collect. We continue to refer overdue invoices that we have been unable to collect to CCI Credit Management. As previously documented the panel will note that the majority of these overpayments relate to late notification of termination forms and managers unaware of appropriate cut-off times in the month.

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

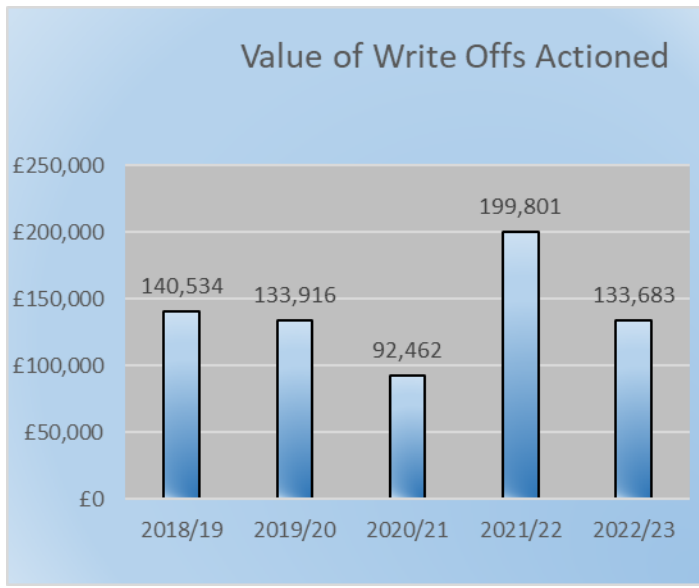
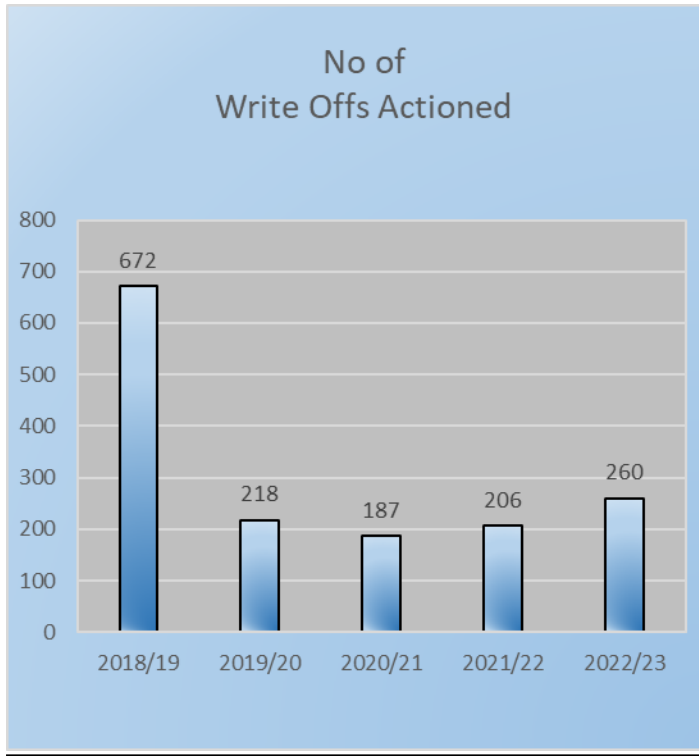
Appendix 1

The miscellaneous debts were referred to CCI where applicable, however, they were unable to collect payment and advised against taking legal action as it would prove uneconomical for the Health Board. Also, 6 of the invoices are to be considered for write off at the department's request. (Breakdown below)

Miscellaneous		
Row Labels	Value	No
CCI - unable to collect	2,355.00	3
CCI - exhausted all efforts	57.60	1
Department request	5,315.49	6
Foreign payment bank charges	70.00	6
Underpayment	0.20	1
	7,798.29	17

RH presented a table and graphical analysis to highlight the number and value of write offs actioned in the previous 4 years;

Month 1-12	2018/2019		2019/2020		2020/2021		2021/2022		2022/2023	
Category of Debt	Value	No	Value	No	Value	No	Value	No	Value	No
Accommodation	2,668	6	1,222	1	297	2	300	1	6,825	22
Dental	401	16	164	10	0	0	0	0	0	0
Medical Records	672	42	70	4	0	0	0	0	0	0
Payroll	11,262	31	21,733	67	15,469	69	52,907	90	82,761	132
Private Patients	2,887	27	16,048	27	3,928	3	2,151	12	429	4
Overseas Patients	74,450	26	76,415	20	58,886	9	28,336	25	28,430	16
IVF Wales	0	0	0	0	0	0	0	0	0	0
Miscellaneous	48,194	524	18,265	89	13,881	104	116,108	78	15,238	86
	140,534	672	133,916	218	92,462	187	199,801	206	133,683	260



Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 82 bad debts totalling £34,255.45 for the period 1st October 2022 to 31st March 2023.

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4. Permanent Injury

SM presented a report on Permanent Injury costs for the period 1st April 2022 to 31st March 2023. SM explained that permanent injury benefit allowances were approved by the NHS Pensions Agency and the long term costs were picked up by the UHB. The costs must be treated as losses and should be noted by the Panel. The UHB made payments on a quarterly basis to the Pensions Agency based on bills received from them.

SM advised that there were payments made of £221k in respect of 25 cases. The Post Employment Benefit discount rates issued by HM Treasury in December 2022 changed from -1.3% to 1.7% which has resulted in a significant benefit to Income & Expenditure of £581k.

There were 2 cases during the period where the claimants have passed away and we have therefore closed the cases. Furthermore, we now write off the total expenditure incurred on the 2 cases to date of £99k and £97k. There are now 23 open cases.

Recommendation

The panel recommended that the Audit and Assurance Committee note the Income and Expenditure impact of -£581,464 and to write off the 2 cases totalling £196,378 for the period 1st April 2022 to 31st March 2023.

5. Ex Gratia and Other Losses

SM presented a report on the ex-gratia losses for the period 1st October 2022 to 31st March 2023. There had been 3 payments totalling £2,250.00 made as a result of complaints against the UHB where, following investigations, the Public Services Ombudsman for Wales made recommendation to the UHB to compensate the claimants. There was one instance of a forged £20 note passed through cashiers and finally a theft of a cash float of £150 from Y Gegin catering office.

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 5 ex-gratia & other losses totalling £2,420.00 for the period 1st October 2022 to 31st March 2023.

6. Small Claims Losses

SM presented a report on the small claims for the period 1st October 2022 to 31st March 2023. During the period 38 claims had been settled at a total cost of £32,103.07. A breakdown of the cases were as follows;

Breakdown of 38 cases:

- ❖ Loss of jewellery - 2 claims = £4,743.00
- ❖ Loss of hearing aids - 7 claims = £13,902.50
- ❖ Personal possessions - 11 claims = £1,600.94
- ❖ Loss of spectacles - 6 claims = £1,416.44
- ❖ Loss of dentures - 6 claims = £7,825.20
- ❖ Lost/damaged clothing - 6 claims = £2,614.99

Directorate and location:

- Medicine - 34 claims (UHW = 22, UHL = 8, St David's = 3, Barry = 1)
- Adult Mental Health - 4 Claims (UHL)

Summary:

Highest claim £3,500 - missing hearing aids
Lowest claim £19.00 - missing Apple charger
UHW claims - 22 cases
UHL claims - 12 cases
St David's - 3 case
Barry Hospital - 1 case

Since the last period, April to September 2022, Small Claims have increased its reimbursements by 99% of the previous total, with an increase of nearly £15,996.52. Although small claims increased significantly in value in comparison to the total value for the last reporting period, the number of claims has only increased by 1.

We continue to try and validate claims in regards to evidence and value and we challenge claims that do not carry a receipt or proof of purchase. However, in spite of this, we have had quite a number of expensive claims during this period, which has resulted in the increased settlement figure.

The highest value claims settled are for Hearing Aids. The most expensive claim in this period was for 3 Hearing Aids, at a value of £7,940. The claim could not be defended as there was a failure to complete the property list and disclaimer by the wards.

Appendix 1

Loss of dentures is the second highest category with 6 claims. 2 of these were from Medical wards in UHW and Barry Hospital. The most expensive claim was £3,000 and all were supported by receipts. This is an increase both in claims and value since the last reporting period. Loss of dentures has a significant impact on the patient.

Missing jewellery is the third highest category which involves 2 claims. 1 being a Tiffany watch at £2,300 and a ring and necklace at £2,443. This is a decrease in both claims and value since the last reporting period, which is encouraging.

The fourth highest was for a variety of clothing. Although 1 less claim than reported last period, the value increased by over £2,250.

Medicine Clinical Board continues to be the busiest in submitting claims and takes a bigger share of the overall claim, nearly 89%. Even though this continues to be of some concern, it is recognised that this Clinical Board remains one of the areas of highest activity.

Adult Mental Health Clinical Board has recorded 4 claims, which is a decrease by 1 from the previous report.

As stated, the non-completion of property disclaimers still remains the main issue of all claims and reimbursements.

We continually remind staff and wards how important this paperwork is, as this is the only way to prove what the patient came into the hospital with. This should follow suit right from admission to discharge.

The Health Board and services throughout are still experiencing unprecedented demands, which includes staff shortages. This in turn has a cumulative effect on the wards in completing paperwork, which unfortunately results in further lost property and claims.

We continue to advise patients to hand over any personal items to relatives / friends. This is difficult with items such as spectacles, hearing aids and dentures, as these need to remain with the patient.

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

SW advised that the Patient Experience Team have previously completed posters and a video regarding completion of property disclaimers with limited effect. Also, pre pandemic it was discussed with the Innovation and Improvement team where we could consider some pilot projects in high flow medicine clinical areas such as;

1. photographing jewellery on admission;
2. a safe in the ward area;
3. development of an app to replace the property disclaimer where photographs can be stored.

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 38 small claims totalling £32,103.07 for the period 1st October 2022 to 31st March 2023.

7. Employment Tribunal Costs

AC presented a report outlining the claims and costs for the period 1st October 2022 to 31st March 2023. During the period, Cardiff and Vale University Health Board had been involved with 13 Employment Tribunal claims. 1 of these cases had settled at a cost of £5,000 and 2 cases had been dismissed.

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the write off of 1 Employment Tribunal case of £5,000 for the period 1st October 2022 to 31st March 2023.

8. Stock Write Offs

SM presented a report on stock identified for write off for the financial year 2022/2023. A stock take is carried out across all stock control areas at year end. During the period obsolete stock of £562,004 and lost or damaged stock of £68,675 had been identified giving a total of 22 stock write offs totalling £630,679 for the year.

SM advised that there was 1 write off during the year in respect of Pharmacy COVID response stock (£167k). The drug (Sarilumab) was purchased during COVID due to lack of assurance around availability of this and other medicines to treat hospitalised patients. This drug was an indicted treatment at the time of purchase with a very real possibility of having no medicines available to be purchased to treat COVID positive patients. Subsequently this drug dropped down, and was then removed from the treatment pathway, and the feared lack of alternatives did not materialise, the drug was used very little with the stock purchased having expired. This stock write off is above the UHB's delegated limit of £50,000, therefore approval was requested from Welsh Government which was given on 20th April 2023.

A full breakdown of the stock losses was presented as follows;

Appendix 1

	Obsolete	Lost/Damaged	Total
Pharmacy Covid Response Stock - Sarilumab	167,209.11		167,209.11
UHW Radiology	13,286.50		13,286.50
UHW Pharmacy	3,317.30	3,719.09	7,036.39
Llandough, Barry & Rookwood Pharmacy	8,857.25	4,844.35	13,701.60
Hafan y Coed Pharmacy	45.37		45.37
CRI Pharmacy	282.84		282.84
St Marys Pharmacy P1 - P6	42,183.06	892.04	43,075.10
St Marys Pharmacy P7-P12	30,130.76		30,130.76
Clinical Engineering	48,183.09		48,183.09
Dialysis Stores	5,224.30		5,224.30
Neurosciences Implant Stock P1-P6	37,673.57	5,821.20	43,494.77
Neurosciences Implant Stock P7-P12	26,909.69	4,158.00	31,067.69
Communication Aid Service	41,921.40		41,921.40
Electronic Assistive Technology Service		13,132.35	13,132.35
UHW Hearing Aid Stock	33,276.48		33,276.48
UHW Theatre Stock	41,868.07		41,868.07
Llandough Theatre Stock P1-P6	35,862.96		35,862.96
Llandough Theatre Stock P7-P12	25,616.40		25,616.40
UHW Estates		48.08	48.08
Llandough Estates		635.38	635.38
Catering - Central Food Production - UHW		35,424.26	35,424.26
A6 South	156.54		156.54
	562,004.69	68,674.75	630,679.44

SM advised that excluding the extraordinary Sarilumab stock write off, the total for the year would be £463,470 which was broadly in line with previous years as shown in the table below;

2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Total	Total	Total	Total	Total
442,289	258,794	347,350	438,456	463,470
				Pharmacy Covid Response Stock - Sarilumab
				167,209
				630,679

Recommendation

The Panel recommended that the Audit and Assurance Committee approve the 22 stock write offs totalling £630,679.44 for the period 1st April 2022 to 31st March 2023.

9. Counter Fraud

GL was unable to attend the meeting but had presented SM with a report for the period 1st November 2022 to 31st March 2023. There were 7 investigations that were open and continuing, 13 new investigations had commenced and 12 investigations had been closed. There remained 8 ongoing investigations.

There were no proven unrecovered losses to write off for the period.

Recommendation

The Panel noted the contents of the report. As there had been no cases closed during the period which had resulted in a loss there were no cases to be approved for write off.

10. Security

RC was unable to attend the meeting but had presented SM with a report for the period 1st April 2022 to 31st March 2023. There had been 1 theft reported to the Security Service. This was the theft of a fuel trailer valued at £6,223.40 from University Hospital Wales. The incident remained under investigation by the Police.

Recommendation

The Panel noted the contents of the report. As the 1 theft remained under investigation there were no cases to be approved for write off.

The next meeting of the panel would be in November 2023.

Report Title:	Internal Audit Reports for Information			Agenda Item no.	9.1
Meeting:	Audit & Assurance Committee	Public	X	Meeting Date:	04/07/23
		Private			
Status <i>(please tick one only):</i>	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.

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:

The following two audit reports have been finalised since the last meeting of the Committee:

- Planned Care Transformation Delivery - (Reasonable Assurance)
- UHW-Hybrid and Major Trauma Theatres - (Reasonable Assurance)

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:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/ No									
The finalised audit reports provide assurance around a number highlighted risks and also identify areas requiring improvement.									
Safety: Yes/ No									
One 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									
Legal: Yes /No									
Reputational: Yes/ No									
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:				

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Planned Care Transformation Delivery

Final Internal Audit Report

June 2023

Cardiff & Vale University Health Board



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Review reference:	CVU 2223-27
Report status:	Final Report
Fieldwork commencement:	27 th March 2023
Fieldwork completion:	19 th May 2023
Debrief meeting:	23 rd May 2023
Draft report issued:	31st May 2023
Management response received:	15 June 2023
Final report issued:	15 June 2023
Auditors:	Andrea Calise – Principal Auditor Lucy Jugessur – Interim Deputy Head of Internal Audit Ian Virgill – Head of Internal Audit
Executive sign-off:	Paul Bostock – Chief Operating Officer
Distribution:	Matthew Temby – Managing Director for Planned Care Jessica Castle – Director for Operations (Specialist Services Clinical Board)
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.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cardiff & Vale University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The overall objective of the audit was to review the systems and controls in place to deliver the transformation of planned care during 2022/23.

Overview

We have issued reasonable assurance on this area.

Whilst we have identified only one significant matter for reporting in our review, our overall assurance rating takes into consideration that the Health Board has been unable to meet the ministerial ambitions for 2022/23 of:

- No-one waiting > 52 weeks for a new outpatient appointment by December 2022;
- No-one waiting >104 weeks for treatment (all stages) by March 2023.

Notwithstanding the above, we can confirm that during quarter 4 of 2022/23, the Health Board has made several improvements to the systems and controls in place specifically in relation to the governance model and monitoring arrangements for the Planned Care Programme. A review of the current trajectories confirms that the Health Board is in a strong position to meet future ministerial ambitions.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 Governance Arrangements	Reasonable
2 Programme Deliverables are appropriate	Reasonable
3 Monitoring Arrangements	Substantial

¹The 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	Terms of Reference and work programmes require updating	Design	Medium

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1. Introduction

- 1.1 Our audit review of 'Planned Care Transformation Delivery' has been completed in line with the 2022/23 Internal Audit Plan for the Cardiff and Vale University Health Board (the 'Health Board').
- 1.2 In 2021/22 we reviewed recovery and redesign and the adequacy of the systems and controls in place within the Health Board in relation to 'Recovery of Services and Delivery of the Annual Plan 2021/22', which reported 'substantial' assurance.
- 1.3 This audit considered planned care priorities aligned to the Health Board's Integrated Medium Term Plan (IMTP) commitments for 2022/23, which focus on:
 - Outpatient improvement;
 - Diagnostics improvement;
 - Theatre Improvement;
 - Cancer improvement; and
 - Reduce Waits.
- 1.4 The Transformation of Planned Care is being clinically led, data driven and risk-oriented.
- 1.5 The key areas of focus are to implement quality, efficiency and service improvements, focusing on long waiting patients, taking forward regional and national priorities and ensuring patients are supported while they are waiting. As well as reducing waiting times, a key focus is to reduce overall volumes on waiting list through a risk oriented and clinically led approach to prioritisation.
- 1.6 The Chief Operating Officer is the lead Executive for this review.

Audit Risks

- 1.7 The Health Board has identified the following risks within the Board Assurance Framework (May 2023)¹:
 - **Planned Care** – There is a risk that the organisation will not be able to provide effective, high quality and sustainable planned care services.

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¹ <https://cavuhb.nhs.wales/files/board-and-committees/board-2023-24/2023-05-25-public-board-papers-v5-pdf1/> (Page 42)

2. Detailed Audit Findings

Objective 1: Appropriate governance arrangements have been established which provide effective oversight of development and delivery of the transformation programme across planned care, ensuring that it is subject to scrutiny and review.

- 2.1 The Planned Care Programme (PCP) is one of the five core areas of the Recovery and Redesigning of Services Portfolio that formed part of the Health Board's IMTP for 2022/23.
- 2.2 Throughout 2022/23 the scope of the PCP has been divided into five workstreams of planned care as follows:
 - Outpatient Improvement;
 - Theatre Improvement;
 - Diagnostic Improvement;
 - Cancer Improvement; and
 - Supporting Patients Whilst Waiting.
- 2.3 Our discussions with the Managing Director for Planned Care (Current Senior Responsible Officer for the PCP) and the Director of Operations – Specialist Services (Previous Senior Responsible Officer for the PCP) noted that the governance arrangements were revised by the Chief Operating Officer in quarter 3 of 2022/23 to improve the oversight of development and delivery of the PCP.
- 2.4 The Planned Care Improvement (PCI) Board has responsibility for overseeing the development and implementation of the Planned Care Programme of work. The Board meets monthly and is chaired by the Chief Operating Officer. Membership of the PCI Board includes both clinical and operational leads from the five workstreams of Planned Care (see paragraph 2.2) which are ultimately responsible for the progression and implementation of the programme.
- 2.5 Each workstream is also overseen by a Delivery Group/Board which reports directly to the overarching PCI Board.
- 2.6 We were able to confirm that the revised governance arrangements are robust with all meetings being minuted, decision/actions/risk logs in place and relevant performance data being reviewed and scrutinised at each meeting. When reviewing the governance documentation for Workstream delivery groups/boards we did note that some terms of reference, decision/risk and action logs were out of date/incomplete. **(Matters Arising 1 – Medium Priority).**

Conclusion:

We have provided Reasonable Assurance for this Objective. Our testing has determined that the Health Board has implemented robust and effective governance arrangements which enable effective oversight of the development and delivery of the Planned Care

Programme. Whilst we have identified some items to be addressed, the revisions brought about by the Chief Operating Officer in late 2022 have improved the overall systems of controls in place.

Objective 2: The Transformation of Planned Care Programme has identified appropriate deliverables to achieve the Programme's aims, linked into the Health Board's IMTP commitments.

2.7 To inform this objective we reviewed the following documentation and held several discussions with the Planned Care Programme Managing Director:

- The NHS Planning Framework for 2022-25;²
- The Welsh Government's Publication "Our programme for transforming and modernising planned care and reducing waiting lists in Wales" issued in April 2022;³
- The Health Board's Integrated Medium Term Plan for 2022/23 approved by the Board in June 2022;⁴
- The Recovery and Redesign of Services Programme (Annex to the 2022/23 IMTP);
- The "Strategic Planning Updates" presented to the HB's Board throughout 2022/23;
- Operational metrics for the Planned Care Programme.

2.8 Our review confirmed that the Health Board agreed appropriate deliverables for the Planned Care Programme, which align and link to the Health Board's Integrated Medium Term Plan for 2022/23 and the ministerial priorities set out within the NHS Planning Framework.

2.9 The Health Board recognised that it would not be able to meet the ministerial ambitions of:

- No-one waiting > 52 weeks for a new outpatient appointment by December 2022;
- No-one waiting >104 weeks for treatment (all stages) by March 2023.

Notwithstanding the above, we can confirm that the Health Board continues to engage with Welsh Government and with the NHS Delivery Unit providing monthly/yearly data and trajectories for the above.

2.10 The Health Board is in the process of developing and agreeing the IMTP commitments for 2023/24 and is currently engaging with Welsh Government on this.

² https://www.gov.wales/sites/default/files/publications/2021-11/nhs-wales-planning-framework-2022-2025_0.pdf

³ [Our programme for transforming and modernising planned care in Wales and reducing the waiting lists \(gov.wales\)](https://www.gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming-and-modernising-planned-care-in-wales-and-reducing-the-waiting-lists.pdf)

⁴ <https://cavuhb.nhs.wales/files/board-and-committees/board-2022-23/2022-06-30-special-board-v5pdf/> (Page 36)

Conclusion:

We have provided Reasonable Assurance for this Objective. We can confirm that the Health Board has identified appropriate deliverables to achieve the Planned Care Programme which are linked to the Integrated Medium Term Plan for 2022/23. We acknowledge that the Health Board has been unable to meet two ministerial priority ambitions but is continuing to engage and liaise with Welsh Government and the NHS Delivery Unit to improve its performance towards ministerial ambitions for 2023/24.

Objective 3: The deliverables are regularly monitored, with assurance provided to the Board and where performance issues are encountered, appropriate rectifying action is undertaken.

- 2.11 We are satisfied that the Health Board has and continues to implement robust performance reporting processes for the Planned Care Programme. We were able to obtain evidence that deliverables, both at workstream level and at Planned Care Programme level are being regularly monitored with assurance provided to both the Planned Care Improvement Board and Cardiff and Vale's Board as well as the Senior Leadership Board.
- 2.12 An operational performance meeting, which is chaired by the Chief Operating Officer and attended by the Managing Director of the Planned Care Programme and the Senior Leads from each of the workstreams, takes place monthly and focuses on reviewing key metrics across the programme. Where issues are encountered, rectifying actions are agreed (deep dives, further investigations etc) and these are revisited at the following meetings.

Conclusion:

We have provided Substantial Assurance for this Objective. The Health Board has robust arrangements in place to monitor the deliverables and targets set as part of the Planned Care Programme. There are effective and timely escalation arrangements in place which enable the Health Board to identify, discuss and rectify performance issues.

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Appendix A: Management Action Plan

Matter Arising 1: Terms of Reference and work programmes require updating (Design / Operation)		Impact	
<p>We obtained and reviewed the terms of reference and the work programmes (which include risk, actions and decision logs) for the Planned Care Improvement Board and the five workstream Boards and the following issues were identified:</p> <ul style="list-style-type: none"> The terms of reference for the Planned Care Improvement Board were discussed in January 2023 at the Board's first inaugural meeting but have not been subsequently agreed. The reporting arrangements listed within the terms of reference for the Outpatient Improvement Transformation Board, Diagnostic Delivery Group and Theatre Improvement Group still refer to the "Elective Care Delivery Group" which stood down in late 2022 and was replaced by the Planned Care Improvement Board. The risk and issues log for the Diagnostic Delivery Group was incomplete. 		<p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of clarity amongst staff on the governance arrangements 	
Recommendations		Priority	
1.1	The terms of reference and work programmes for committees and the workstream groups need to be reviewed and updated to reflect the current governance arrangements.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	The Terms of Reference for the Planned Care Improvement Board were approved on the 28 th April 2023.	Complete	Joanna North, Senior Programme Manager – Planned Care
1.2	The Terms of Reference for the Outpatients Delivery Group (formerly Outpatient Transformation Programme Board) have been re-drafted in June	28/06/2023	Joanna North, Senior Programme Manager – Planned Care

	2023 and will be approved at the first meeting of the refreshed Outpatient Delivery Group on the 28 th June 2023.		
1.3	The Terms of Reference for the Diagnostics Delivery Group and Theatres Delivery Group (formerly Theatres Improvement Group) require updating to reflect the changes in governance structure as above.	30/06/2023	Joanna North, Senior Programme Manager – Planned Care
1.4	The Risks and Issues Log for the Diagnostics Delivery Group requires completion as above.	30/06/2023	Joanna North, Senior Programme Manager – Planned Care

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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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UHW-Hybrid and Major Trauma Theatres

Proposed Final Internal Audit Report

June 2023

Cardiff & Vale University Health Board



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Review reference:	CVUHB-2223-09
Report status:	Final
Fieldwork commencement:	13 th January 2023
Fieldwork completion:	6 th March 2023
Debrief meeting:	9 th March 2023
Draft report issued:	26 th April 2023
Draft report meeting:	2 nd May 2023
Management response received:	19 th June 2023
Final report issued:	21 st June 2023
Auditors:	NWSSP Audit & Assurance – Specialist Services Unit
Executive sign-off:	Abigail Harris, Executive Director of Strategy & Planning
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Committee:	Audit, Risk & 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.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cardiff and Vale University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The audit was undertaken to review the delivery and management arrangements in place to progress the Hybrid/Major Trauma Theatres at the University Hospital of Wales Cardiff. The review also considered the performance to date against its key delivery objectives i.e. time, cost and quality. This was the first audit of the project.

Overall Audit Opinion and Overview

The Full Business case for this scheme was submitted to Welsh Government in December 2022, with an estimated cost of £40.6m and an anticipated delivery date of 24th March 2025.

At this early stage of the construction phase, the project remained within key time, cost and quality parameters.

The audit found the following key issues:

- The project did not have a dedicated Project Board with oversight provided by a wider Programme Board. The review identified gaps in assurance arising from this arrangement.
- The UHB continues to have issues in the timely and appropriate execution of contractual documentation.

Other recommendations are provided within the detail of the report.

Noting the above, whilst there are important issues to address as outlined, the positive assurance across the broader objectives covered allow **reasonable assurance** to be determined.

Report Classification



Reasonable Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance Summary ¹

Assurance objectives	Assurance
1 Governance Arrangements	Reasonable
2 Financial Monitoring/Reporting	Reasonable
3 Target Cost	Substantial
4 Contractual Appointments	Reasonable
5 Design	Substantial
6 Planning	Substantial

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

Key Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
2	Arrangements in respect of the Project Board are not delivering the required oversight for a scheme of this financial value.	1	Design	Medium
4.1	The SCP call off contract will be resubmitted for signature by the Chair.	4	Operation	Medium

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1. Introduction

- 1.1 The audit reviewed the delivery and management arrangements in place to progress the development of the Hybrid/Major Trauma Theatres at the University Hospital of Wales Cardiff; and was commissioned in accordance with the agreed Audit Plan provided within the Full Business Case submitted to Welsh Government in December 2022. This was the first audit undertaken of the project.
- 1.2 The project aims to deliver the hybrid theatre, which is a surgical theatre also equipped with interventional radiology equipment, to support the implementation of a network model for vascular surgery, with arterial surgery and more complex endovascular interventions centralised at University Hospital of Wales (UHW).
- 1.3 The potential risks considered in this review included:
 - The failure to achieve key project objectives through poor governance and project management controls.
 - The potential breach of Welsh Government funding stipulations, Standing Orders or Standing Financial Instructions.
 - The target cost not providing sufficient value for money.
 - Poor performance not identified and addressed.
 - Project costs escalate uncontrollably through an absence of adequate cost monitoring and reporting.
- 1.4 The Full Business Case as submitted to Welsh Government identified the total capital cost as being £40.6m.

2. Detailed Audit Findings

Project Performance: Summary of the achievement of the project's key delivery objectives (time, cost and quality) to date.

- 2.1 At a project audit, levels of assurance are determined on whether the project achieves its original key delivery objectives and that governance, risk management and internal control within the area under review are suitably designed and applied effectively.
- 2.2 At this first audit of the development of Hybrid/Major Trauma Theatre at University Hospital Wales, when assessing progress against the original delivery objectives, the following was evidenced:

Time

- 2.3 The Outline Business Case (OBC) was approved by Cardiff and Vale University Health Board on the 25th March 2021 and by Welsh Government (WG) on the 30th September 2021.
- 2.4 The Full Business Case was approved by the UHB Board at its meeting on the 24th November 2022, with submission to Welsh Government on the 12th December. The

latest Programme Report for the scheme as submitted with the FBC has a handover date for the completed scheme of 24th March 2025.

- 2.5 The Project Manager Report dated 1st December 2022 noted there are two key Compensation Events that have the potential to impact upon programme and the current planned start on site date, if timely instructions to proceed are not issued. They are the utilities survey/hand digging works and tree removal prior to the nesting season, so as not to affect the current planned start on site date in April 2023. Discretionary capital of £55k has now been secured to allow this work to progress.

Cost

- 2.6 The UHB's Cost Advisers produced a "Tender Report: Not to Exceed Cost Report" dated 8th December 2022. This detailed '*the NTE cost represents value for money and is accepted at the sum of £23,395,779 (excluding VAT)*'.
- 2.7 The total of costs for the scheme detailed within the FBC was as follows:

Costs	FBC as submitted
Works	24,593,000
Fees	3,581,000
Non-Works Costs	621,000
Equipment	10,448,000
Quantified Risk Contingency	1,998,000
VAT Recovery (provisional)	(63,000)
Total	40,611,224

- 2.8 A post FBC submission cost increase was communicated by the UHB's Project Manager on the 15th February 2023. The withdrawal of a preferred supplier of precast concrete necessitated seeking a replacement supplier resulting in a significant cost increase of approximately £1.018m - with the total cost now stated as £41.629m. This issue is addressed later in this report under the **Target Cost** section.

Quality

- 2.9 Key Performance Indicators were completed in October 2022 in respect of both the Supply Chain Partner and the UHB's Advisers, with no material issues raised relating to the quality of service received.
- 2.10 Recognising the current stage of the scheme, **reasonable assurance** has been determined in respect of project performance.

The following sections of the report further outline the key observations that have contributed to the above – matters which require management attention.

Project Governance: Assurance that appropriate governance arrangements were in place for the current project phase, including operation of effective reporting and accountability lines and that appropriate approvals were in place.

- 2.11 A Project Execution Plan (PEP) was in place however this was last updated in July 2021. The PEP contained a short section on governance but did not detail the project structure.
- 2.12 The key project roles of Senior Responsible Officer (Executive Director of Strategy and Planning) and Project Director (Director of Capital, Estates and Facilities) had been appropriately assigned, with clear visibility at the Acute Infrastructure and Sustainability Programme Board (AIB) and MTC and Vascular Hybrid Theatres Project Team respectively.
- 2.13 There was not a dedicated Project Board for this scheme, with oversight instead provided by the Acute Infrastructure and Sustainability Programme Board. The Terms of Reference for which note *'This Programme Board will provide assurance and direction of the major capital projects and discretionary capital schemes with a value over £500K - collectively comprising the Acute Capital Development Programme - in respect of the infrastructure and facilities at UHW and UHL hospital sites'* **(MA1)**.
- 2.14 A review of the minutes of the Acute Infrastructure and Sustainability Programme Board (AIB) meetings noted:
- The Terms of Reference for the AIB stated that meetings would be held bi-monthly. However, only three meetings were held during a ten-month period; the meetings scheduled for May and September 2022 appear not to have been held.
 - From a review of the March 2022 and July 2022 minutes there was limited evidence of discussion/scrutiny of the Hybrid Theatres project.
 - With the AIB assuming the role of the Project Board there would be an expectation that reports would be presented addressing project time, cost and quality issues, however this was not demonstrated from the associated minutes and agenda.
 - The agenda for the November 2022 AIB meeting recorded (under the Action log), that *'Item 7 & 8 Circulate latest versions of capital monthly project progress reports to the Programme Board raised in July 22 outstanding Nov 22'*. **(MA2)**
- 2.15 The Project Team's Terms of Reference referenced a dedicated Project Board rather than being for a Project Team. As noted above this function is currently being fulfilled by a wider Programme Board. **(MA3)**
- 2.16 In the absence of a Terms of Reference for the Project Team, the available minutes and agendas of the Project Team Meetings held between May and September 2022 were reviewed to assess frequency of meetings, attendance and breadth of agenda.

- 2.17 The minutes as provided demonstrated overall good attendance including that of key stakeholders from a clinical setting. Project updates were provided in the form of a monthly capital highlight report together with the inclusion of updates to the project risk register.
- 2.18 Noting some improvements to the defined governance arrangements were required for the current stage of the project, these were not sufficiently material to impact the opinion and **reasonable assurance** has therefore been determined in this area.

Financial Management/ Monitoring: To obtain assurance that adequate cost control and reporting systems were operated, both internally and by the External Cost Adviser.

- 2.19 Robust cost monitoring and reporting arrangements were observed at the Monthly Project Team Meetings. Progress Reports were included as a standard agenda item, incorporating time, quality and cost updates. The minutes of the meetings demonstrated discussion and scrutiny informed by the progress reports.
- 2.20 The monthly Project Meetings were also provided updates of the Project Risk Register, for information and discussion.
- 2.21 The membership of the Project Team included the UHB's project and finance leads, clinical leads, and the external adviser assisting in the development of the FBC.
- 2.22 The Project Manager's Report dated 1st December 2022 noted an in-year budget overspend on the SCP's FBC stage fees. Accordingly, the forecast outturn cost at FBC stage was reported as £1,177,307.35, comprising an increase of £119,052.52 against the original FBC stage contract sum (£1,058,254.83).
- 2.23 In response to this shortfall, the UHB's Executive Director of Finance, prepared a paper for the UHB's Capital Management Group meeting held on the 19th December 2022, requesting that £149.9k inclusive of VAT, be transferred from the UHB's Discretionary Capital in 2022/23.
- 2.24 A risk register was also maintained by the external Project Manager; and monitored and reported to the UHB as part of the Programme Board agenda. This risk register had been scored and costed.
- 2.25 Noting the above, **substantial assurance** has been determined in respect of the financial management and monitoring arrangements applied at the project to date.

Target Cost: A review of the arrangements to challenge and scrutinise the target cost prior to approval

- 2.26 A Stage 3 Full Business Case Tender Report was produced by the UHB's Cost Adviser in November 2022, confirming cost represented value for money. The report detailed the level of competition achieved at each package, recorded the scrutiny applied and adjustments achieved, during the assessment process. Key points from this report included:

- For 97% of the packages, 3 or more sub-contractors were invited to tender. By value 38% (£6.245M) had less than three tenders returned.
 - Of these single tenders accounted for 30% of packages by value. The largest single tender was valued at £2.669m. This issue has been additionally highlighted within the November 2022 Project Manager's Report which noted that the SCP *"are currently producing a Value for Money report for the precast concrete frame package due to the fact that they currently only have 1 bonafide tender return"*.
- 2.27 On the 23rd February the SCP advised that their preferred subcontractor for the precast concrete had withdrawn due to existing 2023 work commitments. With a poor response to the initial re-tender, the SCP advised that there was only one other interested party with the expertise and capabilities to deliver the bespoke frame. However, the tender submission was circa £1m over the original cost submission.
- 2.28 The UHB's Cost Advisers have reviewed the information provided by the SCP and produced and shared with the UHB an analysis of the costs and an explanation of the circumstances surrounding this particular works package.
- 2.29 Whilst noting the low level of tender returns experienced when market testing around the packages, it is evident that this has been appraised by the Cost Advisers and been the subject of discussion with the UHB and is reported with the submission of the FBC. **substantial assurance** is therefore determined in relation to derivation and approval of the revised Target Cost.

Contractual Arrangements: Assurance that the Supply Chain Partner and any advisers were appropriately appointed with standardised forms of contracts. A review of the fee management arrangements to date and monitoring/reporting of performance.

- 2.30 The Supply Chain Partner (SCP), Project Manager and Cost Adviser were appointed from the NHS Building for Wales Framework.
- 2.31 The Contract and Confirmation Notice 1 in respect of the Supply Chain Partner had been signed under seal. The following issues were identified in relation to the SCP contracts:
- Whilst the Confirmation Notice 1 had been appropriately signed by both the Chief Executive and the Chair of the UHB, the Call off Contract only contained the signature of the Chief Executive. **(MA4.1)**
 - The Call off contract for the SCP detailed a start date of January 2019, but signing did not occur until July 2019. In addition, insurance certificates provided by the SCP were out of date at the point the contract was signed. **(MA4.2)**
- Confirmation Notice 1 for the SCP had a start date 26th February 2021 and was signed under seal 22nd Feb 2022. The Insurance Certificates as referenced were over 1 year out of date. **(MA4.2)**

2.32 The Contract and Confirmation Notice 1 in respect of the Project Manager and Cost Adviser had all been signed under seal, with two signatories as required by contract value. The following issues were identified in relation to the SCP and Adviser contracts:

- Both the external Project Manager and Cost Adviser contracts had been signed after the commencement of their duties – with a delay of five months for both. Contract start dates of January 2019 with signing under seal in June 2019. **(MA4.3)**
- The Confirmation Notice no. 1 for the Project Manager has a start date of February 2022 but was not signed by the UHB under seal until the 24th June 2022. **(MA4.3)**

2.33 The NHS Building for Wales framework requires 6-monthly Key Performance Indicators to be submitted by all parties. The latest, submitted in October 2022 were largely positive – with the exception of UHB appraised lower scores assessed to engagement from the SCP and advisers in respect of advance preparation for the setting up of the Project Bank Account (PBA). Until the approval of the FBC this does not warrant management action beyond monitoring the situation and assurance that this will be established at the appropriate time.

2.34 Noting the above, **reasonable assurance** has been determined.

Design Development: To ensure the design has been approved and signed-off by the project team and users and is has been completed sufficiently to an appropriate stage for the project and that key service users were involved in the design process

2.35 A derogation schedule was in place, this being a live and evolving tracker document maintained in conjunction with the UHB.

2.36 The latest version dated 22nd November 2022, was included as part of the FBC submission (Estates Annex).

2.37 A review of the derogation schedule confirmed that in relation to Mechanical, Electrical & Plumbing (MEP), the listed derogations had been subject to scrutiny. With both non-compliance and clarification points having been noted/agreed by appropriate UHB Officers.

2.38 Minutes of the Project Team meetings demonstrated engagement and discussion of the progress of the design elements of the scheme.

2.39 A formal record of user sign-off/ acceptance of the design was provided through the formal sign off of the drawings by the Clinical Board Director of Surgery on the 14th April 2022.

2.40 Noting the above, **substantial assurance** has been determined.

Planning Conditions: Assurance that appropriate arrangements have been made to obtain planning approvals and to clear any associated conditions.

- 2.41 The application for full planning permission for the development was formally submitted to Cardiff City Council on 17th September 2020. Full planning permission was granted by Cardiff City Council on the 30th March 2021.
- 2.42 Subsequently, a Non-Material Amendment application was submitted on the 27th May 2021 to reduce the development's height by one storey, amend elevations, and amend hard landscape areas. Permission for the amended submission was granted on the 11th June 2021. The original permission was therefore modified by a replacement set of drawings as listed under the amendment decision notice.
- 2.43 A further application was submitted for a minor variation of the permission to cover the new generator compound area, plus further refinements of the elevation and stairwell areas. This application was submitted on the 13th of September 2022.
- 2.44 The planning application as granted did include three pre-commencement conditions. Letters acknowledging these conditions were issued by the City Council on 28th March 2023, advising that a response should be provided by the 8th May 2023.
- 2.45 The Programme of work detailed with the FBC included a provisional start date of 4th April 2023. This would ordinarily be compromised by the delay in receiving City Council approval of the pre-commencement submissions. However this risk has been mitigated as the Welsh Government have yet to approve the submitted FBC.
- 2.46 Noting the above, **substantial assurance** has been determined.

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Appendix A: Management Action Plan

Matter Arising 1: Project Execution Plan		Impact
<p>The Project Execution Plan is the governing document that establishes the means to execute, monitor, and control projects.</p> <p>The plan serves as the main reference document to ensure that everyone is aware and knowledgeable of project objectives and how they will be accomplished.</p> <p>The plan is a living document and should be updated to describe current and future processes and procedures as the project moves through key junctures.</p> <p>A comprehensive Project Execution Plan was in place at the project but had not been updated since July 2021.</p> <p>Given the project will shortly be commencing the construction phase, the Project Execution Plan (PEP) should be updated to reflect current stage requirements along with reflecting the governance structure in place overseeing the delivery of this scheme.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Central project documentation does not provide current guidance.
Recommendation		Priority
1.1	The Project Execution Plan should be updated to reflect current governance arrangements.	Low
Agreed Management Action		Target Date
		Responsible Officer

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1.1	Agreed – The Project Execution Plan will be updated. The project is currently on hold, subject to Welsh Government approval of the required funding. Therefore, whilst a July date is included as update they will not be ratified by the Group until the project re-commences.	July 2023	Project Director
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Matter Arising 2: Project Board Governance		Impact	
<p>With no dedicated Project Board for this scheme, oversight is provided by the Acute Infrastructure and Sustainability Programme Board. For comparable schemes with similar financial value and strategic objectives, oversight would ordinarily be afforded by a dedicated Project Board.</p> <p>From a review of the three meetings held in a ten-month period, there was limited evidence of discussion/scrutiny of the Hybrid Theatres Project.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Governance requirements for oversight of delivery of the scheme not met. • 	
Recommendation		Priority	
2.1	The UHB should consider putting in place a dedicated Project Board for this scheme ahead of the Construction phase commencing to ensure appropriate oversight.	Medium	
Agreed Management Action	Target Date	Responsible Officer	
2.1	<p>Agreed – Director of Capital, Estates & Facilities to initiate discussions with an aim to take forward within the UHB.</p> <p>This will not be finalised until Welsh Government approval of funding has been approved, therefore target date will need to be reviewed.</p>	August 2023	Director of Capital, Estates & Facilities

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Matter Arising 3: Project Team Terms of Reference		Impact
<p>The Terms of Reference for the Project Team as provided, in fact relate to that of a Project Board as opposed to the Project Team .</p> <p>Whilst noting that this has not detracted from the establishing and operation of a monthly Project Team meeting, the development and approval of an appropriate Terms of Reference are a prerequisite for ensuring good governance.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of robust governance
Recommendation		Priority
3.1	Terms of Reference for the Project Team should be developed and ratified.	Low
Agreed Management Action	Target Date	Responsible Officer
3.1	<p>Agreed- the Terms of Reference will be developed and ratified.</p> <p>The project is currently on hold, subject to Welsh Government approval of the required funding. Therefore, whilst an August date is included as an update, the ToR's will not be ratified by the Group until the project re-commences.</p>	August 2023
		Project Director

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Matter Arising 4: Contract Governance	Impact
<p>All contract documents were reviewed (Call-Off and Confirmation Notice 1) for the Supply Chain Partner (SCP) and advisers.</p> <p>The following issues were noted:</p> <ul style="list-style-type: none"> • Three of the four Adviser contracts were signed by the UHB after duties commenced (with delays of up to five months); • The SCP call-off contract was also signed late by the UHB (5 months), whilst with Confirmation Notice 1 the delay in signing was 12 months; • The SCP call-off contract had only been signed by the Chief Executive, as opposed to the Chief Executive and Chair as required by Standing Orders. • The certificates of insurance provided by the SCP and included within the initial Contract and Confirmation Notice 1 were out of date, when signing of the contracts occurred. <p>It is recognised that the late execution of contracts is considered to present a reduced risk to the UHB, noting the overarching protection of the NHS Building for Wales Framework.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • The UHB is exposed to unnecessary risk while contracts are delayed or executed incorrectly.
Recommendations	Priority
<p>4.1 The SCP Call off Contract will be resubmitted for signature by the UHB Chair.</p>	<p>Medium</p>
<p>4.2 The UHB should confirm that appropriate insurances are in place in respect of the SCP.</p>	<p>Medium</p>

4.3	At future projects Contracts should be executed prior to the commencement of works / duties.		Medium
4.4	At future projects All contracts should be dated.		Low
Agreed Management Action		Target Date	Responsible Officer
4.1	Agreed - the SCP Call off Contract will be resubmitted for signature by the UHB Chair.	July 2023	Project Director
4.2	Agreed the UHB will confirm at the earliest opportunity that appropriate insurances are in place in respect of the SCP.	July 2023	Project Director
4.3	Agreed -Future Projects Contracts will be signed prior to the commencement of works.	Future Action for other projects	Project Director
4.4	Agreed - Future Projects - Contracts will be dated.	Future Action for other projects	Project Director


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Appendix B: Assurance Opinion and Action Plan Risk Rating

Audit Assurance Ratings

We define the following levels of assurance that the project achieves its key delivery objectives and 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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Our work programme for 2023-2026

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Our work programme for 2023-2026

About our work programme

- 1 Our Audit Wales strategy for 2022-2027 includes a focus on the development and delivery of a ‘strategic, dynamic and high-quality audit programme’, as well as a ‘targeted and impactful approach to communications and influencing’.
- 2 In spring 2022, we consulted on our work programme. Informed by responses to that consultation, and our 2021 Picture of Public Services analysis, we have been shaping an indicative medium-term programme of performance audit work that sits alongside our annual audit of accounts at over 800 public bodies in Wales. By identifying a clearer medium-term horizon and drawing together different parts of our overall work programme, we aim to enhance our overall research and development, and the timeliness and impact of our audit work.
- 3 Our audit programme for 2023-2026 will be focused on four themes:



Tackling
inequality



Responding to the
climate and nature
emergency



Service resilience
and access



Well-managed
public services

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About this paper

- 4 We have prepared this paper in advance of work to develop our website and the information it holds about our work programme to improve our engagement with the public and other stakeholders about our work.
- 5 The paper focuses on our national value for money examinations and studies. This programme of work includes value for money examinations, local government studies, and the preparation of summary reports of the findings from local audit work across multiple NHS, central government and/or local government bodies. It also includes examinations undertaken in response to issues of public concern identified through our audit work or raised with the Auditor General through correspondence. Our work will include consideration of how the sustainable development principle and its 'five ways of working' are being applied.
- 6 The topics identified below as work in progress at 1 April 2023, or to start during 2023-24, mirror Appendix 2 of our Annual Plan 2023-24. Plans for other outputs may emerge as our work programme evolves at both a national and local level, including follow up work and local audit work already planned as part of previous years' programmes.
- 7 In addition, our local audit plans will include other new work at individual bodies to be progressed during 2023-24:
 - For principal councils: local reviews include coverage waste and recycling, planning services, the Welsh Housing Quality Standard, performance management and reporting, counter fraud and whistleblowing, transformation programmes, roads and transport, arrangements to support application of the sustainable development principle, corporate governance, scrutiny, and safeguarding.

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- For NHS bodies: as an extension to our annual structured assessment work across all bodies we will undertake a deeper dive into digital developments. While planning arrangements for local bespoke projects are still ongoing, emerging areas of focus at individual bodies include follow up of previous audit recommendations in areas such as primary care, quality governance, clinical coding and outpatient services, use of strategic assistance funding in escalated organisations, and the robustness of operational governance arrangements.
- For Fire and Rescue Authorities: our local audit programme will include consideration of approaches to targeting fire prevention work.
- For National Park Authorities: our local audit programme will include consideration of arrangements for ensuring under-represented groups are encouraged and supported to visit.

8 We have also listed below indicative topics that we have identified for possible national work to start during 2024-25 and 2025-26, some of which we would expect to then flow into 2026-27. These indicative plans will be revisited as part of our annual planning cycle and taking accounts of any emerging areas of interest / concern and ongoing risk assessment.

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National value for money examinations and studies 2023-2026

Work in progress at 1 April 2023

NHS quality governance	A summary of how NHS bodies' quality governance arrangements are supporting good quality and safe care, building on local audit work.
Corporate Joint Committees (CJCs)	Whether CJCs are making good progress in developing their arrangements to meet their statutory obligations and the Welsh Government's aim of strengthening regional collaboration.
Managing assets and workforce in local government	How councils' strategic approaches to workforce and asset management are supporting their ability to transform, adapt, and maintain service delivery in the short and longer term.
Maximising EU funding	Progress in maximising drawdown of EU funds under the Structural Funds Programme and Rural Development Programme by the end of December 2023.
Net zero (pan-UK overview)	An overview of policy and delivery arrangements across different parts of the UK, and in partnership with other UK audit bodies.
Unscheduled care	A whole system review, undertaken in phases, that will examine the effectiveness of hospital discharge arrangements, management of unscheduled care demand and the effectiveness of national leadership arrangements.

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Covering teacher's absence	Developments since <u>our November 2020 report on this topic</u> , and a <u>March 2021 report by the Senedd Petitions Committee</u> .
NHS workforce	NHS bodies' approaches to workforce planning and drawing together key data.
Planning for sustainable development – brownfield regeneration	Action local councils are taking to support and encourage vacant non-domestic properties and vacant brownfield sites being repurposed into homes or for other uses.
Building safety	How responsible public bodies are discharging their statutory responsibilities to ensure buildings in Wales are safe, against the backdrop of the UK Building Safety Act 2022.
Ukrainian refugee services	How the Welsh Government, working with its partners, has responded to support Ukrainian refugees in Wales.
Governance/oversight of National Park Authorities	Whether authorities have effective governance arrangements that support good outcomes for citizens.
Digital strategy in local government	Councils' strategic approach to digital, including application of the sustainable development principle and arrangements for securing value-for-money.

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Use of performance information in local government	Whether councils' use of performance data enables senior leaders to understand the service-user perspective and the outcomes of their activities to effectively manage performance.
Cancer services	Examining different stages of the patient pathway and building on local audit work at Public Health Wales around the recovery of screening services.
Affordable housing	Arrangements to deliver the Welsh Government's target and realise wider benefits, progress to date and risks to delivery, and application of the sustainable development principle.
Active travel	Delivery of Welsh Government objectives and how associated funding is being managed and deployed.

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Other work that we intend to start during 2023-24

Capital planning and programme management	A programme of work, covering the Welsh Government's overall approach to capital and infrastructure, local audit work on capital planning and work on specific capital programmes, including possible further work on the Welsh Government's investment programme for schools and colleges following on from our report in 2017 .
Challenges for the cultural sector	Covering Amgueddfa Cymru (Museum Wales), the National Library of Wales, Sport Wales, and the Arts Council of Wales to examine how they are applying the sustainable development principle when taking steps to meet their well-being objectives.
Homelessness	Examining how services are working together to progress the response to homelessness, informed in part by our previous work on people sleeping rough , and in the context of the Welsh Government's 2021-2026 homelessness action plan .
Addressing biodiversity decline	<p>A high-level look at how audited bodies are responding to the biodiversity and resilience of ecosystems duty under the Environment (Wales) Act 2016.</p> <p>Also, a more focused review to examine action that Natural Resources Wales is taking around terrestrial, freshwater and/or marine protected sites.</p>

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Rebalancing care and support	A programme of work looking at different aspects of the Welsh Government's <u>Rebalancing Care and Support agenda</u> and associated funding streams, including the <u>Health and Social Care Regional Integration Fund</u> and the <u>Health and Social Care Integration and Rebalancing Capital Fund</u> .
Tackling NHS waiting lists	Local audit work across health boards following on from our <u>national overview report on the planned care backlog</u> in May 2022.
Access to education for children with Additional Learning Needs.	Considering costs associated with <u>the Welsh Government's transformation programme</u> and challenges around its implementation.
Further and higher education funding and oversight – Commission for Tertiary Education and Research	Early work to look at the application of the sustainable development principle by <u>the newly created Commission</u> as it becomes fully operational from 1 April 2024. This could include reflecting more broadly on financial and other challenges for the sectors, picking up from our October 2021 <u>Picture of Higher and Further Education report</u> .
Governance of Fire and Rescue Authorities	Considering whether authorities have effective governance arrangements that support good outcomes for citizens (applying a similar approach to our current work at National Park Authorities – see above).

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The senior public service	Building on other work that we have been undertaking on public service workforce issues, this review would focus on issues around senior leadership, potentially encompassing issues including pay and secondments, performance management, departures, succession planning, and leadership development.
Financial sustainability in local government	Local audit work across the 22 principal councils to revisit local government finances and approaches to financial sustainability, also considering application of the sustainable development principle. This work would build on themes in our national summary report in September 2021 .
Commissioning and contract management in local government	Local audit work to consider how principal councils' arrangements for commissioning, and subsequent contract management where a client-contractor model is chosen, apply value-for-money considerations and the sustainable development principle.

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◀ Indicative topics for work to start in 2024-25 or 2025-26

Narrowing educational attainment gaps	Picking up from issues summarised in our October 2021 Picture of Schools report , this work could examine variation across Wales and good practice, as well as the impact of funding associated with deprivation.
Public health challenges	Examining key public health challenges of our time, with a possible focus on tackling obesity or planning for future health pandemics.
Post Brexit economic developments	Exploring potentially the Welsh Government's support – financial and other – for sectors most impacted by Brexit, such as ports and export-led companies.
The socio-economic duty	Building on our September 2022 report on Equality Impact Assessment , to consider how public bodies are integrating the socio-economic duty under the Equality Act 2010 into their decision-making processes since it came into force in March 2021.
Health inequalities	Linked to work on public health challenges, considering the issues which effect equality of access to services and the wider impact on individuals, communities and our health and social care systems.
Foundational economy	Examining the impact of Welsh Government policy and support around the foundational economy and its provision of basic goods and services that society relies upon.

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Net zero follow up	Following up on issues relevant to our July 2022 report on public sector readiness for net zero carbon by 2030. This work is likely to focus in more detail on specific areas of concern, such as the robustness of public bodies' net zero reporting arrangements.
National Transport Delivery Plan	Building on our current work on Active Travel to look at other key areas of delivery for <u>Llwybr Newydd: the Wales transport strategy 2021</u> .
Decarbonising housing	Examining progress in decarbonising housing across different tenures and the delivery and impact of related Welsh Government funding.
Adult mental health services	Considering issues of demand for and access to mental health services, including potentially community mental health support.
Primary care – dentistry	Looking at progress with <u>the national strategic approach</u> and various initiatives to improve access, as well as the dental contract and its impact on NHS dental provision in Wales.
The National Fraud Initiative (NFI) 2022-23	Reporting in autumn 2024 on the results of the latest <u>NFI exercise 2022-23</u> .

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Partnership governance	Building potentially on evidence from other work and/or following up on our October 2019 review of Public Services Boards , this review could reflect on the partnership working landscape in Wales, with a possible good practice focus.
Applying the sustainable development principle	Reporting by May 2025 on findings from our examinations of how public bodies prescribed under the Well-being of Future Generations (Wales) Act 2015 are applying the sustainable development principle.
Delivering the Digital Strategy for Wales	Following on from other work, including our March 2023 report on digital inclusion , work that we have undertaken on cyber resilience, and other local audit work, this review would examine issues relevant to the six 'missions' that the Welsh Government has set out in the Digital Strategy for Wales .
Public sector workforce challenges	Drawing together findings from other relevant work supported, potentially, by some additional data analysis to consider challenges around workforce planning and management across Welsh public services.
Public procurement	A pan-public sector review examining developments in the public procurement landscape including, potentially, early consideration of the implementation of new duties proposed by the Welsh Government in its Social Partnership and Public Procurement (Wales) Bill .
Picture of public services	An update to our 2021 Picture of Public Services analysis and ahead of the end of the current Auditor General's term of office in summer 2026.

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Report Title:	Post Payment Verification End of Year Report 2022-2023		Agenda Item no.	9.3
Meeting:	Audit and Assurance Committee	Public	✓	Meeting Date: 4 th July 2023
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	✓
Lead Executive:	Executive Director of Finance			
Report Author (Title):	All Wales Post Payment Verification Manager			

Main Report

Background and current situation:

This paper highlights the narrative on how practices have been performing over the current Post Payment Verification (PPV) cycle, and the two previous. It also demonstrates the overall performance of the health board against the national averages. PPV of claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP). The paper is being produced for the Committee to review and seek assurance that the Post Payment Verification cycle is being managed appropriately. PPV provides assurance in all contractor disciplines, except for General Dental Services.

The past year in 2022-2023, PPV have faced challenges associated with the ability to perform 'Business as Usual' due to different factors.

To effectively respond to challenges identified within Primary Care we continued to investigate further avenues to enhance our PPV services which has maintained an excellent level of PPV, which continues to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.

General Medical Services (GMS): Following communications that went out on 20th December, regarding the inability to undertake the entirety of the visits on the visit plan for 2022/2023, we are planning to condense all remaining visits from the 3-year visit plan into 2-year period of 2023/24 and 2024/25.

We also experienced some transitional points with the introduction of the new payment system so a separate assurance exercise is being undertaken by our payment colleagues in SSP for the data range January 2022 to September 2022. As a result, we will begin by checking the data submitted from practices from October 2022. The length and period of data will extend as time moves forward as it has done historically as part of the PPV assurance.

Regarding the revisits that were raised because of routine visits in the last financial year, and any outstanding visits, we will be utilising the same data, however if a revisit is due at the same time as the routine, we will do an 'extended visit' which means 10% of the claims for the routine and 100% check on the services that were triggered in the initial routine.

The visit plan runs on a 3-year cycle for GMS and is agreed by Health Boards.

General Ophthalmic Services (GOS): The visit plan for GOS 2022-2023 was agreed by Health Boards after explaining that these visits were subject to change due to beginning a new way of working. PPV began remote access options having full support from Optometry Wales and begun to carry out virtual visits via Microsoft TEAMS which proved successful. Future visits will now be included in the 2023-2024 visit plan, and although we are hoping to increase the number of remote visits, we are also incorporating physical visits to carry us through this transition period of electronic claiming which is being encouraged by Welsh Government. We also continue to undertake the GOS quarterly patient letter programme across Wales to provide additional elements of assurance to our Health Boards.

Pharmacy Services (GPS): Due to COVID-19, the Medicines Use Review (MUR) service was stopped in March 2020. In 2022/23 NWSSP introduced a pilot for two new service checks by PPV, which are the Quality and Safety Scheme and the Collaborative Working Scheme. We will now be going 'Live' in April

23/24 with the Quality and Safety scheme and seeking approval for our GPS visit plan from our Health boards.

Additional Services

As requested by Welsh Government in 2022/2023 we have both verified Bonus Payment checks that were claimed and paid to all Health Service staff in 2021 and verified the PPV declaration for additional community pharmacy payments that were paid in 2022/2023.

We are providing a new service check for dispensing data and after a successful pilot we rolled this out nationally in August 2022 using the quarterly data form April-June 2022. This will continue as a quarterly service for all Health boards across Wales.

The GMS snapshot and statistics tab now separate the routine and the revisit errors and averages. Revisits are generally higher percentages due to 100% of the claims checked over a longer period.

For the new financial year 23/24 we have the following visits planned:

- GMS – 44
- GOS – 65
- GPS – 35

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

Recommendation:

The Committee is requested to note the content of this 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
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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We have
represent
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from
every
Health

Hold
National
and local
counterparts

We
continue
the

We have
developed
a video

To use
technology

New 360
degree

All PPV
audit

Began
PPV

Verified
contractors

We have
re-
established
our

General
Ophthalmic
Services,

PPV will
go Live

now
producing

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GMS

	Health Board			All Wales		
	2020/2021	2021/2022	2022/2023	2020/2021	2021/2022	2022/2023
Number of practices visited	17	32	5	187	218	36
Average claim error rate	6,46 %	11,27 %	6,67 %	11,66 %	12,96 %	17,93 %
Recovery amount	£17 620,11	£44 019,49	£1 789,37	£232 012,10	£361 438,45	£50 339,13
	Health Board - ROUTINE			All Wales - ROUTINE		
	2020/2021	2021/2022	2022/2023	2020/2021	2021/2022	2022/2023
Number of practices visited	15	21	5	122	138	29
Average claim error rate	5,32 %	5,12 %	6,67 %	5,88 %	6,03 %	7,01 %
Recovery amount	£9 489,04	£10 548,65	£1 789,37	£68 772,35	£75 523,00	£7 257,32
	Health Board - REVISIT			All Wales - REVISIT		
	2020/2021	2021/2022	2022/2023	2020/2021	2021/2022	2022/2023
Number of practices visited	9	11	0	65	80	7
Average claim error rate	8,39 %	14,75 %	0,00 %	14,46 %	16,31 %	20,74 %
Recovery amount	£8 131,07	£33 470,84	£0,00	£163 239,75	£285 915,45	£43 081,81

GOS

	Health Board			All Wales		
	2020/2021	2021/2022	2022/2023	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	6	N/a	4	30
Average claim error rate	N/a	0,00 %	3,72 %	N/a	11,41 %	4,31 %
Recovery amount	N/a	£0,00	£840,73	N/a	£1 777,37	£4 753,21
	Health Board - ROUTINE			All Wales - ROUTINE		
	2020/2021	2021/2022	2022/2023	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	6	N/a	4	30

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Average claim error rate	N/a	0,00 %	3,72 %	N/a	11,41 %	4,31 %
Recovery amount	N/a	£0,00	£840,73	N/a	£1 777,37	£4 753,21
	Health Board - REVISIT			All Wales - REVISIT		
	2020/2021	2021/2022	2022/2023	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	0	N/a	0	0
Average claim error rate	N/a	0,00 %	0,00 %	N/a	0,00 %	0,00 %
Recovery amount	N/a	£0,00	£0,00	N/a	£0,00	£0,00

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Vale University Health Board

Press Report: 1st April 2022 to 31st March 2023

Claim error % Ave (e)	6,67 %		UHB Claim error % Ave (GMS REVISIT)	No REVISITS undertaken
Apr 2022 - Mar 2023 recovery amount	£1 789,37		Apr 2022 - Mar 2023 recovery amount	

Visit 2		Visit 3			
Claim error %	Recovery	Visit date	Visit type	Sample size	Claim errors
6,06 %	£51,68	nov-22	Routine	195	22
23,01 %	£2 290,60	nov-22	Routine	290	16
2,17 %	£345,43	nov-22	Routine	199	25
0,89 %	£170,70	jan-23	Routine	276	1
28,26 %	£572,78	des-22	Routine		Visit file in progress

Claim error % Ave (e)	3,72 %		UHB Claim error % Ave (GOS REVISIT)	No REVISITS undertaken
Apr 2022 - Mar 2023 recovery amount	£840,73		Apr 2022 - Mar 2023 recovery amount	

Visit 2		Visit 3			
Claim error %	Recovery	Visit date	Visit type	Sample size	Claim errors
1,00 %	£20,00	mai-22	Routine	103	1
0,00 %	£0,00	jun-22	Routine	103	1
2,00 %	£80,00	des-22	Routine	103	4
19,33 %	£2 676,60	jan-23	Routine	103	5
8,00 %	£1 914,10	jan-23	Routine	103	11
N/a	N/a	okt-22	Routine	103	1

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Claim error %	Recovery
11,28 %	£381,50
5,52 %	£460,56
12,56 %	£937,28
0,36 %	£10,03

Claim error %	Recovery
0,97 %	£21,24
0,97 %	£20,21
3,88 %	£163,38
4,85 %	£236,50
10,68 %	£389,60
0,97 %	£9,80

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GMS

	Health Board		
	2020/2021	2021/2022	2022/2023
Number of practices visited	17	32	5
Average claim error rate	6.46%	11.27%	6.67%
Recovery amount	£17,620.11	£44,019.49	£1,789.37

	All Wales		
	2020/2021	2021/2022	2022/2023
Number of practices visited	187	218	36
Average claim error rate	11.66%	12.96%	17.93%
Recovery amount	£232,012.10	£361,438.45	£50,339.13

	Health Board - ROUTINE		
	2020/2021	2021/2022	2022/2023
Number of practices visited	15	21	5
Average claim error rate	5.32%	5.12%	6.67%
Recovery amount	£9,489.04	£10,548.65	£1,789.37

	All Wales - ROUTINE		
	2020/2021	2021/2022	2022/2023
Number of practices visited	122	138	29
Average claim error rate	5.88%	6.03%	7.01%
Recovery amount	£68,772.35	£75,523.00	£7,257.32

	Health Board - REVISIT		
	2020/2021	2021/2022	2022/2023
Number of practices visited	9	11	0
Average claim error rate	8.39%	14.75%	0.00%
Recovery amount	£8,131.07	£33,470.84	£0.00

	All Wales - REVISIT		
	2020/2021	2021/2022	2022/2023
Number of practices visited	65	80	7
Average claim error rate	14.46%	16.31%	20.74%
Recovery amount	£163,239.75	£285,915.45	£43,081.81

GOS

	Health Board		
	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	6
Average claim error rate	N/a	0.00%	3.72%
Recovery amount	N/a	£0.00	£840.73

	All Wales		
	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	4	30
Average claim error rate	N/a	11.41%	4.31%
Recovery amount	N/a	£1,777.37	£4,753.21

	Health Board - ROUTINE		
	2020/2021	2021/2022	2022/2023

	All Wales - ROUTINE		
	2020/2021	2021/2022	2022/2023

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Number of practices visited	N/a	0	6
Average claim error rate	N/a	0.00%	3.72%
Recovery amount	N/a	£0.00	£840.73

N/a	4	30
N/a	11.41%	4.31%
N/a	£1,777.37	£4,753.21

	Health Board - REVISIT		
	2020/2021	2021/2022	2022/2023
Number of practices visited	N/a	0	0
Average claim error rate	N/a	0.00%	0.00%
Recovery amount	N/a	£0.00	£0.00

	All Wales - REVISIT		
	2020/2021	2021/2022	2022/2023
N/a	0	0	
N/a	0.00%	0.00%	
N/a	£0.00	£0.00	

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Cardiff & Vale University Health Board
GMS and GOS PPV Progress Report: 1st April 2022 to 31st March 2023

	0-4%	Low risk
	5-9%	Medium risk
	10%+	High risk

UHB Claim error % Ave (GMS Routine)	6.67%
Apr 2022 - Mar 2023 recovery amount	£1,789.37

UHB Claim error % Ave (GMS REVISIT)	No REVISITS undertaken
Apr 2022 - Mar 2023 recovery amount	

GMS Routine		Visit 1				Visit 2				Visit 3				
Practice code	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
1 Practice 1	Jan-19	Routine	3.02%	£263.75	Feb-21	REVISIT	6.06%	£51.68	Nov-22	Routine	195	22	11.28%	£381.50
2 Practice 2	Mar-19	Routine	2.03%	£347.24	Mar-21	REVISIT	23.01%	£2,290.60	Nov-22	Routine	290	16	5.52%	£460.56
3 Practice 3	Aug-14	REVISIT	14.80%	£607.84	Mar-19	Routine	2.17%	£345.43	Nov-22	Routine	199	25	12.56%	£937.28
4 Practice 4	Jan-15	Routine	0.00%	£0.00	Mar-19	Routine	0.89%	£170.70	Jan-23	Routine	276	1	0.36%	£10.03
5 Practice 5	Oct-18	Routine	2.58%	£242.18	Feb-21	REVISIT	28.26%	£572.78	Dec-22	Routine	Visit file in progress			

UHB Claim error % Ave (GOS Routine)	3.72%
Apr 2022 - Mar 2023 recovery amount	£840.73

UHB Claim error % Ave (GOS REVISIT)	No REVISITS undertaken
Apr 2022 - Mar 2023 recovery amount	

GOS Routine		Visit 1				Visit 2				Visit 3				
Practice code	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Claim error %	Recovery	Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
6 Practice 6	Aug-16	Routine	0.00%	£0.00	Sep-17	Routine	1.00%	£20.00	May-22	Routine	103	1	0.97%	£21.24
7 Practice 7	Jul-16	Routine	4.00%	£40.00	Jun-18	Routine	0.00%	£0.00	Jun-22	Routine	103	1	0.97%	£20.21
8 Practice 8	Apr-14	Routine	8.00%	£373.80	May-17	Routine	2.00%	£80.00	Dec-22	Routine	103	4	3.88%	£163.38
9 Practice 9	Dec-17	Routine	7.00%	£341.40	Mar-19	REVISIT	19.33%	£2,676.60	Jan-23	Routine	103	5	4.85%	£236.50
10 Practice 10	Jul-17	Routine	8.00%	£233.90	Sep-18	REVISIT	8.00%	£1,914.10	Jan-23	Routine	103	11	10.68%	£389.60
11 Practice 11	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	Oct-22	Routine	103	1	0.97%	£9.80

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