

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	23 February 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Post Payment Verification Progress Report for the period 1 <sup>st</sup> October 2020 to 31 <sup>st</sup> January 2021
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Post Payment Verification 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).

This year, 2020-2021, we have faced major challenges associated with the COVID-19 pandemic. In order to effectively respond to challenges identified within Primary Care, Welsh Government primary care chief officers, in collaboration with associated clinical directors within the service, agreed that Post Payment Verification (PPV) processes would be stood down. This decision was taken to protect our front-line services, to maintain colleagues' safety and to remove any pressure on primary care contractors and their teams during unprecedented times.

A review of opportunities and a recovery plan was considered during this time, to return with an acceptable level of PPV, which would continue to provide Health Boards with reasonable assurance that public monies are being appropriately claimed. PPV reinstatement was 1<sup>st</sup> October 2020, which was agreed by General Practitioners Committee (GPC) Wales and Welsh Government.

**Cefndir / Background**

PPV provides assurance in all contractor disciplines, with the exception of General Dental Services. At certain times throughout COVID-19, cash flow to medical and ophthalmic contractors has been maintained based on historical claiming patterns, due to submission of claims for various enhanced services being suspended.

NWSSP reviewed how it was able to reinstate an agreed level of PPV within both the Ophthalmic, Pharmaceutical and Medical disciplines along with the Clinical Waste Audit.

**Asesiad / Assessment**

**General Medical Services (GMS)**

Pre COVID, the visit plan previously run on a 3-year cycle for GMS 2020-2021 and was agreed by Health Board Audit Committees. Following review of the All Wales visit plan, NWSSP

reinstated remote access PPV arrangements within the GMS discipline. It was agreed that resources be focused to clear all planned GMS routine and revisits due for 2020-2021 by 1<sup>st</sup> April 2021. These visits would be completed remotely and would not be intrusive or place additional requirements on local front-line service provision. Remote access verification would take place based on a sample of claims submitted from April 2019 - March 2020, due to the sudden decrease of claims from the point of lockdown in March 2020. NWSSP is, however, allowing a postponement of visits until April 2021, due to the COVID-19 vaccination programme and the additional pressure that contractors are under.

### **General Ophthalmic Services (GOS)**

Pre COVID-19, the visit plan for GOS 2020-2021 was agreed by Health Board Audit Committees. However, ophthalmic practices have been unable to remain open to the public for certain periods and it is a service where PPV teams do not have the ability to undertake reviews via remote access at the moment. NWSSP has been providing data to Welsh Government regarding the opening hours and claims for GOS.

### **Pharmacy Services:**

Due to COVID-19, the Medicines Use Review (MUR) service was stopped in March 2020. In April 2021, NWSSP is hoping to introduce a pilot for two new service checks by PPV, which are the Quality and Safety Scheme and the Collaborative Working Scheme.

### **Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is requested to note the contents of this report.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.14 Receive an assurance on Post Payment Verification Audits through quarterly reporting to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Evidence is collated based on claims submitted by contractors of a specific sample period
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	To promote value for money by deterring and preventing fraud and loss
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

We have representatives from every Health Board in Wales and have set up a newly reformed GMS working Group. First meeting to be held March 10th. This is to keep communications open and transparent between PPV and Health Boards whilst also collaboratively working to review specifications and ensure standardised approach for PPV remote access samples.

We are in the process of becoming an All Wales service. This will guarantee a more robust PPV team and ensure business continuity.

We are aiming to develop a video recorded guide to PPV to aid contractors and equip them with useful information in a simplified format/update FAQ documents.

To use technology to continue one-on-one training requirements from practices that request this as this was previously undertaken in person in the practice premises

All PPV audit reports are sent to the Director of Primary Care for information purposes and for feedback.

To explore the opportunity of restarting PPV training events to Practice Managers across Wales, utilising technology to host these events as opposed to 'in-person' presentations.

We need to re-establish our quarterly meeting with ourselves, Primary Care, Counter Fraud and finance in our quarterly meetings. The idea behind this being that we can decide on appropriate actions from the appropriate division for all the practices in Amber and Red.

For General Ophthalmic Services, when we were reinstated in October 2020, we launched a recently successful pilot where we utilise trend analysis data to write out to patients to ensure they are receiving the services that have been claimed in their names.

PPV will begin working on 2 New services checks for Pharmacy in April. These are the Collaborative working Scheme and the Quality and Safety Scheme.

<b>GMS</b>						
	<b>Health Board</b>			<b>All Wales</b>		
	<b>2018/2019</b>	<b>2019/2020</b>	<b>2020/2021</b>	<b>2018/2019</b>	<b>2019/2020</b>	<b>2020/2021</b>
<b>Number of practices visited</b>	35	36	12	216	N/A due to COVID	146
<b>Amount of claims sampled</b>	17,184	30,464	6,458	93,772	N/A due to COVID	17976
<b>Claim errors identified</b>	1,650	2,923	41	7,585	N/A due to COVID	1028
<b>Average claim error rate</b>	9.60%	9.59%	2.62%	8.09%	N/A due to COVID	5.29%
<b>Recovery amount</b>	£60,553.13	£37,397.39	£2,637.25	£223,105.62	N/A due to COVID	£35,576.94

<b>Hywel Dda University Health Board</b>
<b>Medical PPV Progress Report: 1st October 2020 to 31st January 2021</b>

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

UHB Claim error % Ave	0.63%
Oct 2020 to Jan 2021 recov	£2,637.25

Practice code	Visit 1				Visit 2				Visit 3					
	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
Practice 1	Jul-18	Revisit	16.78%	£6,722.61	Jul-18	Routine	15.62%	£6,621.80	Oct-20	Routine	230	10	4.35%	£924.19
Practice 2	Aug-18	Routine	1.29%	£218.24	Oct-19	Revisit	0.00%	£0.00	Oct-20	Routine	308	18	5.84%	£983.70
Practice 3	<b>NO PREVIOUS DATA - CHANGE TO PRACTICE AREA CODE</b>								Dec-20	Revisit	4306	Visit file in progress		
Practice 4									Dec-20	Routine	386			
Practice 5	Sep-17	Revisit	6.86%	£3,571.29	Dec-18	Routine	5.28%	£704.99	Jan-21	Revisit	34	Visit in progress		
Practice 6	Nov-15	Revisit	1.31%	£287.80	Aug-18	Routine	0.73%	£78.94	Dec-20	Revisit	9	0	0.00%	£0.00
Practice 7	Nov-14	Routine	1.68%	£86.54	Aug-18	Routine	2.37%	£185.16	Oct-20	Routine	248	Visit in progress		
Practice 8	Feb-15	Routine	0.93%	£136.81	Nov-17	Routine	0.00%	£0.00	Nov-20	Routine	335	0	0.00%	£0.00
Practice 9	Jul-17	Routine	5.07%	£637.19	Apr-19	Revisit	4.42%	£2,680.81	Oct-20	Routine	236	13	5.51%	£729.36
Practice 10	Jan-18	Revisit	16.06%	£4,581.18	Jan-19	Routine	2.90%	£166.02	Jan-21	Revisit	4	0	0.00%	£0.00
Practice 11	Mar-17	Routine	2.30%	£213.54	Jul-19	Routine	2.51%	£511.81	Jan-21	Revisit	168	Visit in progress		
Practice 12	Jun-18	Revisit	3.74%	£1,811.47	Sep-18	Routine	8.13%	£1,467.62	Nov-20	Revisit	194	Visit in progress		

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AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	23 February 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Primary Care Post Payment Verification
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tracey Huggins, Head of General Medical Services

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Following the presentation of the Post Payment Verification (PPV) End of Year report to the Audit & Risk Assurance Committee (ARAC) on 25<sup>th</sup> August 2020, and the questions and concerns raised by ARAC Committee members, this paper sets out the process followed within the Health Board by the Primary Care team, both as an ongoing means of monitoring, and also in response to any PPV matters raised by the NHS Wales Shared Services Partnership (NWSSP) team following a Practice visit. The paper covers the process for each of the four Contractor services:

1. General Medical Services
2. Community Pharmacy
3. Optometry
4. Dental

**Asesiad / Assessment**

**General Medical Services (GMS)**

Due to the COVID-19 Pandemic, a GMS Contract relaxation was agreed between General Practitioners Committee (GPC) Wales and Welsh Government, whereby all routine PPV work was suspended in March 2020. Although this was originally agreed up to October 2020, in recognition of the ongoing pressures on the health service including Primary Care, Welsh Government have extended the suspension (and the associated PPV) until the end of March 2021. This is inclusive of the payment provisions/guarantee that applied during that time.

Under normal (non-suspended) contractual conditions, a 3-year rolling programme ensures that all Practices receive a remote routine visit with different Enhanced Services being selected each year for routine verification. A set of Enhanced Services is suggested by the PPV Team and agreed with the Primary Care Team.

Remote routine PPV visits are undertaken and a sample of Enhanced Service claims (usually 10% of submitted claims) are verified by the PPV Team. An initial report with findings is submitted to the Practice, with a required response date indicated in that report. There have

been some instances where Practices have not complied with this timeframe and the PPV team are required to prompt the Practices for a response. Ultimately, if no response is received at this stage, PPV will finalise the report and submit the report to the Primary Care Team with their recommendations.

If a Practice does submit a response to an initial report and additional evidence is provided that satisfies the PPV Officer, those queries are deemed resolved and are removed from the report which is then finalised and submitted to the Head of GMS and the Local Counter Fraud Specialist, along with recommendations for any financial recovery or further actions.

The final PPV report that is submitted to the Primary Care Team details the following information broken down by Enhanced Service Type:

- Date of visit
- Sample period
- Number of claims in sample period
- Value of sample period claims
- PPV sample size
- Value of sample
- Number of claim errors
- Claim errors %
- Number of admin errors
- Admin errors %

If an error rate in excess of 10% is identified, then in addition to a financial recovery being recommended, a revisit to verify all claims is also recommended. As Practices have been provided with the opportunity to respond to any findings, the recommendations made by the PPV team are approved as standard practice.

The Local Medical Committee (LMC) have challenged the validity and rationale for a PPV process and, following one recent final report recommending a financial recovery, the LMC have challenged both the PPV team and the Primary Care Team around the decision. It is, however, important to note that, whilst the LMC may view this process as one of a financial penalty, the review of the PPV reports can also highlight clinical concerns which need to be addressed.

Where a "revisit" is recommended, this constitutes a more comprehensive follow up, during which a verification process of 100% of claims made over a 3 year period for the Enhanced Service that has been originally identified as having a higher than 10% error rate in the sample checked in the initial visit will be undertaken. Once this visit has been concluded remotely, then a further report is finalised and submitted to the Head of GMS and the Local Counter Fraud Specialist, along with recommendations for any financial recovery or further actions. Again, as Practices have had an opportunity to respond to any findings, the recommendations made by PPV are always approved as standard practice.

In cases where there appears to be persistent evidence of high claiming errors, the GP Partners will receive a letter from the Deputy Medical Director of Primary Care and Community Services, outlining the expectation of the Health Board that Practices have robust systems in place to minimise errors.

In addition to considering the incorrect claiming from a financial position, the Head of GMS will refer any potential clinical concerns to the Deputy Medical Director of Primary Care and Community Services for review. This was a process improvement that was identified shortly before Contract suspension and in that short time has resulted in additional clinical audits being



undertaken by the Deputy Associate Medical Director of Primary Care and Community Services care in Minor Surgery, the management of Diabetes and Direct Oral Anti-Coagulants (DOACs). Further audits of the Substance Misuse Local Enhanced Services are also due to be undertaken by the Medicines Management Team.

In order to identify any further process improvements, in November 2020, the Head of GMS and the Primary Care Manger (Business / Service Improvement) met with the All Wales Payment Verification Manager of Primary Care Services (NWSSP). The purpose of this meeting was to identify and request additional data from the PPV team, in order to improve the Primary Care internal assurance reporting system, to create an overarching PPV assurance dashboard by Practice and by each Enhanced Service. It has been confirmed that this request can be progressed in the soon to be established all Wales GMS working group being set up by the PPV Lead. The Heads of Primary Care will be asked to nominate a representative to attend.

The GMS and Community Pharmacy Quality and Safety Committee will receive a report at each meeting summarising any PPV visits, final reports and recommendations made in the preceding quarter.

### **Community Pharmacy**

Currently all visits to Community Pharmacies in relation to monitoring and PPV are suspended. This has been the case since 23<sup>rd</sup> March 2020, due to the COVID-19 pandemic. Up to that point the Pharmacy services which were reviewed by the PPV team were Medicines Use Reviews (MURs) and Seasonal Flu Vaccinations.

A schedule of visits is agreed between the PPV and Health Board Community Pharmacy Team, based on a rolling cycle and the outcome of previous visits. A sample of claims for the two services is extracted from the electronic claiming system and supporting evidence is then sought from the Pharmacy.

Following a visit, the PPV team produce a report which is shared with the Pharmacy Contractor for information and comment. It is then forwarded to the Health Board's Community Pharmacy team to review. It is also copied to the Finance team and Local Counter Fraud team. Details of the visit outcomes are logged, as are the actions identified. The Community Pharmacy team will respond to the PPV team on each visit report as to whether the file can be closed or whether a Pharmacy needs to be scheduled for a visit sooner than the usual interval. If necessary, the Community Pharmacy Team will follow up with the Pharmacy or Area Manager in the case of multiples on any actions that are outside the usual remit of PPV.

The main outcomes of Community Pharmacy PPV visits are:

<b>Finding Types</b>	<b>Examples</b>	<b>Outcomes</b>
Administrative Error	Difference in dates /No. of actions/ General Pharmaceutical Council (GPhC) No.s on the on-line claiming system and Patients Medication Record held in the pharmacy.	Noted and a lower admin error rate expected at next visit. If not lower, an early revisit scheduled.
Claim Error	No or insufficient paper evidence in pharmacy to support claim.	Fee for claim recovered.

When PPV recommences for Community Pharmacies, it is likely that it will only remain in the format outlined above for a short period. There are discussions taking place with Community

Pharmacy leads across Wales as to the future focus for PPV. The range of Pharmacy services has expanded significantly over the last 3 years and the IT claiming platform has also changed.

*Choose Pharmacy* has become the IT platform for all new clinical services including the existing service of Seasonal Flu vaccinations. This should offer PPV more scope to review more services, remotely, via access to the system. Some services will no longer have paper records at the Pharmacy, which is likely to remove the need for the same level of visiting as previously.

There needs to be agreement across all Health Boards and with Community Pharmacy Wales as to the services and parameters that could be subject to PPV e.g. the time that a consultation is entered; all should be done with the patient in front of the Pharmacist (may not be possible at present for face to face consultations while other options are available, such as telephone and video consultations).

The Choose Pharmacy platform is already subject to NIIAS (National Intelligent Integrated Auditing Software), which monitors access to WGPRs (Welsh GP Record) and flags instances of inappropriate access (family members, own record etc.)

When PPV resumes, a summary of outcomes for Community Pharmacy reports will be presented at the GMS & Community Pharmacy Quality & Safety Committee.

### **Optometry**

The process in place for PPV in Optometry involves the Primary Care Services (PCS) team within NWSSP attending and accessing patient records held within Ophthalmic Practices, in order to ensure claims have been correctly and appropriately submitted. This will include all Eye Health Examination Wales (EHEW) and General Ophthalmic Services (GOS) (1-6) claims being reviewed.

PPV visits operate on a 3-year cycle. The frequency of these visits depends on the average number of monthly GOS 3 forms claimed in the preceding year and the outcome of any previous visits that may have recommended a revisit within 12 months. The Practices to be visited within any 12 month period are agreed between the Health Board (HB) and the PCS team. This provides the Health Board with the opportunity to suggest Practices where there is local knowledge regarding the Practice's performance.

Following the visit, the HB receives a report from the PCS team which is reviewed by the Optometric Advisor and the Primary Care Team. This details the summary of findings and recommendations following the visit. Where a visit has identified no errors, the recommendation is usually to close the file. Alternatively, where the visit establishes that errors have been made, the recommendations to the Practice will set out the correct administrative processes specific to the errors identified. Additionally, the report will issue a recommendation to the Health Board, which will determine whether the Practice undergoes a revisit within 12 months and whether a recovery for fees is made. The Health Board will review each report and advise the PCS team on their decision. This information is also documented and a letter sent to the Practice from the HB's Primary Care Team to confirm the receipt of the report and request confirmation that the recommendations from the PCS team have been implemented. To date, the Health Board has received no response from any of the Practices who have been issued a PPV letter from the Health Board. There is currently no framework mandating that Practices engage with the Health Board following their PPV visit. Unlike other Contractor Professions, there is no national Contract for Optometry; although a Framework for Services exists, and the current Contract reform work will introduce changes going forward if agreed.

Going forward, the reports on PPV visits will be presented through the Optometry Quality and Safety meeting for scrutiny, where an action plan will be agreed. . The PPV in isolation is not a true reflection of the quality and safety aspect of the Services provided within Ophthalmic Practices. However, the impending introduction of the new Ophthalmic Contract will provide a more robust process for the monitoring of quality and safety in Practices.

### **General Dental Services**

Dental Services are not subject to the PPV process, the current system for the identification of Practice and Performer outliers against an all Wales and Health Board average for quality and safety and performance governance is set out below and process is scrutinised through the Dental Quality and Safety Group (DQSG) which meets bi -monthly.

The process is supported by reports generated from activity information contained within the dental claim forms (FP17w), which are submitted to the NHS Business Services Authority (NHSBSA) for processing.

There are two standard quarterly reports which identify the top ten outlying Dental Practices, these reports are presented by the NHSBSA Clinical Policy Advisor (CPA) and scrutinised by the DQSG. Unless there is any local intelligence to explain why the practice may be an outlier, the Group will instruct the CPA to prepare and present a Provider Assurance Report. This report provides a more detailed review of the Practice data and will be presented at the next DQSG for discussion and agreement of the proposed remedial action plan and determine the timeline for improvement.

The action plan is monitored by the Dental Practice Advisor (DPA) with the Practice in question and updates are provided to the DQSG; improvement will be validated through an outcome and behaviour change report from NHSBSA. If the remedial action plan does not show satisfactory improvement or resolution, or the Contractor is repeatedly an outlier on performance reports, the next step would involve a more detailed examination of the Practice data via a Clinical Record Review (CRR). A sample of clinical records and associated claims will be requested by the NHSBSA CPA and assessed. Inappropriate claims will be identified and an assessment made of the standard of record keeping, standard of radiographs/administration, standard of clinical care, regulatory compliance and NHS administration. The report will be forwarded to the Provider/Practitioner for detailed comment. This may involve self-audit of claims identified as inappropriate, as the financial value of these claims will be recovered unless justification is provided.

If a significant proportion of claims are deemed inappropriate, the Dental Support Team will request a Targeted Claim Assessment (TCA) to quantify the financial value of any potential inappropriate claiming.

The CPA will make recommendations, which may include:

- Ensuring the practice is aware of guidance and best practice;
- Consideration of an action plan to remedy clinical and contractual non-compliance;
- Clinical mentoring;
- Referral to the General Dental Council (GDC);
- Referral to Counter Fraud.

During the COVID-19 pandemic, the above process has been suspended by Welsh Government because FP17w data is not available in sufficient numbers to produce any meaningful data. There was no submission of FP17w from April to June 2020 and from July

2020, activity is on average 75% lower than for the same periods in the previous year. Welsh Government, Health Boards and NHSBSA are all working together to have systems and data in place from April 2021 to report on outliers.

There is a system in place for the final quarter of 2020/21 but the information parameters are very different and this will be discussed at the next DQ&SG to agree the next steps.

**Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is asked to note the contents of this report and the arrangements established by the Primary Care team to monitor service and financial activity across all Contractor professions, and the mechanisms in place to identify and address any matters of potential or actual concern.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.1 The Committee shall review the adequacy of the UHB’s strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation’s activities (both clinical and non-clinical) that supports the achievement of the organisation’s objectives. 5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness. 5.14 Receive an assurance on Post Payment Verification Audits through quarterly reporting to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	To promote value for money by deterring and preventing fraud and loss
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable