Pwyllgor Cyllid a Pherfformiad/ Finance and Performance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Procedures
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tim John, Head of Accounting and Statutory Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Each year planned reviews are undertaken of the financial procedures operated by Hywel Dda University Health Board (HDdUHB). The procedures, which set out the main financial system controls, are reviewed in terms of:

- Relevance
- Best practice
- Audit recommendations
- System change
- Health Board policy

The Finance and Performance Committee can take assurance that there is a robust review process in place in respect of financial procedures.

Cefndir / Background

The following procedures have been reviewed and are presented to the Finance and Performance Committee for approval:

- **Financial Procedure 066** – Losses and Special Payments
- **Financial Procedure 090 –** Retention of Financial Records

The purpose of these documents is to outline the key processes to be followed by Health Board staff in connection with the above-named financial procedures and to set out associated roles and responsibilities.

Asesiad / Assessment

- **Financial Procedure 066** – Losses and Special Payments
- **Financial Procedure 090 –** Retention of Financial Records

The financial procedures are covered by a specific Financial Procedures Equality Impact Assessment (EqIA) with no negative impact.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **APPROVE** the following updated financial procedures:

- **Financial Procedure 066** – Losses and Special Payments
- **Financial Procedure 090 –** Retention of Financial Records

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.13 Review and approve financial procedures on behalf of the Health Board
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	HDdUHB Finance HDdUHB Local Counter Fraud Service

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial procedures are required to ensure sound financial control.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Tegwch Iechyd: Health Equity:	Not Applicable

Risg: **Risk:**	Financial procedures are required to ensure good governance and therefore minimise risk.
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Financial procedures are required to ensure good governance and sound financial control.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	EqIA has been undertaken with no negative impacts on those with protected characteristics.

Losses and Special Payments Procedure

Procedure information

Procedure number: 066

Classification:
Financial

Supersedes:
Previous Versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:
N/A

Version number:
5

Date of Equality Impact Assessment:
21/10/2022

Approval information

Approved by: Finance and Performance Committee

Date of approval: [to be completed]

Date made active: [to be completed]

Review date: [to be completed]

Summary of document:
This document provides a clear process to be followed for identifying, reporting, recording and investigating all losses occurring within the Health Board, except those relating to Clinical Negligence or Personal Injury which are dealt with through the Claims Management Policy.

Scope:
Hywel Dda University Health Board wide.

To be read in conjunction with:
Standing Orders Hywel Dda University Local Health Board (opens in new tab)
Standing Financial Instructions (opens in new tab)
815 - Counter Fraud, Bribery and Corruption Policy (opens in new tab)
Financial Procedures (opens in new tab)

Patient information:
1.Patient Information Library
2. NHS111Wales

Owning group:
Finance Directorate
10/11/2022

Executive Director job title:
Director of Finance

Reviews and updates:
1.0 – New Procedure
2.0 – Revised
3.0 – Revised

Keywords
Losses, Special, Payments

Glossary of terms
NHS – National Health Service
Losses and Special Payments RegisterUK – United Kingdom
EEA - European Economic Area

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures, including the Counter Fraud, Bribery and Corruption Policy and the Standards of Behaviour Policy, and to apply best practice in order to prevent fraud, bribery, corruption and inappropriate conduct. Staff must act honestly, declare relevant interests, avoid conflicts of interest, safeguard public funds and Health Board property, and remain alert to circumstances that may indicate misuse, concealment or deliberate loss.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud, bribery, corruption, dishonesty, deliberate concealment, false claim, conflict of interest, abuse of position, inappropriate action or breach of the Standards of Behaviour Policy that may affect a loss, special payment or write-off. Staff are protected by the AW Raising Concerns (Whistleblowing) Policy (opens in a new tab). Anyone who suspects fraud or has any concerns relating to fraud, bribery or corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning local Counter Fraud Specialists on either 0791 063736 or 07980 919347
- Telephoning the local Counter Fraud office on 01267 266268
- Emailing: HDUHB.CounterFraudTeam.HDD@wales.nhs.uk
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

Contents

Introduction
This procedure details the processes to follow for the reporting of all Losses and Special Payments.

Scope
The financial procedure is Health Board wide.

Aim
The aim of this document is to:
- Ensure that a sound system exists for identifying, reporting, recording and investigating all losses/special payments occurring within the Health Board, except those relating to Clinical Negligence or Personal Injury which are dealt with through the Claims Management Policy.

Objectives
The aim of this document will be achieved by the following objectives:
- Ensure the effective recording, reporting and investigation of all losses in a timely manner.

Definition and Principles of Losses and Special Payments
Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government. They are divided into different categories, which govern the way each individual case is handled. This guidance is not applicable to any losses or special payments that arise from inter NHS Wales transactions.

In considering losses and special payments, it is always important to look beyond whether the proposed write off or payment represents value for money. The need for corrective action must also be carefully assessed to minimise the number and cost of future cases and to ensure lessons learned are embedded across the organisation.

NHS Wales Health Bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain written approval of the Welsh Government H&SSG Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. Where cover is provided through the Welsh Risk Pool, the delegated limits apply to the gross loss suffered by the NHS Wales body and the Welsh Risk Pool, but again net of any amount recovered or covered by insurance and excluding any defence or administrative cost.

All Health Board employees have a general responsibility for the security of Health Board property and for minimising the risk of loss. Service Delivery Managers have additional responsibility for the security of patients' property and monies where it has been deposited for safe custody in accordance with the Patient Property and Monies procedure, 078 - Patient Property and Monies Financial Procedure (opens in new tab).

Managers have a responsibility to notify their Heads of Department, Service Managers, Service Delivery Managers, Directorate General Manager and Director of Finance in writing off of all losses, using the appropriate documentation outlined in this procedure.

This financial control procedure incorporates the principles set out in the Welsh Government Manual for Losses and Special Payments.

The Manual includes the Welsh Government's delegated authority to HBs to approve payment and write off losses within specified limits. Any write offs and all payments made by Hywel Dda University Health Board will be compliant with these instructions.

The Manual also describes the different categories of loss and special payments that may arise for Health Bodies. These are detailed in Appendix 1 of this procedure. On discovering a loss or considering a special payment Hywel Dda University Health Board will take the appropriate action as set out in the Manual.

All losses and special payments must be managed in accordance with the Health Board's Standing Financial Instructions, Scheme of Delegation and the current Welsh Government Losses and Special Payments Manual. Where any inconsistency arises, Welsh Government guidance shall take precedence.

The Audit and Risk Assurance Committee of the Health Board will be adequately informed to ensure it is in a position to make proper decisions with regards to the following key points:

- The nature of the case and the circumstances in which it arose,
- What recovery action has been taken, if any,
- Reasons why the write–off or special payment should be approved by the Board (if the case falls within the level of delegated limits given to Health Board), or the Health and Social Care Department – Resource Directorate in Welsh Government,
- Whether legal advice has been sought, and if so, its content,
- Whether fraud, bribery, corruption, theft, deliberate concealment, abuse of position, undeclared interests, conflicts of interest, dereliction of duty, failure of supervision or breach of the Standards of Behaviour Policy is involved,
- Whether appropriate legal and/or disciplinary action has been taken, and if not, why not,
- Whether investigation has shown defects in existing systems of control and, if so, what remedy is proposed,
- Whether any general lessons emerge which are of benefit to other NHS Health bodies,
- The Health Board will ensure that approval of case write-off is obtained from either the Health Board's Audit and Risk Assurance Committee or Welsh Government depending on the level of delegation given to Health bodies,
- The Health Board will close the case once all reasonable action pertaining to the case has been taken, including recovery action, counter fraud referral where appropriate, disciplinary or legal action where required, completion of agreed control improvements, and recording of lessons learned.

Roles and Responsibilities

	Procedure	Responsible party
1	**Notify the Police, Welsh Government, Chief Executive and Counter Fraud of losses where relevant**	**Director of Finance**
2	**Ensure all managers implement financial and other related management controls to promptly detect any losses**	**Director of Finance**
3	**Approve ex gratia payments in line with the delegated authorisation limit**	**Director of Finance,**
4	**Maintain the computerised losses and special payments register held on a Losses and Special Payments Register**	**Director of Finance**
5	**Report all losses over £5,000 to the Audit and Risk Assurance Committee**	**Director of Finance**
6	**Report all losses in line with this procedure**	**Service Managers, Heads of Department, Service Delivery Managers and Directorate General Managers**
7	**Approve ex gratia payments in line with the delegated authorisation limit**	**Service Managers, Heads of Department, Service Delivery Managers and Directorate General Managers**
8	**Ensure internal controls are in place to promptly detect any losses**	**Service Managers, Heads of Department, Service Delivery Managers and Directorate General Managers**
9	**Undertake a full management investigation where losses have occurred**	**Service Managers, Heads of Department, Service Delivery Managers and Directorate General Managers**
10	**Processing of payments once authorised**	**Financial Accounting**

Recording, Reporting and Investigation of Losses

Reporting and Investigation of Losses

Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department or line manager, who must immediately inform the Chief Executive or the appropriate officer under the scheme of delegation and/or the Director of Finance.

Where a criminal offence is suspected, the Director of Finance shall immediately inform the Police if theft or arson is involved. If the case involves suspicion of fraud and corruption, then the Director of Finance must inform the Local Counter Fraud Specialist and Counter Fraud Service Wales, in accordance with the Welsh Government's directions to NHS Bodies on counter fraud measures. The Director of Finance or the Local Counter Fraud Specialist must notify the Audit and Risk Assurance Committee, the External Auditor and Welsh Government via Counter Fraud Service Wales.

The Audit and Risk Assurance Committee shall approve the writing off of losses (including bad debts, or the making of special payments) within delegated limits at each committee meeting

Losses are divided into the following categories in accordance with the Welsh Government Losses and Special Payments Manual:

- Category 1 – Losses of cash
- Category 2 – Fruitless payments
- Category 3 – Bad debts and claims abandoned
- Category 4 – Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use (see additional detail below)
- Category 5 – Theft of IT equipment

All losses reported should have sufficient details attached as to the circumstances surrounding the loss. Such details should include where appropriate; statements from members of staff, date of loss, cause (if known), its value based either on historic or replacement value, a description of the items, model number etc., together with recommended preventative action which could be taken to prevent a recurrence.

Loss or Damage to Health Board Property

All incidents which result in loss or damage to Health Board Property should be reported promptly by a Manager to the Director of Finance using the Loss or Damage to Health Board Property Form (See Appendix 2). Refer to the flowchart (See Appendix 5) to assist with the approval of any claims.

A Datix incident record must also be created for all loss, damage or theft of Health Board property as soon as the incident is identified. The Datix reference must be included on the Loss or Damage to Health Board Property Form and a copy of the Datix report attached when the matter is submitted to the Director of Finance. This ensures there is a clear audit trail, supports timely investigation, enables risk and trend analysis, and helps the Health Board identify any control weaknesses or preventative actions required.

This covers cases including:

Culpable causes e.g. suspected or proven theft or criminal damage (including arson), fraud or sabotage (whether proved or suspected), neglect of duty or gross carelessness.

- Other causes, for example:

- Losses by fire (other than arson);
- Losses by weather damage or by accident proved on due enquiry to be beyond the control of any reasonable person;

- Losses due to deterioration in use and deterioration in store due to some defect in administration such as:
  - Over provisioning
  - Retention of excess or obsolete stocks
  - Storage of items with a known shelf life in quantities greater than could be turned over within that life
  - Failure to turn over stocks in proper sequence; and
  - Failure to set and to observe property standards to keep stock in good condition.

In the case of buildings, the amount to be written off depends on whether the building is repaired. If a decision is made not to repair it, the amount to be written off is the value of the building (or part) and lost contents immediately prior to the incident. If it is repaired, the amount to be written off is either the cost of repair to the building and contents, or the estimated value of the contents if destroyed, less any sum received from the sale of scrap.

In the case of vehicles, the amount to be written off is either;
- The cost of repairs to the vehicle (if readily ascertainable) less any sums recovered from an insurance company or other party should be treated as a stores loss.
- Payments to an insurance company or other party should be treated as compensation payments (made under legal obligations).
- If the vehicle is a total loss the amount to be written off is the value immediately prior to the accident less any sum received from the sale of scrap.

Unless there are special features or circumstances justifying exceptional treatment, all losses of bedding and linen in use should be valued at 50% of the current replacement cost. Where stores losses and write-offs occur they should be valued at book value less net disposal proceeds.

Where equipment on loan to patients is lost or becomes valueless in circumstances not justifying recovery of the cost, it should be treated in the same way as articles that have deteriorated in use. Failure to recover a sum due to be paid by a patient should be treated as a bad debt.

Loss or Damage to Personal Property
All incidents which result in loss or damage of personal property should be reported promptly by a Manager to the Director of Finance. Where no ex gratia payment is to be made, losses forms are not required.

To initiate the claim procedure, the claimant will need to complete Personal Property Form PP1 (See Appendix 3) and submit this form to the Manager where the incident occurred.

The Manager will need to investigate the details stated in the PP1 form and decide on the recommended course of action, whether the Health Board is liable for the loss, and ultimately whether or not to authorise an ex gratia payment. It is also important to note that any payment should be made on an indemnity basis.

If an ex gratia payment is to be made, an Approval for Payment of ex gratia Compensation Form (See Appendix 4) should be completed by a Manager and authorised in accordance with the delegated authorisation limits stated in section 'Delegated Authorisation Limits'.

When determining the value of the payment to be made, a reasonable value may need to be offered taking into account the age of the item. The Head of Department will also need to consider taking appropriate action to reduce the risk of similar incidents occurring in the future.

When submitting a claim to the Director of Finance please ensure the following is included:

- PP1 form (completed by the claimant)
- PP2 form (completed by the Manager and authorised in line with the Health Board's delegated authorisation limits)
- Evidence to substantiate the amount claimed
- Copy of the Datix report

Once the claim has been fully authorised, the Losses and Compensation Accounting Officer will arrange for the ex gratia payment to be processed and record the loss on the Health Board's Losses and Special Payments Register (Losses and Special Payments Register). Refer to the flowchart (See Appendix 5) to assist with the approval of any claims.

Loss or Damage to Personal Property (Staff)

Ex gratia payments to staff for the loss or damage to their personal property follows the procedure above, but may only be made when all the following criteria apply:

- The incident occurs during the course of their employment;
- The articles lost or damaged were reasonably carried during the course of their employment;
- The articles are sufficiently robust for the treatment they might reasonably be expected to bear;
- The loss or damage is not due to the officer's own negligence; and
- The loss or damage is not covered by insurance or by any provision for free replacement.

Where the article can be repaired the payment should cover the actual cost of repair. However, where it is lost or damaged beyond repair the value of the property immediately before the incident should be paid (the cost of replacement less the estimated amount by which the property had depreciated since purchase). Refer to the flowchart (See Appendix 5) to assist with the approval of any claims.

Recording of Losses

All losses and special payments identified by Hywel Dda University Health Board shall be recorded on a Losses and Special Payments Registerin accordance with Welsh Government guidance.

The main control procedures to be followed by Hywel Dda University Health Board in administrating the Losses and Special Payments Register system are set out below:

- The Health Board will register any losses and special payments cases onto the Losses and Special Payments Register system on a case-by-case basis;
- The Health Board will nominate a named individual to be its case system administrator;
- The Health Board will formally transfer structured settlement cases to the Welsh Risk Pool once approval to settle on a structured basis has been secured from Welsh Government (legal responsibility will continue to lie with the Health Board);

- The Health Board will regularly monitor its cases on the Losses and Special Payments Register to ensure the system is accurately maintained and that they are always fully appraised of the status of each case.

Special Payments
Special payments are those defined as such in the Welsh Government Losses and Special Payments Manual.

In practice, the vast majority of special payments made by the Health Board will be in respect of compensation payments for Clinical Negligence and Personal Injury claims which are dealt with separately under the Claims Management Policy. This procedure outlines the process to be followed for payments for other minor claims. Special payments are categorised as follows:

- Compensation payments made under legal obligation
- Extra contractual payments to contractors
- Ex gratia payments
- Loss of personal effects
- Personal injury and other negligence and injury cases
- Other cases e.g settlements on termination of employment, special severance payments
- Maladministration
- Patient referrals outside of the UK, the European Economic Area (EEA) and Switzerland
- Extra statutory or extra regulatory payments
- Voluntary Early Release Scheme

Clinical Negligence and Personal Injury

Claims for alleged Clinical Negligence and Personal Injury should be dealt with through the Health Board's Claims Management Policy and recorded on the Losses and Special Payments Register. Refer to the flowchart (See Appendix 5) to assist with the approval of any claims.

Delegated Authorisation Limits

The Welsh Government Manual for Losses and Special Payments specifies the Health Board's delegated authorisation limits by type of loss (See Appendix 1).

The delegated limit for approving ex gratia payments for personal property claims within directorates is as follows:

- Up to £250 – Directorate Managers
- Up to £1,000 – General Managers
- Up to £1,500 – Head of Accounting & Statutory Reporting
- Above £1,500 – Director of Finance

It should be noted where Welsh Government approval is required to write-off any Loss or Special Payment, the loss should not be recorded in the Register until approval has been received. Welsh Government will allocate a loss reference number, which should be recorded within the Health Board's Losses and Special Payments Register, and identified as such on the annual return submitted to Welsh Government.

Monitoring and Review

The monitoring and review of this procedure is the responsibility of the Accounting and Statutory Reporting Team within the Finance Directorate. This procedure will be reviewed every three years or sooner where changes to legislation, Welsh Government guidance, Standing Financial Instructions, organisational arrangements or identified best practice require amendment.

Appendix 1 – Delegated Limits

The delegated limits relate to the requirement for NHS Wales health bodies to obtain approval for write-off of the loss or special payment.

CATEGORY OF LOSS/SPECIAL PAYMENT		DELEGATED LIMITS (£)
Losses (except in respect of primary care provider services)		
1)	Loss of cash due to:	
a.	theft, fraud, etc	50,000
b.	overpayment of salaries, wages, fees and allowances	50,000
c.	other causes, including foreign exchange losses, un-vouched or incompletely vouched payments, overpayments other than those included under 1(b), and physical losses of cash and cash equivalents arising through fire, accident or similar causes	50,000
2)	Fruitless payments (including abandoned capital schemes)	250,000
3)	Bad debts and claims abandoned:	
a.	private patients (Sections 65 and 66 NHS Act 1977)	50,000
b.	overseas visitors (Section 121 NHS Act 1977)	50,000
c.	cases other than a-b	50,000
4)	Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:	
a.	culpable causes eg, theft, fraud, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness	50,000
b.	other causes	50,000
Special payments (except in respect of primary care provider services)		
5)	Compensation payments made under legal obligation	FULL *
6)	Extra contractual payments to contractors	50,000
7)	Ex gratia payments	
a.	to patients and staff for loss of personal effects	50,000

b.	for clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payments has been applied	1,000,000 including plaintiff's costs, defence costs and other payments *
c.	for personal injury claims involving negligence where legal advice obtained and relevant guidance has been applied	1,000,000 including plaintiff's costs, defence costs and other payments *
d.	other clinical negligence cases and personal injury claims	50,000 *
e.	other, except cases for maladministration where there was no financial loss by claimant	50,000
f.	maladministration where there was no financial loss by claimant	NIL
g.	patient referrals outside the UK and EEA guidelines	NIL

*** For all clinical negligence and personal injury cases (including court cases) the use of periodical payments should be considered for any settlement (exclusive of legal costs) involving costs to the NHS of £250,000 or more, or for lower awards when this represents good value for money. Proposed out of Court periodical payment awards require approval from the WG H&SSG Finance Department.**

8)	Extra statutory and extra regulatory payments	NIL

Losses and special payments in respect of provision of primary care provider services

Losses			**Limit**
			£
9)	a.	Losses due to overpayments to practitioners of fees, allowances or salary	
		i. involving fraud	1,000
		ii. other	1,000
	b.	unvouched or incompletely vouched payments	1,000
10)		Claims abandoned	1,000

Special Payments

11)	Ex gratia payments		1,000
12)	Extra statutory and extra regulatory payments		
	a.	to pharmacist contractors for drugs supplied in good faith in respect of forged, etc, prescriptions forms	1,000
	b.	excusal of statutory charges for replacement dentures in certain circumstances	up to appropriate maximum statutory charge
	c.	other	NIL

Losses: Fraud cases under investigation

13)	a.	Losses in cases investigated by the health body in respect of prescription fraud.	1,000
	b.	Losses in cases investigated by the health body in respect of dental fraud.	1,000
	c.	Losses in cases investigated by the health body in respect of ophthalmic fraud.	1,000

Appendix 2 – Loss or Damage to Health Board Property Form

DATIX Case Reference (Attach a copy of the DATIX report):

State the date and location of the incident

State the reason for the loss or damage and the circumstances in which it arose

Record the item(s) and value(s) based either on historic or replacement value(s)

Is the value of the loss reduced by insurance?

Was theft involved? If so, have the police been informed?

What actions have been taken, including any legal action to cover the loss?

Did an investigation show defects in existing systems of control and, if so, what remedy is proposed?

Approved by (Manager):

Signature			
Print Name		Date	/ /
Position			

This form is to be submitted to the Director of Finance

Appendix 3 – Form PP1 – Loss or Damage to Personal Property

This form is to be completed by the claimant

Personal Details

Name:

Address:
Postcode:

Telephone Number:	

At the time of the occurrence please indicate whether you were (please circle):

Patient	Visitor	Staff Member

Incident Details

Please state where the incident occurred:

Ward / Department	
Hospital / Premises	

Date of Occurrence	/ /	Approximate Time	

Details of loss or damage caused:

If personal articles / possessions were lost or damaged, please state:

Item Description	Date Purchased	Approximate cost at date of purchase	Cost of repair (where applicable)
	/ /	£	£
	/ /	£	£
	/ /	£	£
	/ /	£	£
	/ /	£	£

Attach documentation to substantiate the cost of replacement or repair (eg official quotations, invoices, receipts etc). Failure to provide documentation may result in no payment.

Do you have a personal insurance policy against which a claim could be made?	Yes		No	

Additional Information

I confirm that the information provided is true and accurate to the best of my knowledge.

Signature		Date	

Print Name	

Please submit this form to the Directorate / General Manager where the incident occurred

Appendix 4 – Form PP2 – Approval for Payment of Ex Gratia Compensation

This form is to be completed by the Directorate / General Manager

DATIX Case Reference (Attach a copy of the DATIX report):

Facts of the case

Was an investigation undertaken at the time of the incident?

Has an objective account of the incident been compiled, and contact established with relevant staff in post at the time?

Was theft involved? If so, have the police been informed?

Has appropriate legal advice been sought?

Reason for proposed ex gratia payment

Did an investigation show defects in existing systems of control and, if so, what remedy is proposed?

Has any recommendation been discussed at a Risk Management Group meeting?

Recommended payment amount

£

Authorisation (Complete for all payments)

Recommended by:

Signature			
Print Name		Date	/ /
Position			

Authorisation (Complete for all payments)

Recommended Endorsed by (Directorate Manager):

Signature			
Print Name		Date	/ /
Position			

Additional authorisation (Complete for all payments > £250)

Approved by (General Manager):

Signature			
Print Name		Date	/ /
Position			

Additional authorisation (Complete for all payments > £1,000)

Approved by (Head of Accounting & Statutory Reporting):

Signature			
Print Name		Date	/ /

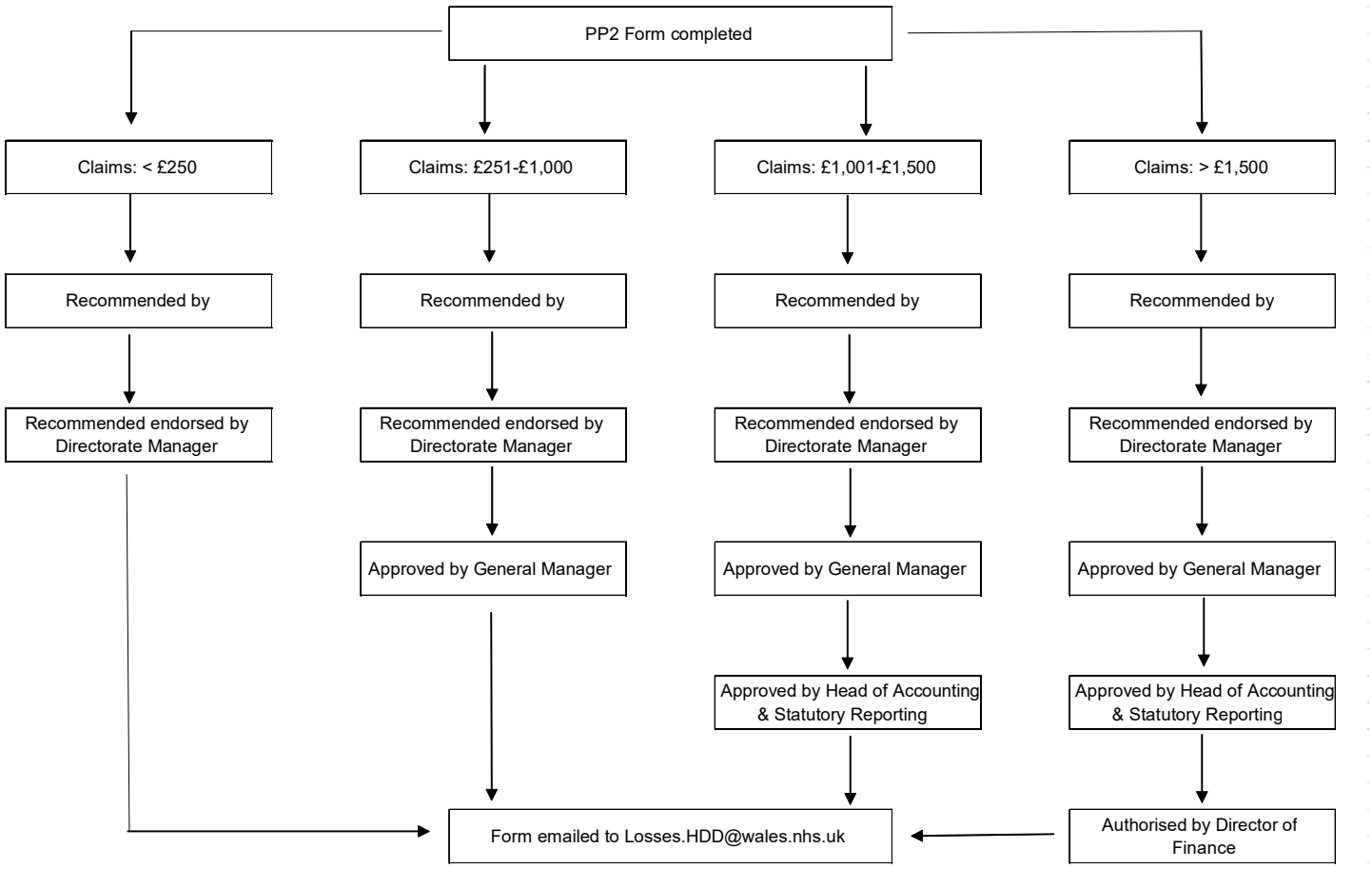
Position	

Additional authorisation (Complete for all payments > £1,500)

Approved by (Director of Finance):

Signature			
Print Name		Date	/ /
Position			

Once approved and ready for payment, this form is to be submitted (with a copy of Form PP1) to the Losses and Compensation Officer, Financial Accounts, Ty Gorwel, Building 14, St David's Park, Jobs Well Road, Carmarthen, SA31 3HB.


PP2 Form completed
Claims: < £250
Claims: £251-£1,000
Claims: £1,001-£1,500
Claims: > £1,500
Recommended by
Recommended by
Recommended by
Recommended by
Recommended endorsed by Directorate Manager
Recommended endorsed by Directorate Manager
Recommended endorsed by Directorate Manager
Recommended endorsed by Directorate Manager
Approved by General Manager
Approved by General Manager
Approved by General Manager
Approved by Head of Accounting & Statutory Reporting
Approved by Head of Accounting & Statutory Reporting
Form emailed to Losses.HDD@wales.nhs.uk
Authorised by Director of Finance

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Huw Thomas, Finance
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	066 - Losses and Special Payments

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this document is to ensure that a sound system exists for identifying, reporting, recording and investigating all losses/special payments occurring within the Health Board.

The aim of this document will be achieved by the following objectives:

- Ensure the effective recording, reporting and investigation of all losses in a timely manner.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age
Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed for losses and special payments will have no impact on people of different age groups.

Disability
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed for losses and special payments will no impact on those with a disability.

Gender Reassignment
Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed for losses and special payments will have no impact on those who have undergone gender reassignment.

Marriage / Civil Partnership
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This group is in relation to workplace and employment only and is therefore not relevant for this policy.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed for losses and special payments will have no impact on those who are pregnant or have recently had a baby.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed for losses and special payments will have no impact on people of different race or ethnicity.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term ‘religion’ includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed for losses and special payments will have no impact on people who have a religion or belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed for losses and special payments will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed for losses and special payments will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed for losses and special payments will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed for losses and special payments will have no impact on individuals of different socio economic groups.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The processes to be followed for losses and special payments will have no impact on opportunities for people to use the Welsh language.

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Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	07/08/26
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Tim John
	Title	Head of Accounting and Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	07.08.26
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	12/08/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

RETENTION OF FINANCIAL RECORDS PROCEDURE

Procedure information

Procedure number: 090 FP 12/01

Classification:

Financial

Supersedes:

Version 3

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

Not applicable

Version number:

4

Date of Equality Impact Assessment:

07/2023

Approval information

Approved by:

Finance and Performance Committee

Date of approval: [to be completed]
Click or tap to enter a date.
Date made active: [to be completed]
Enter date made active (completion by policy team)

Review date: [to be completed]
Enter review date

Enter review date (normally three years from approval date)

Summary of document:

The purpose of this document is to outline the key processes to be followed by Health Board staff in connection with the retention of financial records and to set out associated roles and responsibilities.

Scope:

The procedure applies to all Health Board staff.

To be read in conjunction with:

Standing Orders and Standing Financial Instructions
Other Financial Procedures and Records Management Policy

Patient information:

Patient Information Library

Owning group:

Finance and Performance Committee
Date signed off by owning group

Executive Director job title:

Director of Finance

Reviews and updates:

Version 4

Keywords:

Retention of records

Glossary of terms

Term	Definition
DoH	Department of Health
NWSSP	NHS Wales Shared Services Partnership

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures, including the Counter Fraud, Bribery and Corruption Policy and the Standards of Behaviour Policy, and to apply best practice in order to prevent fraud, bribery, corruption and inappropriate conduct. Staff must act honestly, declare relevant interests, avoid conflicts of interest, safeguard public funds and Health Board property, and remain alert to circumstances that may indicate misuse, concealment or deliberate loss.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud, bribery, corruption, dishonesty, deliberate concealment, false claim, conflict of interest, abuse of position, inappropriate action or breach of the Standards of Behaviour Policy that may affect a loss, special payment or write-off. Staff are protected by the AW Raising Concerns (Whistleblowing) Policy (opens in a new tab). Anyone who suspects fraud or has any concerns relating to fraud, bribery or corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning local Counter Fraud Specialists on either 0791 063736 or 07980 919347
- Telephoning the local Counter Fraud office on 01267 266268
- Emailing: HDUHB.CounterFraudTeam.HDD@wales.nhs.uk
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

Contents

INTRODUCTION & AIM

Records of the NHS and its predecessor bodies are subject to the Public Records Act 1958, which imposes a statutory duty of care directly upon all individuals who have direct responsibility for any such records. This document defines the procedures that shall be in place to manage the retention of Hywel Dda University Health Board's (HDdUHB) financial records. This procedure also applies equally to digital, electronic, and emailed based financial records, including those held in corporate systems, shared drives and personal inboxes where business records are retained.

OBJECTIVES

To ensure financial probity and clarity of accountability in the organisation. To ensure compliance with statutory, regulatory, audit, and data protection requirements, including the UK GDPR and Data Protection Act 2018.

PRINCIPLES

Due to legislation, enactment and regulations, various financial records should not be destroyed until a stipulated period has elapsed.

Records may be retained for longer than the minimum period. However large amounts of documents should not be retained for long periods of time in excess of the limits specified below without good reason.

Retention periods defined within this document represent minimum requirements. Where litigation, investigation, audit, or other legal proceedings are ongoing or anticipated, records must be retained until the matter is fully concluded, regardless of standard retention periods.

Records should be kept in a structured orderly manner with a log maintained of the location of each item.

Each record store shall be the responsibility of a named designated officer. This officer shall check the store in question on, at least, an annual basis to ensure it is being maintained in an orderly manner.

All records must be stored securely and in accordance with information governance and confidentiality requirements.

PERIODS OF RETENTION

In order to ensure that all financial and supporting records are maintained for the appropriate period in order for HDdUHB to discharge its statutory and audit requirements, the main reference for periods of required retention is Records Management Code of Practice for Health and Social Care 2022, published by the Welsh Government and notified through Welsh Health Circular WHC/2022/008. Organisations should also remember that records containing personal information are subject to the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and any subsequent amendments. Personal data should only be retained for as long as necessary and in accordance with applicable information governance requirements.

This procedure will tie in with HDdUHB's Records Management policy and be regularly updated to take account of any changes.

Where discrepancies arise between this procedure and national guidance, the Records Management Code of Practice shall take precedence.

In general, financial records should be retained for a minimum of 6 years after the end of the financial year to which they relate, in line with Limitation Act and HMRC requirements, unless otherwise specified.

HDdUHB's required periods of retention are as laid down in Appendix 1: 'Periods of Retention'.

The periods shown relate to financial years i.e. records should be retained to 31 March of the year in question, not simply the day/month to which they relate.

DISPOSAL

Once identified as no longer required to be kept due to statutory requirement or administrative need and they have no long term historical or research value, records should be destroyed.

Records must be disposed of using secure and approved methods appropriate to their classification:

- Paper records: cross-cut shredding or approved confidential waste contractor
- Electronic records: secure deletion from systems, including removal from backups where applicable

All disposals must be documented in a Disposal Log including record type, date, method of destruction, and authorising officer.

Disposal must be authorised by a designated responsible officer in line with local governance arrangements.

INTERPRETATION

Any uncertainty or questions regarding the interpretation of this procedure and the above circular shall be referred to the Director of Finance.

Advice may also be sought from the Records Management or Information Governance teams where appropriate.

AUDIT

The Internal Audit programme shall, from time to time, provide for random checks to ensure this procedure is being adhered to.

Compliance with this procedure may also be monitored through Information Governance reviews and external audit processes.

GOVERNANCE AND RESPONSIBILITIES

- Director of Finance: overall ownership of this procedure
- Records Management / Information Governance: oversight and compliance monitoring
- Budget Holders / Managers: ensuring adherence within their areas
- All Staff: responsibility for correct handling and retention of records

RISK STATEMENT

Failure to comply with this procedure may result in breaches of statutory obligations, audit failures, financial penalties, or reputational damage to the Health Board.

APPENDIX 1 - PERIODS OF RETENTION

Record Type	Retention Period	Legal / Policy Basis	Disposal
Bank Statements	6 years after end of financial year	HMRC / Limitation Act	Confidential destruction
Audit Reports	6 years minimum	Audit evidence / governance	Confidential destruction
Expenses Claims	6 years	HMRC	Confidential destruction
Contracts (non-sealed)	6 years after termination	Limitation Act	Confidential destruction
Contracts (sealed)	Minimum 15 years	Legal best practice	Confidential destruction
PFI Records	Duration of contract + 6 years	Contractual / audit	Confidential destruction
Invoices	6 years	HMRC	Confidential destruction
Payroll Records	10 years after termination	HMRC / pensions	Confidential destruction

Any categories not explicitly listed should default to a 6-year minimum retention period unless defined by statutory requirement.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

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If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

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- Ensure that all the white boxes within the screening are completed.
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Tel: 01554 899055

Director and Directorate	Huw Thomas, Finance
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	090 – Retention of Financial Records

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This document defines the procedures that shall be in place to manage the retention of Hywel Dda University Health Board's financial records. This procedure applies equally to digital, electronic, and emailed based financial records, including those held in corporate systems, shared drives and personal inboxes where business records are retained.

The aim of this document will be achieved by the following objectives:

- To ensure financial probity and clarity of accountability in the organisation.
- To ensure compliance with statutory, regulatory, audit, and data protection requirements, including the UK GDPR and Data Protection Act 2018.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures
- Records Management Code of Practice for Health and Social Care 2022
- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with retention of financial records will have no impact on people of different age groups.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with retention of financial records will no impact on those with a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with retention of financial records will have no impact on those who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This group is in relation to workplace and employment only and is therefore not relevant for this policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with retention of records will have no impact on those who are pregnant or have recently had a baby.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed by staff in connection with retention of financial records will have no impact on people of different race or ethnicity.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed by staff in connection with retention of financial records will have no impact on people who have a religion or belief.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed by staff in connection with retention of financial records will have no impact on one sex more than the other.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed by staff in connection with retention of financial records will have no impact on individuals regardless of their sexual orientation.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

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Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

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more-equal-wales-socio-economic-duty

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The processes to be followed by staff in connection with retention of financial records will have no impact on individuals of different socio economic groups.

Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with retention of financial records will have no impact on opportunities for people to use the Welsh language.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sarah Morgan
	Title	Financial Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	07/08/26
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Tim John
	Title	Head of Accounting and Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	07.08.26
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
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