## Y Pwyllgor Archwilio a Sicrwydd

Tue 14 February 2023, 09:00 - 12:00

## Agenda

## 09:00 - 09:00 1. MATERION RHAGARWEINIOL

0 min

## 1.1 Croeso a chyflwyniadau

I'w Nodi Cadeirydd

#### 1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi Cadeirydd

#### 1.3 Datganiadau o Fuddiannau

I'w Nodi Cadeirydd

## 09:00 - 09:10 2. AGENDA GYDSYNIO

10 min

# 2.1 Cofnodion cyfarfod 18 Hydref 2022 sydd eto i'w cadarnhau - Cyhoeddus / Cofnodion cryno preifat

I'w Cymeradwyo Cadeirydd

2.1 DHCW AA Minutes Public-en-cy-C.pdf (18 pages)

2.1i DHCW AA Abridged Private-en-cy-C.pdf (3 pages)

#### 2.2 Blaengynllun Gwaith

- I'w Nodi Ysgrifennydd y Bwrdd
- 2.2 Forward Workplan.pdf (4 pages)
- 2.2iAudit & Assurance Committee Forward Workplan.pdf (2 pages)

#### 2.3 Ymchwiliad COVID

- I'w Nodi Cyfarwyddwr Gweithredol Strategaeth
- 2.3 Covid 19 Inquiry Preparedness Update.pdf (7 pages)

#### 2.4 Adroddiad Cryno Cadeiryddion Archwilio Cymru Gyfan

I'w Nodi Cadeirydd

2.4 AWACCM - Highlight Report - 13.10.2022.pdf (5 pages)

#### 2.5 Polisïau:

- I'w Cymeradwyo Ysgrifennydd y Bwrdd
- DHCW-POL-10 Polisi Dilysu lechyd a Gofal Digidol Cymru
- POL-CG-003-Polisi ar Bolisïau
- WFOD-POL-016 Adolygiad Gwerthuso a Datblygu
- Polisi Gweithio Hybrid NEWYDD

#### POL-CG-019 Polisi Rheoli Gwastraff

2.5 Policy Report AA.pdf (6 pages)

#### 2.6 Safonau lechyd a Gofal

I'w Cymeradwyo Ysgrifennydd y Bwrdd

2.6 REP-Health Care Standards 22-23-v1.0.pdf (10 pages)

#### 2.7 Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd

I'w Gymeradwyo Cadeirydd

2.7 Audit and Assurance Committee Terms of Reference Cover Report.pdf (4 pages)

2.7i DHCW Audit and Assurance Committee TOR 2023-24 V1.pdf (13 pages)

#### 2.8 Cylch Busnes y Pwyllgor Archwilio a Sicrwydd

I'w Gymeradwyo Ysgrifennydd y Bwrdd

2.8 Audit and Assurance Committee Annual Cycle of Business 2023-24.pdf (4 pages)

2.8i Audit and Assurance Committee Annual Cycle of Business 23-24 v1.pdf (4 pages)

#### 2.9 Canlyniadau Arolwg Effeithiolrwydd Pwyllgorau

I'w Nodi Ysgrifennydd y Bwrdd

2.9 A&A Committee Self Effectiveness Report.pdf (7 pages)

#### 2.10 Adroddiad Blynyddol Archwilio a Sicrwydd

I'w Gymeradwyo Cadeirydd

2.10 Audit and Assurance Committee Annual Report 2022-23.pdf (8 pages)

#### 2.11 Y Cynllun Tymor Canolig Integredig

I'w Nodi Pennaeth Cynllunio

2.11 IMTP 2023-2026 Progress Mission 5 Audit and Assurance Cttee Feb 2023 (002).pdf (6 pages)

2.11i Mission 5 IMTP edit 30 Jan 23.pdf (2 pages)

#### 2.12 Cydymffurfiaeth â'r Gymraeg a Fframwaith Gwella

Ar gyfer Sicrwydd Rheolwr y Gymraeg

2.12 Welsh Language Report Feb 2023.pdf (6 pages)

12 2.12i Appendix A Welsh Language Action Plan - Audit and Assurance Feb 23v1.pdf (2 pages)

2.12ii Appendix B DHCW More Than Just Words Five Year Action Plan 22-27 (Jan23 update).pdf (6 pages)

#### 2.13 Rhwydwaith Gwybodaeth Labordai Cymru (LINC) a Chaffael y System Gwybodeg Radioleg yn Trosglwyddo o Gydweithrediaeth

I'w Nodi Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol

2.13 REP-LINC RISP Transition AA Update-v1.0\_.pdf (7 pages)

#### 2.14 Adroddiad Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi

- 2.14 Audit and Assurance NWSSP Feb 23.pdf (4 pages)
- 2.14i SSPC Assurance Report 22 September 2022 (003).pdf (7 pages)

### 09:10 - 09:15 3. BUSNES Y CYFARFOD

5 min

#### 3.1 Cofnodion Gweithredu

I'w Nodi Cadeirydd

3.1 Action log.pdf (1 pages)

## 09:15 - 10:50 4. ARCHWILIO AC ATAL TWYLL

95 min

#### 4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi Archwilio Mewnol PCGC

- 4.1 Internal Audit Progress Report Audit Committee Cover Sheet Item 4.1.pdf (4 pages)
- 4.1i DHCW 2223 Internal Audit Update Report February 2023.pdf (4 pages)

#### 4.2 Adroddiadau Adolygiad Archwilio Mewnol

4.2 Internal Audit Reports Audit Committee Cover Sheet.pdf (3 pages)

#### 4.2i Newid Gwasanaeth

Ar gyfer Sicrwydd Archwilio Mewnol PCGC

4.2i DHCW 2022-23 Financial Sustainability - Final Audit Report.pdf (22 pages)

#### 4.2ii Cynaliadwyedd Ariannol

Ar gyfer Sicrwydd Archwilio Mewnol PCGC

4.2ii DHCW 2022-23 Embedding the Ext S'holder Strategy FINAL Internal Audit Report.pdf (16 pages)

#### 4.2iii Rheoli Perfformiad

Ar gyfer Sicrwydd Archwilio Mewnol PCGC

4.2iii DHCW 2022-23 Performance Management FINAL Internal Audit Final Report v2.pdf (19 pages)

#### 4.2iv Ymgysylltu â Rhanddeiliaid

Ar gyfer Sicrwydd Archwilio Mewnol PCGC

4.2iv DHCW2223 Switching Service FINAL Internal Audit Report.pdf (20 pages)

#### 4.3 Adroddiad Archwilio Blynyddol Archwilio Cymru 2022

Ar gyfer Sicrwydd Archwilio Cymru

4.3 Audit Wales Annual Audit Report Cover Report (February 2023).pdf (4 pages)

4.3i DHCW Annual Audit Report 2022.pdf (20 pages)

#### 4.4 Diweddariad Pwyllgor Archwilio Cymru

Ar gyfer Sicrwydd Archwilio Cymru

4.4 Audit Wales Update Cover Report (February 2023).pdf (4 pages)

4.4 Audit Wales Update report.pdf (10 pages)

#### 4.4i Adroddiad y Fenter Twyll Genedlaethol ac Ymatebion Rheolwyr

Ar gyfer Sicrwydd Archwilio Cymru

- 4.4i The\_National\_Fraud\_Initiative\_in\_Wales\_2020\_21\_English\_0.pdf (25 pages)
- 4.4i Management Response NFI Feb 23.pdf (2 pages)

#### 4.4ii Asesiad Strwythuredig 2022

Ar gyfer Sicrwydd Archwilio Cymru

- 4.4ii Audit Wales Structured Assessment Cover Report (February 2023) (002).pdf (4 pages)
- 4.4ii DHCW Final Structured Assessment Report\_.pdf (28 pages)
- 4.4ii FINAL DHCW SA Organisational Response.pdf (3 pages)

#### 4.5 Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol

I'w Nodi Ysgrifennydd y Bwrdd

- 4.5 Baseline Governance Review Action Report.pdf (5 pages)
- 4.5i Baseline Governance Review Action Plan v3.pdf (4 pages)

#### 4.6 Cofnodion Gweithredu Archwilio

- I'w Nodi Pennaeth Gwasanaethau Corfforaethol
- 4.6 REP-DHCW Audit Action Log Jan 23-v1.0.pdf (5 pages)
- 4.6i DHCW Audit Log Jan 23.pdf (4 pages)

#### 4.7 Themâu Archwilio

I'w Nodi Ysgrifennydd y Bwrdd

4.7 Audit Themes.pdf (11 pages)

#### 4.8 Adroddiad Diweddaru Atal Twyll Lleol

I'w Nodi Gwasanaethau Atal Twyll Caerdydd a'r Fro

4.8 DHCW Q3 Cover Sheet - Public.pdf (3 pages)

4.8i. DHCW Period 3 2022 Counter Fraud Progress Report Final.pdf (8 pages)

#### Egwyl - 15 munud

## 10:50 - 12:00 5. ADRODDIADAU LLYWODRAETHU

#### 5.1 Adroddiad Rheoli Risg a Sicrwydd y Bwrdd

I'w Drafod Ysgrifennydd y Bwrdd

- Archwiliad dwfn i risg swyddi gwag
- 5.1 Risk Management Report.pdf (8 pages)
- 5.1i Corporate Risk Deep Dive Report.docx DHCW0259.pdf (3 pages)
- 5.1ii Appendix B DHCW Corporate Risk Register.pdf (5 pages)

#### 5.2 Gwneud Asesiadau o'r Effaith ar Gydraddoldeb yn fwy nag ymarfer ticio blychau yn unig

Ar gyfer Sicrwydd Pennaeth Pobl a Datblygiad Sefydliadol

5.2 EIA report.pdf (5 pages)

#### 5.3 Adroddiad Safonau Ymddygiad

I'w Nodi Rheolwr Llywodraethu Corfforaethol

- 5.3 Standards of Behaviour Report.pdf (5 pages)
- 5.3i Declarations of Interest Register.xlsx.pdf (26 pages)
- 5.3ii Appendix B DHCW Gifts & Hospitality Declarations v2-0.pdf (2 pages)

#### 5.4 Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.4 TEM CG High Value Purchase Order .pdf (5 pages)

- 5.4i Appendix A High Value Purchase Orders Tracker Jan 18th F-01.pdf (1 pages)
- 5.4ii Appendix B Cumulative High Value Transactions Tracker Jan 18th F-01.pdf (1 pages)
- 5.4iii Appendix C Cumulative High Value Spend By Supplier Jan 18th F-01.pdf (2 pages)

#### 5.5 Diweddariad am Golledion a Thaliadau Arbennig

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

#### 5.6 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

I'w Nodi Pennaeth Gwasanaethau Masnachol

- 5.6 Procurement and Scheme of Delegation Compliance Report Feb 2023.pdf (5 pages)
- 5.6i Appendix A DHCW Single Tender Single Quotation and Change Notice Activity Sept-Dec23.pdf (7 pages)

#### 5.7 Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio

I'w Nodi Pennaeth Dros Dro Ansawdd a Rheoleiddio

5.7 DHCW Quality and Regulatory Update Report 14 February 2023.pdf (6 pages)

#### 5.8 Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth

I'w Nodi Pennaeth Dros Dro Ansawdd a Rheoleiddio

5.8 REP-DHCW Decarbonisation Estates Compliance Report-v1.0.pdf (10 pages)

5.8i Estates and Compliance Report December 2022.pdf (20 pages)

#### 12:00 - 12:00 6. MATERION I GLOI

0 min

#### 6.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Drafod Cadeirydd

#### 6.2 Unrhyw Faterion Brys eraill

I'w Trafod Cadeirydd

#### 6.3 Dyddiad y cyfarfod nesaf: 18 Ebrill 2023

I'w Nodi Cadeirydd



## Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

### COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

**(**) 09:00 – 12:15

18/10/2022

MS Teams

Cadeirydd Marian Wyn Jones

Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	lechyd a Gofal Digidol Cymru
Alistair Neill	AN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	lechyd a Gofal Digidol Cymru
Marilyn Bryan-Jones	MB-J	Aelod Annibynnol	lechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Yn bresennol			
Julie Ash	AL	Pennaeth Gwasanaethau Corfforaethol	lechyd a Gofal Digidol Cymru
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru
Simon Cookson	SC	Cyfarwyddwr Archwilio a Sicrwydd	Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	lechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	lechyd a Gofal Digidol Cymru

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Julie Robinson (DHCW - Corporate Governance)



Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio Dros Dro	lechyd a Gofal Digidol Cymru
Eleri Jones (ar gyfer eitem agenda 5.3)	EJ	Rheolwr y Gymraeg	lechyd a Gofal Digidol Cymru
Gareth Lavington	GL	Arbenigwr Atal Twyll Lleol Arweiniol	Atal Twyll Lleol Caerdydd a'r Fro
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	lechyd a Gofal Digidol Cymru
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol	lechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	lechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Llywodraethu Corfforaethol	lechyd a Gofal Digidol Cymru
Ymddiheuriadau			
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	lechyd a Gofal Digidol Cymru
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	lechyd a Gofal Digidol Cymru

Acronymau			
lechyd a Gofal Digidol Cymru	lechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod lechyd Arbennig	A&A	Archwilio a Sicrwydd
KPI	Dangosydd Perfformiad Allweddol	PAPA C	Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus
SO's	Rheolau Sefydlog	SFI's	Cyfarwyddiadau Ariannol Sefydlog
HEIW	Addysg a Gwella Iechyd Cymru	FCP	Gweithdrefnau Rheoli Ariannol
ADS	Cymhwyso, Datblygu a Chefnogi	AfC	Agenda ar gyfer Newid
WCCIS	System Wybodaeth Gofal Cymunedol Cymru		



Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd bawb i'r Pwyllgor Archwilio a Sicrwydd. Rhoddwyd croeso arbennig i'r ddau Aelod Annibynnol newydd, Alistair Neill, a oedd i gymryd rôl yr Is- Gadeirydd a Marilyn Bryan-Jones ynghyd â, Michelle Sell, Cyfarwyddwr Cynllunio a Pherfformiad a'r Prif Swyddog Masnachol, Lee Mullins, Cyfarwyddwr Rhaglen System Wybodaeth Gofal Cymunedol Cymru a Seth Newman, Archwilio Cymru	Nodwyd	Dim i'w nodi
	Mynegodd y Cadeirydd ddymuniadau da'r Pwyllgor i David Selway, a oedd wedi gadael y Pwyllgor Archwilio a Sicrwydd yn dilyn y ddau benodiad newydd a diolchodd am ei gyfraniad yn ystod y 18 mis diwethaf. Cadarnhaodd y Cadeirydd ei bod eisoes wedi cyfarfod cyn y		
	cyfarfod hwn ag Archwilio Mewnol ac Allanol i ystyried y papurau a diolchodd iddynt am eu hamser.		
	Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan Iechyd a Gofal Digidol Cymru yn dilyn y cyfarfod.		
1.2	<ul> <li>Ymddiheuriadau am Absenoldeb</li> <li>Nodwyd ymddiheuriadau am absenoldeb gan: <ul> <li>Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth</li> <li>Julie Francis, Pennaeth Gwasanaethau Masnachol</li> </ul> </li> </ul>	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Datganodd y Cadeirydd fuddiant mewn perthynas ag eitem agenda 5.3 Fframwaith Cydymffurfio a Gwella'r Gymraeg, fel Cadeirydd y Grŵp Gorchwyl a Gorffen 'Mwy na Geiriau'.	Nodwyd	Dim i'w nodi
2	AGENDA CYDSYNIO - I'W CHYMERADWYO		
2.1	Cofnodion cyfarfod 4 Gorffennaf 2022 sydd eto i'w cadarnhau - Cyhoeddus Penderfynodd y Pwyllgor: Gymeradwyo'r cofnodion fel cofnod cywir o'r drafodaeth a byddent yn cael eu gwneud yn gyhoeddus.	Cymeradw ywyd	Dim i'w nodi



2.2	Pwyllgor Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru	Nodwyd	Dim i'w nodi
	Penderfynodd y Pwyllgor:		
	<b>Nodi</b> cynnwys Adroddiad Sicrwydd Pwyllgor Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru.		
2.3	Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
	Penderfynodd y Pwyllgor:		
	NODI Blaengynllun Gwaith y Pwyllgor.		
2.4	Ymchwiliad COVID	Nodwyd	Dim i'w nodi
	Penderfynodd y Pwyllgor:		
	NODI'r diweddariad i Ymchwiliad Covid.		
2.5	Adroddiad Datgarboneiddio	Nodwyd	Dim i'w nodi
	Penderfynodd y Pwyllgor:		
	NODI'r Adroddiad Datgarboneiddio.		
2.6	Diweddariad ar y Ddeddf Ansawdd ac Ymgysylltu	Nodwyd	Dim i'w nodi
	Penderfynodd y Pwyllgor:		
	NODI'r Diweddariad i'r Ddeddf Ansawdd ac Ymgysylltu		
2.7	Polisïau	Cymeradw	Dim i'w nodi
	Penderfynodd y Pwyllgor:	ywyd	
	GYMERADWYO'r tri pholisi:		
	POL-CG-016 Polisi Diogelwch Dŵr		
	<ul> <li>POL-CG-005-Gweithdrefn Polisi Lles lechyd a Diogelwch lechyd a Gofal Digidol Cymru</li> </ul>		
	• POL-CG-007 Delio â Phryderon a Chwynion		
2.0	Cynllun Tymor Canolig Integredig (IMTP) 23-26		
2.8	Penderfynodd y Pwyllgor:	Nodwyd	Dim i'w nodi
	NODI'r Cynllun Tymor Canolig Integredig (IMTP) 23-26		
RHAN 3 – B	USNES Y CYFARFOD		
3.1	Cofnodion Camau Gweithredu	Nodwyd	Dim i'w nodi
	Gwahoddwyd Chris Darling, Ysgrifennydd y Bwrdd (CD) i gyflwyno'r Cofnod Camau Gweithredu. Nododd y Pwyllgor fod dau gam gweithredu wedi'u nodi o'r cyfarfod diwethaf, ac roedd y ddau wedi'u cwblhau gyda'r camau gweithredu		

	CYMRU NHS WALES Iechyd a Gofal Digidol Cymru Digital Health and Care Wales		
	wedi'u dogfennu yn y Cofnod Camau Gweithredu.		
	Penderfynodd y Pwyllgor:		
	NODI statws y Cofnodion Camau Gweithredu.		
RHAN 4	ARCHWILIO AC ATAL TWYLL		
4.1	Adroddiad Cynnydd yr Archwiliad Mewnol	Ar gyfer	Dim i'w nodi
	Cyflwynodd Simon Cookson (SC), Cyfarwyddwr Archwiliad Mewnol Partneriaeth Cydwasanaethau GIG Cymru Gynllun Cynnydd yr Archwiliad Mewnol. Ymunodd ei gydweithiwr Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru ag ef i gyflwyno'r ddau adroddiad archwilio a gwblhawyd o raglen 2022/23.	Sicrwydd	
	Darparodd SC y prif bwyntiau o'r adroddiad cynnydd a dywedodd fod 14 adolygiad yng Nghynllun Archwilio Mewnol 2022/23 ac o'r rhain roedd dau adroddiad i'w derbyn yn y sesiwn gyhoeddus, un yn y sesiwn breifat a thri mewn drafft a oedd yn aros am ymatebion rheolwyr. Sicrhaodd SC y Pwyllgor y byddai cynnydd mewn adolygiadau archwilio yn y cyfarfod nesaf.		
	Penderfynodd y Pwyllgor:		
	NODI'r diweddariad Archwilio Mewnol ar gyfer SICRWYDD.		
4.2	Adroddiadau Adolygiad Archwilio Mewnol	Ar gyfer	Dim i'w nodi
	Traciwr Argymhellion	Sicrwydd	
	Roedd yr adolygiad wedi cael sgôr Sicrwydd <b>Rhesymol</b> .		
	Amlinellodd Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru y gwaith a wnaed yn yr adolygiad.		
	Edrychodd yr adolygiad ar fecanweithiau a ddefnyddiwyd i olrhain argymhellion mewnol a sut y cawsant eu blaenoriaethu.		
	Roedd y canfyddiadau'n cadarnhau bod yr holl argymhellion yn cael eu trin â'r un flaenoriaeth a'u bod yn cael sylw'n gyflym, a oedd yn bosibl tra nad oedd llawer o adolygiadau ond a fyddai'n dod yn fwyfwy anodd wrth i nifer yr adolygiadau/argymhellion gynyddu. Ymhellach, ni ellid datrys rhai argymhellion mewn cyfnod byr o amser.		
	Hysbyswyd y Pwyllgor y byddai Cynllun Archwilio Mewnol Iechyd a Gofal Digidol Cymru a ddatblygwyd fel rhan o'r Cynllun Ansawdd yn rhoi cyfle i dynnu sylw at gynnydd y camau archwilio o dan faner ansawdd.		
	Croesawodd y Pwyllgor yr archwiliad hwn gan ei fod yn cysylltu'n ôl â'r hyn a ddysgwyd o gamau gweithredu		

	WALES DIgital Health wALES and Care Wales		
	archwilio. Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd, ei fod yn gweithio gyda thîm dadansoddol Archwilio Mewnol i gymryd themâu o'r argymhellion i gael mewnwelediad a dysg.		
	Ategodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol y sylwadau a wnaed a chadarnhaodd y byddai'r fformat yn cael ei adolygu i wella eglurder a ffocws ar flaenoriaethu.		
	Datgarboneiddio		
	Derbyniodd y Pwyllgor yr adroddiad ar Ddatgarboneiddio ac fe'u hatgoffwyd am yr agenda a osodwyd o amgylch y targed carbon niwtral erbyn 2030.		
	Amlinellodd SC y cynllun a oedd yn edrych ar gynnydd 11 o'r 13 Sefydliad GIG gan gynnwys Partneriaeth Cydwasanaethau GIG Cymru. Roedd yr archwiliad o drefniadau Datgarboneiddio yn Iechyd a Gofal Digidol Cymru yn un o'r pum adolygiad a gwblhawyd yn llawn a chodwyd rhai sylwadau a materion penodol a'u cynnwys mewn cynllun cryno. Roedd Iechyd a Gofal Digidol Cymru wedi gwneud rhywfaint o gynnydd ar y Camau Gweithredu Cymru Gyfan.		
	Roedd Archwilio Mewnol yn cydnabod ei bod yn darged uchelgeisiol i fod yn garbon niwtral erbyn 2030 ac un o'r ffactorau allweddol oedd hyd yn oed pe bai buddsoddiad cyfalaf gan Lywodraeth Cymru byddai hefyd angen y sgiliau i'w gefnogi.		
	Cadarnhaodd JA fod map ffordd y byddai'n hapus i'w rannu mewn cyfarfod yn y dyfodol ond cytunodd ag Archwilio Mewnol y byddai'n achos o fonitro cynnydd a chymryd camau ynghylch contractau ynni adnewyddadwy, gan edrych ar yr ystadau a'r defnydd o ynni. Mae angen deall allyriadau caffael (sef y ffactor cyfrannol mwyaf) ac roedd lechyd a Gofal Digidol Cymru wedi ei wahodd i fod yn rhan o Ffrydiau Gwaith Caffael Llywodraeth Cymru a byddai'n gweithio gyda'r Gwasanaethau a Rennir i ddatblygu rhai strategaethau caffael TGCh carbon isel.		
	Penderfynodd y Pwyllgor:		
	DDERBYN y ddau adroddiad ar gyfer SICRWYDD.		
4.3	Diweddariad Pwyllgor Archwilio Cymru Cyflwynodd Nathan Couch (NC), Archwilio Cymru Ddiweddariad Pwyllgor Archwilio Cymru a oedd yn rhoi'r wybodaeth ddiweddaraf am y gwaith archwilio ariannol a pherfformiad cyfredol ac a gynlluniwyd a thynnodd sylw at y pwyntiau allweddol canlynol: -	Ar gyfer Sicrwydd	Dim i'w nodi
	• Nid oedd unrhyw waith newydd wedi'i gwblhau yn y		

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maes	cyl	lid.

- Cwblhawyd yr adolygiad o'r amgylchedd TGCh a rheolaethau rhaglenni a ystyriodd y cynnydd a wnaed gan Iechyd a Gofal Digidol Cymru wrth fynd i'r afael ag argymhellion archwiliad 2021-22. Bydd yr adroddiad yn cael ei gyflwyno i'r Pwyllgor ym mis Chwefror 2023.
- Gwaith archwilio perfformiad. Roedd y gwaith maes ar gyfer yr Asesiad Strwythuredig wedi dod i ben a bydd yn cael ei gyflwyno i Archwilio a Sicrwydd ym mis Chwefror 2023.
- Bydd datblygu gwaith â ffocws lleol yn cynnwys trefniadau llywodraethu a chyllideb ar gyfer Gwasanaethau Gofal Sylfaenol Digidol ac roedd y gwaith hwn yn cael ei gwmpasu gyda diweddariad i'w roi i'r Pwyllgor wrth i'r adolygiad fynd yn ei flaen.
- Bydd briff prosiect o drefniadau'r Cynllun Gwaith yn cael ei gyhoeddi'n ddiweddarach y mis hwn.
- System Wybodaeth Gofal Cymunedol Cymru (WCCIS) roedd y negeseuon allweddol wedi'u cynnwys yn Atodiad 1 a derbyniwyd llythyr diweddaru.
- Cyhoeddwyd tri adroddiad yn ymwneud â'r GIG ers y diweddariad diwethaf ym mis Gorffennaf 2022 -Llythyr Diweddaru System Wybodaeth Gofal Cymunedol Cymru; Parodrwydd y Sector Cyhoeddus ar gyfer Carbon Sero Net erbyn 2030; ac Asesiadau ar Effaith Cydraddoldeb.

Sicrhawyd y Pwyllgor y byddai'r gwaith o gwmpasu risgiau'r gweithlu yn cael ei gwblhau er mwyn llywio'r broses o bennu'r gyllideb ar gyfer Iechyd a Gofal Digidol Cymru ar gyfer y flwyddyn ariannol nesaf.

Cadarnhaodd Seth Newman (SN), Archwilio Cymru fod llythyr diweddaru System Wybodaeth Gofal Cymunedol Cymru yn cynnwys y cynnydd a wnaed ers cwblhau'r adolygiad llawn diwethaf ym mis Hydref 2020 a oedd yn adlewyrchu llawer o'r materion a oedd yn yr Adolygiad Strategol. Fodd bynnag, roedd sawl mis wedi mynd heibio ers cyhoeddi'r llythyr.

Dywedodd Lee Mullin (LM), Cyfarwyddwr Rhaglen System Wybodaeth Gofal Cymunedol Cymru fod yr adolygiad gwreiddiol wedi'i gynnal ar ôl cyfnod heriol o berfformiad platfform gwael a oedd wedi atal y tîm rhag symud nifer o eitemau ymlaen. Amlinellodd yr Adolygiad Strategol yn y cam cyntaf nifer o heriau a nifer o feysydd i fynd i'r afael â

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	nhw. Roedd ail gam yr adolygiad strategol bellach wedi'i gychwyn gyda Sianel 3 yn dychwelyd i weithio ochr yn ochr ag lechyd a Gofal Digidol Cymru i gyflawni'r achos busnes diwygiedig. Roedd cynnydd da wedi'i ddangos wrth ymuno â Bwrdd Iechyd Prifysgol Aneurin Bevan a thîm peilot o Fwrdd Iechyd Prifysgol Betsi Cadwaladr. Cadarnhaodd LM y byddai angen gosod sylfaen i'r rhaglen a chynhyrchu set o ddogfennau wedi'u hailosod y byddai gofyn i Archwilio Cymru eu hadolygu.	
	Sicrhawyd y Pwyllgor fod perfformiad y platfform wedi bod yn gymharol sefydlog a bod cynnydd sylweddol yn y maes hwn.	
	Penderfynodd y Pwyllgor:	
	NODI Diweddariad Pwyllgor Archwilio Cymru ar gyfer SICRWYDD .	
4.4	Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu SylfaenolNodwyCyflwynodd Chris Darling, Ysgrifennydd y Bwrdd yr Adolygiad Llywodraethu Sylfaenol a thynnodd sylw at rai pwyntiau allweddol:Nodwy	Gweithredu: Byddai'r Pwyllgor yn derbyn manylion
	<ul> <li>Cytunodd lechyd a Gofal Digidol Cymru ag Archwilio Cymru y byddai Adolygiad Llywodraethu Sylfaenol yn cael ei gynnal ar gyfer lechyd a Gofal Digidol Cymru yn ei flwyddyn gyntaf i gynorthwyo dysgu sefydliadol tra ei fod yn y camau embryonig, fodd bynnag, roedd yr adolygiad yn parhau i edrych i asesu a oedd lechyd a Gofal Digidol Cymru yn gwneud cynnydd da o ran rhoi cymorth ar gyfer llywodraethu da, defnydd effeithlon, effeithiol ac economaidd o adnoddau.</li> <li>Ni wnaed unrhyw argymhellion ffurfiol yn ysbryd</li> </ul>	cyswllt y penodiad newydd, y Pennaeth Ymgysylltu er mwyn i'r Aelodau allu cysylltu'n uniongyrchol.
	Cymru y byddai Adolygiad Llywodraethu Sylfaenol yn cael ei gynnal ar gyfer Iechyd a Gofal Digidol Cymru yn ei flwyddyn gyntaf i gynorthwyo dysgu sefydliadol tra ei fod yn y camau embryonig, fodd bynnag, roedd yr adolygiad yn parhau i edrych i asesu a oedd Iechyd a Gofal Digidol Cymru yn gwneud cynnydd da o ran rhoi cymorth ar gyfer llywodraethu da, defnydd effeithlon, effeithiol ac economaidd o adnoddau.	penodiad newydd, y Pennaeth Ymgysylltu er mwyn i'r Aelodau allu cysylltu'n

Meysydd sydd angen mwy o waith; roedd swydd y Pennaeth Ymgysylltu bellach wedi dechrau ac roedd cyfweliadau ar gyfer swydd Cyfarwyddwr Cynorthwyol Cyfathrebu yn cael eu cynnal ar ddiwedd y mis.

Byddai'r Asesiad Strwythuredig yn cael ei gwblhau a'i gyflwyno i'r Pwyllgor nesaf ac erbyn hynny dylid

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	cwblhau'r meysydd cyfle o'r Llywodraethu Sylfaenol a fyddai'n galluogi canolbwyntio ar yr argymhellion ffurfiol.		
	Diolchodd y Pwyllgor i Archwilio Cymru am yr Adolygiad Llywodraethu Sylfaenol a fu'n ddarn defnyddiol iawn o wybodaeth i Aelodau'r Bwrdd, gan eu galluogi i ofyn cwestiynau.		
	Gofynnodd yr aelodau am eglurhad ar rôl y Pennaeth Ymgysylltu. Cadarnhaodd Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol fod Strategaeth Ymgysylltu â Rhanddeiliaid Allanol wedi'i chymeradwyo ym mis Tachwedd 2021 a bod Cynllun Rhanddeiliaid cysylltiedig wedi'i gymeradwyo ym mis Ionawr 2022. Bwriad y swydd oedd llywio strategaeth rhanddeiliaid yn unol â'r modd rydym yn ymgysylltu â rhanddeiliaid allanol.		
	<b>CAM GWEITHREDU 20221018-A01</b> : Byddai'r Pwyllgor yn derbyn cyswllt y penodiad newydd er mwyn i'r Aelodau allu cysylltu'n uniongyrchol.		
	Penderfynodd y Pwyllgor:		
	NODI'r Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol a'r ddau gam gweithredu ychwanegol a gwblhawyd.		
4.5	Traciwr Camau Gweithredu Archwilio	Trafodwyd	Dim i'w nodi
	Cadarnhaodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol fod 39 o gamau gweithredu wedi'u hadolygu yn y cyfarfod diwethaf lle cafodd 29 eu cau gan adael cyfanswm o 10 cam gweithredu agored. Derbyniodd y Pwyllgor ddau adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 11 o gamau gweithredu newydd. Roedd y rhain wedi'u hychwanegu at y cofnodion a oedd bellach yn cynnwys cyfanswm o 21 o gamau gweithredu agored.		
	Roedd JA yn falch o adrodd bod 11 o'r 21 cam gweithredu wedi'u cwblhau, roedd 9 ar y trywydd cywir i'w cwblhau erbyn eu dyddiad targed, ac nid oedd un ar y trywydd cywir i'w gwblhau erbyn y dyddiad targed. Gofynnwyd am estyniad o chwe mis ar gyfer y cam gweithredu hwn. Cytunodd y Pwyllgor â'r estyniad arfaethedig a'r camau gweithredu a gwblhawyd oedd wedi'u cyflwyno yn cael eu tynnu o'r Traciwr.		
	Penderfynodd y Pwyllgor:		
	GYMERADWYO rhoi estyniad i un cam gweithredu a NODI'r camau gweithredu sy'n weddill a'r gwaith arfaethedig sydd yn ei le i ddod â'r camau gweithredu i ben.		



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4.6	Adroddiad Diweddaru Atal Twyll Lleol	Nodwyd	Dim i'w nodi
	Derbyniodd y Pwyllgor yr Adroddiad Diweddaru Atal Twyll Lleol ar gyfer y cyfnod 20 Mehefin 2022 i 30 Medi 2022.		
	Yn ystod y cyfnod roedd y gwaith canlynol wedi'i wneud: -		
	<ul> <li>Roedd 49 diwrnod o ddiwrnodau atal twyll wedi'u cynnal. Roedd hyn 9 niwrnod dros y 40 niwrnod a gynlluniwyd oherwydd un ymchwiliad a oedd yn parhau'n fyw.</li> </ul>		
	<ul> <li>Roedd un aelod o staff wedi gadael yn dilyn dyrchafiad. Roedd y swydd yn cael ei hysbysebu ac wedi derbyn 18 cais.</li> </ul>		
	<ul> <li>Roedd y gwaith yn parhau ar y gronfa ddata gweithgaredd.</li> </ul>		
	• Roedd e-ddysgu yn parhau ar gyfer dysgu Atal Twyll.		
	• Roedd posteri wedi'u datblygu a'u dylunio i wella ymwybyddiaeth staff yn swyddfeydd Caerdydd.		
	<ul> <li>Cyhoeddwyd dau hysbysiad atal twyll gan Awdurdod Atal Twyll y GIG. Roedd ymchwiliad byr wedi'i gynnal ac ni chanfuwyd unrhyw broblemau.</li> </ul>		
	<ul> <li>Roedd tair sesiwn Ymwybyddiaeth Atal Twyll wedi'u cwblhau ar gyfer staff lechyd a Gofal Digidol Cymru ac roedd rhai pellach wedi'u cynllunio ynghyd â TenTalk.</li> </ul>		
	<ul> <li>Roedd un Cylchlythyr wedi'i gyhoeddi, a byddai'r ail yn cyd-fynd ag wythnos Atal Twyll.</li> </ul>		
	<ul> <li>Roedd ymchwiliad byw mewn perthynas â Rheoli Stoc ar y gweill.</li> </ul>		
	Diolchodd COL i Gareth a'r tîm am y gwaith ar yr ymchwiliad ynghyd â Simon Cookson a'r tîm Archwilio Mewnol am eu cefnogaeth.		
	Trafododd y Pwyllgor a oedd yr argyfwng 'costau byw' wedi cynyddu'r achosion o dwyll ar draws GIG Cymru. Sicrhawyd y Pwyllgor na fu cynnydd yn y nifer o achosion o dwyll yr adroddwyd amdanynt ond yn ystod Covid penodwyd pobl yn gyflym a arweiniodd at nifer o ordaliadau gyda rheolwyr yn peidio ag adrodd am hyn ar Gofnod Staff Electronig pan oedd aelod o staff yn gadael. Yn gyffredinol, roedd adennill y gordaliadau hyn yn gyflym iawn.		
	Sicrhawyd y Pwyllgor bod polisi Atal Twyll, Llwgrwobrwyo a Llygredd a oedd i'w adolygu'n fuan ac a oedd yn ymdrin â Chwythu'r Chwiban ac roedd Polisi Chwythu'r Chwiban Archwilio 'Cymru Gyfan' a oedd yn annog unigolion i		

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	ymgysylltu ag Atal Twyll ynghylch unrhyw bryderon.		
	Cadarnhaodd CD fod Chwythu'r Chwiban neu Staff yn Mynegi Pryderon fel y'i gelwir hefyd yn Bolisi Cymru Gyfan. Roedd cynlluniau ar waith ar gyfer rhywfaint o gyfathrebu wedi'i dargedu ar gyfer lechyd a Gofal Digidol Cymru, yn enwedig oherwydd yr 'argyfwng costau byw'. Cynlluniwyd nifer o fecanweithiau i godi ymwybyddiaeth staff, gan gynnwys TenTalk.		
	Sicrhaodd GL y Pwyllgor, er gwaethaf colli un aelod o staff, bod yr adran yn ddigon gwydn i ymateb i unrhyw faterion.		
	Penderfynodd y Pwyllgor:		
	NODI'r Adroddiad Diweddaru Atal Twyll		
RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus / Pwyllgor Iechyd a Diogelwch	Nodwyd	Dim i'w nodi
	Derbyniodd y Pwyllgor yr adroddiad ar y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus / Pwyllgor Iechyd a Diogelwch.		
	Cyhoeddodd y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar Orffennaf 15 2022 y cynhelir adolygiad ymgynghori ar y cyd i lechyd a Gofal Digidol Cymru.		
	Roedd y Pwyllgorau wedi gofyn i lechyd a Gofal Digidol Cymru ac eraill i roi sylwadau ar y Cylch Gorchwyl a'r adborth ysgrifenedig a gyflwynwyd.		
	Byddai'r gwrandawiad llafar yn cael ei gynnal ar Hydref 26 lle byddai cydweithwyr Iechyd a Gofal Digidol Cymru yn ymateb i gwestiynau. Bydd cydweithwyr a rhanddeiliaid yn gallu gwylio'r gwrandawiad drwy ddolen ffrwd fyw y Senedd a fyddai'n cael ei rhannu ymlaen llaw.		
	Cyhoeddwyd cyflwyniadau ysgrifenedig ar Hydref 17 a byddant yn cael eu rhannu ag aelodau'r Pwyllgor ac roeddent ar gael ar wefan y Pwyllgor.		
	Hysbyswyd y Pwyllgor nad oedd unrhyw gadarnhad o'r amserlenni ar gyfer adrodd yn ôl ar y sesiynau llafar.		
	Penderfynodd y Pwyllgor:		
	NODI diweddariad Pwyllgor Cyfrifon Cyhoeddus a		



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5.2	Rheoli Risg a Sicrwydd y Bwrdd	Nodwyd	Dim i'w nodi
	Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, drosolwg o'r sefyllfa Rheoli Risg a chyflwyniad o Ddadansoddiad Tueddiadau Risg Corfforaethol am y cyfnod 18 mis a rhoddodd y prif bwyntiau canlynol:		
	• Ar Ebrill 1 2021 roedd 14 o risgiau ar y Gofrestr Risg Gorfforaethol.		
	<ul> <li>Yn y cyfnod o 18 mis roedd 52 o risgiau unigol wedi'u rheoli ar y gofrestr risg.</li> </ul>		
	<ul> <li>Roedd 38 o risgiau newydd wedi'u huwchgyfeirio ers Ebrill 1 2021.</li> </ul>		
	<ul> <li>Roedd 21 o risgiau wedi'u dileu (wedi'u hisgyfeirio neu eu cau) ers Ebrill 1 2021.</li> </ul>		
	<ul> <li>Roedd 26 o risgiau ar y gofrestr risg ar hyn o bryd, ac roedd 16 ohonynt wedi'u nodi yn y papurau, roedd un risg yn breifat a naw yn ymwneud â diogelwch ac yn cael eu hystyried yn sesiwn breifat y Pwyllgor Llywodraethu a Diogelwch Digidol.</li> </ul>		
	<ul> <li>Neilltuwyd chwe risg newydd i'r Pwyllgor hwn. Roedd dwy risg wedi'u hisraddio ac roedd y map gwres yn amlygu sefyllfa'r proffil risg. Roedd y rhan fwyaf o'r risgiau oedd yn weddill yn destun ymchwil manwl.</li> </ul>		
	Ymchwil Manwl – Risgiau Ariannol		
	Cyflwynodd Claire Osmundsen Little (COL) Cyfarwyddwr Gweithredol Cyllid bob un o'r risgiau ariannol.		
	<b>Chwyddiant digidol</b> : roedd y risgiau'n amlygu'r newidiadau mewn gwariant digidol, yn enwedig yn y 6-12 mis diwethaf. Roedd prisiau'n rhedeg ar gyfradd uwch na'r lefel chwyddiant sylfaenol. Roedd rhai cynhyrchion trwyddedu yn destun cyfraddau cyfnewid oedd yn ymwneud â marchnad yr UD ac roedd hyn wedi cael effaith. Yn ogystal, bu rhai problemau cyflenwi yn enwedig gyda microsglodion a arweiniodd at gynnydd mewn prisiau. Felly, adolygwyd tri maes risg allweddol: Amrywiad arian cyfred, Model Prisio Cyflenwyr a'r Gadwyn Gyflenwi.		
	Cadarnhaodd COL fod Iechyd a Gofal Digidol Cymru yn gweithio gydag Archwilio Mewnol i edrych ar bwysau costau digidol a bydd darn o waith yn deillio o'r darn cynaliadwyedd ariannol digidol.		
	Pwysau Ariannol Costau Cyfleustodau Cynyddol: Roedd cost ynni wedi codi'n sylweddol yn ystod y misoedd		

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diwethaf. Y ddau brif faes defnydd o ynni ar gyfer Iechyd a Gofal Digidol Cymru oedd gofod swyddfa a defnydd canolfan ddata. Mae prisiau'n newid a thra bod trefniadau cytundebol yn eu lle a oedd wedi lliniaru'r pwysau ar gyfer eleni, bydd pwysau pellach y flwyddyn nesaf. Roedd gwaith yn cael ei wneud i ddeall ôl troed Iechyd a Gofal Digidol Cymru ond roedd unrhyw fesurau'n annhebygol o liniaru pwysau costau.

**Cynnydd mewn costau Yswiriant Gwladol**: O 6 Ebrill 2022, cynyddodd cyfraniadau Yswiriant Gwladol 1.25% ar gyfer cyflogeion a chyflogwyr. Byddai'r risg hon yn parhau i gael ei monitro a'i gweithredu yn unol â hynny ond roedd yn risg arall a effeithiodd ar sefydlogrwydd ariannol tymor hwy.

Byddai'r risg yn cael ei hisraddio ar y Gofrestr Risg Gorfforaethol pe bai cyllid ychwanegol yn cael ei sicrhau gan Lywodraeth Cymru.

Roedd lefel uchel o swyddi gwag yn parhau o hyd a oedd yn lliniaru rhai o'r costau sylfaenol. Roedd gwaith yn mynd yn ei flaen gyda chydweithwyr i gefnogi'r cyfyngiadau ariannol sylfaenol drwy edrych ar y sefyllfa gytundebol.

Trafododd y Pwyllgor y sefyllfa o safbwynt staff h.y. a fyddai staff yn dewis dod i'r swyddfa i arbed costau gartref. Ni fyddai staff yn cael eu hannog i beidio â dod i mewn i'r swyddfa, fodd bynnag roedd dyluniad y swyddfeydd yn cael ei adolygu er mwyn i staff allu cydweithio o'r un llawr i leihau'r angen am wres/goleuadau.

Cadarnhaodd COL fod rôl i'r Fforwm Partneriaeth Lleol fynd i'r afael ag unrhyw fylchau wrth iddynt godi. Cadarnhaodd Paul Evans fod yr Undebau Llafur yn cyfarfod â Phobl a Datblygu Sefydliadol yn wythnosol.

Cadarnhaodd Nathan Couch (NC) fod risg y Gronfa Buddsoddi mewn Blaenoriaethau Digidol wedi'i thynnu oddi ar y Gofrestr Risg Gorfforaethol a bod hyn wedi dod i'r amlwg fel thema ar yr Asesiad Strwythuredig. Cadarnhaodd COL fod y newid yn y lefel risg o ganlyniad i dderbyn llythyrau ariannu a'r cyfarfod dilynol gyda Llywodraeth Cymru i'r Tîm Gweithredol ar y Cyd lle codwyd y risg.

Penderfynodd y Pwyllgor:

**NODI** statws y Gofrestr Risg Gorfforaethol ac Adroddiad Sicrwydd y Bwrdd a **THRAFOD** y Risgiau Corfforaethol a'r Ymchwil Manwl i'r Risgiau Ariannol.

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5.3	Fframwaith Cydymffurfio a Gwella'r Gymraeg	Ar gyfer	Dim i'w nodi
	Cyflwynodd Eleri Jenkins (EJ), Rheolwr y Gymraeg, y Fframwaith Cydymffurfio a Gwella'r Gymraeg a rhoddodd y prif bwyntiau a ganlyn:	Sicrwydd	
	<ul> <li>Nododd y cynllun gweithredu cydymffurfio â'r Gymraeg feysydd i'w gwella o'r 120 safon gyda 2 goch yn unig ym mis Hydref.</li> </ul>		
	<ul> <li>Roedd dangosfwrdd Sgiliau'r Gymraeg yn dangos hunanasesiad staff o'u sgiliau Cymraeg.</li> </ul>		
	<ul> <li>Ymgymerwyd â gweithgareddau i hyrwyddo'r defnydd o'r Gymraeg ar draws y sefydliad.</li> </ul>		
	Cadarnhaodd EJ fod y gweithdrefnau gweithredu sefydlog wedi'u hadolygu'n ddiweddar a bod gwaith yn mynd yn ei flaen i sicrhau bod y gweithdrefnau'n cael eu dilyn, yn enwedig wrth asesu sgiliau ieithyddol swyddi.		
	Hysbyswyd y Pwyllgor ei bod yn bwysig bod mesurau lliniaru penodol yn cael eu targedu'n arbennig ynghylch risgiau recriwtio.		
	Roedd trafodaethau wedi'u cynnal mewn cyfarfod Grŵp Cymraeg diweddar a gytunodd nad oedd angen sgiliau iaith lefel 5 ar gyfer rhai rolau ac roedd yn bwysig bod yr hyrwyddwyr yn bwydo hyn yn ôl i'r sefydliad ehangach.		
	Penderfynodd y Pwyllgor:		
	<b>NODI</b> Adroddiad Fframwaith Cydymffurfio a Gwella'r Gymraeg ar gyfer <b>SICRWYDD</b> .		
5.4	Adroddiad Safonau Ymddygiad	Ar gyfer	Dim i'w nodi
	Dywedodd Laura Tolley, y Rheolwr Llywodraethu Corfforaethol, wrth y Pwyllgor fod yr Adroddiad Safonau Ymddygiad yn amlinellu'r Datganiadau o Fuddiant a chofrestr Rhoddion, Nawdd a Lletygarwch ar gyfer Iechyd a Gofal Digidol Cymru. Amlygwyd y pwyntiau allweddol o'r adroddiad:-	Sicrwydd	
	<ul> <li>Yn y Pwyllgor diwethaf adroddwyd bod 34% o fand 8a ac uwch wedi cwblhau Datganiad o Fuddiant. Roedd y gyfradd bellach yn sefyll ar 84% a oedd yn dangos y cynnydd sylweddol a wnaed hyd yn hyn ac roedd hyn yn rhoi'r sefydliad ar y trywydd cywir i gyflawni cyfradd cydymffurfio gyffredinol 2021-22 o 87%.</li> </ul>		
	<ul> <li>Roedd y defnydd o Gofnod Staff Electronig wedi'i archwilio er mwyn i staff allu datgan eu buddiannau ond ar ôl ymchwilio ymhellach canfuwyd nad oedd ganddo'r mecanwaith adrodd i gyflawni'r hyn oedd</li> </ul>		



lechyd a Gofal Digidol Cymru
Digital Health and Care Wales

	WALES and Care Wales		
	ei angen. Roedd rhwydwaith Dirprwy Ysgrifenyddion y Bwrdd yn archwilio dewis arall, ond roedd y system a ddefnyddir gan Iechyd a Gofal Digidol Cymru yn ddigonol, felly ni fyddai buddsoddiad mewn meddalwedd allanol i gasglu datganiadau o fuddiant yn cael ei archwilio ar hyn o bryd.		
	<ul> <li>Derbyniwyd dau ddatganiad o letygarwch ers y cyfarfod diwethaf ac roedd y rhain wedi'u cymeradwyo gan yr arweinydd Gweithredol perthnasol.</li> </ul>		
	<ul> <li>Sicrhawyd bod y Safonau Ymddygiad yn cael eu hyrwyddo o fewn lechyd a Gofal Digidol Cymru gyda'r mentrau a ganlyn: Cwestiynau Cyffredin yn cael eu hychwanegu at SharePoint, trwy'r broses sefydlu, cyfathrebu misol a TensTalk a oedd wedi'i amserlennu ar gyfer mis Rhagfyr.</li> </ul>		
	Penderfynodd y Pwyllgor:		
	<b>NODI</b> 'r Adroddiad Datganiadau Buddiannau, Rhoddion a Lletygarwch ar gyfer <b>SICRWYDD</b> .		
5.5	Adroddiad Archebion Prynu Gwerth Uchel	Nodwyd	Dim i'w nodi
	Rhoddodd Mark Cox (MC), Cyfarwyddwr Cyswllt Cyllid fanylion am y tair archeb oedd wedi cyrraedd y trothwy o £750,000 a drafodwyd yn ystod y cyfnod adrodd.		
	Hysbyswyd y Pwyllgor y codwyd archeb dros £0.75m rhwng Mehefin 17 a Medi 26 2022 a bod dau gyflenwr arall wedi cyrraedd y trothwy hwn gydag archebion cronnol. Roedd cyfanswm cronnus yr holl archebion gwerth mwy na £0.75m yn £27.473m ar gyfer y flwyddyn ariannol.		
	Roedd un o'r archebion cronnol a gyrhaeddodd y trothwy yn ymwneud â cheir ar brydles i gyflogeion a'r potensial i staff brydlesu cerbydau trydan a chysylltu â'r agenda datgarboneiddio fel y nodwyd. Ychwanegodd JA y gwelwyd fod gofyniad cynyddol am wefru cerbydau trydan ar y safle		
	Penderfynodd y Pwyllgor:		
	<b>NODI'</b> r Adroddiad Archeb Brynu Gwerth Uchel a'r Archebion Cronnus.		
5.6	Diweddariad am Golledion a Thaliadau Arbennig	Nodwyd	Dim i'w nodi
	Cadarnhaodd CO-L nad oedd unrhyw Golledion a Thaliadau Arbennig i'w trafod.	,	
	Penderfynodd y Pwyllgor:		
	<b>NODI'R</b> Diweddariad o'r Colledion a'r Taliadau Arbennig ar gyfer <b>SICRWYDD.</b>		

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	GIG CYMRU NHS WALES Iechyd a Gofal Digidol Cymru Digital Health and Care Wales		
5.7 A	Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo	Nodwyd	Dim i'w nodi
C F	Cyflwynodd Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad a'r Prif Swyddog Masnachol yr adroddiad a gofynnodd i'r Pwyllgor nodi:	Wodwyd	Dini w nour
	Dau gam gweithredu dyfyniad unigol		
	• Chwe estyniad contract. Cynhaliwyd proses gaffael i gymryd lle'r contract Profi Olrhain Diogelu, fodd bynnag, roedd yn aflwyddiannus ac nid oedd Iechyd a Gofal Digidol Cymru mewn sefyllfa i ddyfarnu'r contract. Roedd yr estyniad yn galluogi GIG Cymru i barhau i olrhain cysylltiadau tan ddiwedd y contract, neu hyd nes y byddai Llywodraeth Cymru yn cynghori y gellir rhoi'r gorau i olrhain contract.		
F	Penderfynodd y Pwyllgor:		
	<b>NODI</b> cynnwys yr Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo		
D.0	Adroddiad Diweddaru Cydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid	Nodwyd	Dim i'w nodi
a	Cyflwynodd Paul Evans, Pennaeth Rheoleiddio Dros Dro yr adroddiad a chyflwynodd y prif bwyntiau allweddol i'r Pwyllgor: -		
	<ul> <li>Roedd dau archwiliad allanol y Sefydliad Rhyngwladol er Safoni oedd wedi'u cynllunio wedi'u cynnal yn ystod y cyfnod hwn ac roeddent wedi'u cynnal yn llwyddiannus. Ni chodwyd unrhyw anghydffurfiaethau.</li> </ul>		
	<ul> <li>Roedd dau o'r adroddiadau sydd i ddod yn chwarter</li> <li>3 eisoes wedi'u cynnal yn ystod wythnos gyntaf y</li> <li>chwarter. Ni chodwyd unrhyw anghydffurfiaethau.</li> </ul>		
	• Roedd Cyfarwyddiaethau wedi derbyn y cerrig milltir sy'n berthnasol i gyflwyno iPassport. Hyd yn hyn cynhwyswyd 11% o'r sefydliad, gyda 30% arall yn y broses o ymuno.		
	<ul> <li>Roedd gwaith yn mynd yn ei flaen ar ddiweddaru'r rheoliadau Dyfeisiau Meddygol.</li> </ul>		
	<ul> <li>Roedd yr Uned Seibergadernid wedi cwblhau ac adrodd ar yr archwiliadau Diogelwch Rhwydweithiau a Gwybodaeth cyntaf ar ran Llywodraeth Cymru.</li> </ul>		
F	Penderfynodd y Pwyllgor:		
	<b>NODI</b> Adroddiad Diweddaru Cydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid.		
5.9 F	Framwaith Sicrwydd Deddfwriaethol	Cymeradw	Dim i'w nodi

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Julie Robinson (DHCW - Corporate Governance)

	Cyflwynodd Laura Tolley (LT), Rheolwr Llywodraethu Corfforaethol y Fframwaith Sicrwydd Deddfwriaethol sy'n darparu rhan o'r fframwaith llywodraethu cyffredinol.	ywyd	
	Roedd y Fframwaith Sicrwydd Deddfwriaethol yn ymdrech ar y cyd rhwng Llywodraethu Corfforaethol a'r tîm Ansawdd a Rheoleiddio gyda'r gofrestr yn cael ei chynnal gan y tîm Ansawdd a Rheoleiddio.		
	Dywedodd y Pwyllgor y byddai'n ddefnyddiol pe gallai'r gofrestr fod mor gyfredol â phosibl. Byddai'r gofrestr yn cael ei chyflwyno i'r Pwyllgor ddwywaith y flwyddyn gyda'r fersiynau blaenorol yn cael eu harchifo.		
	Cytunodd y Pwyllgor ei fod yn arf dilysu defnyddiol ac y dylid ei ddefnyddio'n rhagweithiol i sicrhau'r cydbwysedd cywir. <b>Penderfynodd</b> y Pwyllgor:		
	<b>GYMERADWYO</b> 'r Fframwaith Sicrwydd Deddfwriaethol a <b>NODI</b> 'r Gofrestr.		
5.10	Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth	Nodwyd	Dim i'w nod
	Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau		
	Corfforaethol y prif bwyntiau canlynol o'r adroddiad: Roedd y cyntaf o adroddiad Ansoddol ddwywaith y flwyddyn		
	wedi'i gyflwyno i Lywodraeth Cymru (yn yr agenda gydsynio) ym mis Medi 2022 a byddai'r nesaf ym mis Ebrill 2023.		
	Roedd Iechyd a Gofal Digidol Cymru yn rhan o Gymuned Arbenigwyr Llywodraeth Cymru ar y Newid yn yr Hinsawdd ac yn mynychu cyfarfodydd rheolaidd y fforwm hwn.		
	Mae defnydd o'r Cwmwl yn cyfrannu at ddatgarboneiddio ac roedd Dangosfwrdd Effaith Allyriadau Cwmwl yn cael ei ddatblygu a fydd yn galluogi Iechyd a Gofal Digidol Cymru i fesur allyriadau sy'n gysylltiedig â chyfrifiadura cwmwl.		
	Mae gan lechyd a Gofal Digidol Cymru a'i sefydliad rhagflaenol ardystiad System Rheoli Amgylcheddol y Sefydliad Rhyngwladol er Safoni 14001 ers 2014 ac yn ddiweddar wedi cael archwiliad llwyddiannus gydag un cyfle i wella a dim anghydffurfiaethau.		
	Mae cydymffurfiad cyffredinol systemau peiriannau ac offer yn 97% yn erbyn targed yr ystâd o 90%.		
	Penderfynodd y Pwyllgor:		
	<b>NODI</b> 'r Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth		
RHAN 6	MATERION I GLOI		



	Nododd y Cadeirydd yr eitemau a gymeradwywyd, a gefnogwyd ac a drafodwyd i'w cynnwys yn adroddiad y Cadeirydd i'r Bwrdd.		
6.2	Unrhyw Faterion Brys eraill Ni chodwyd unrhyw fusnes brys arall i'w nodi.	Nodwyd	Dim i'w nodi
6.3	<ul><li>Dyddiad ac Amser y Cyfarfod Nesaf:</li><li>Chwefror 14 2023 am 09:00am</li></ul>	Nodwyd	Dim i'w nodi



## Pwyllgor Archwilio a Sicrwydd - PREIFAT

### COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

12:10 – 13:00

18/10/22

Galwad Teams

Cadeirydd	Marian Wyn Jones				
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Yn bresennol:		Teitl	Sefydliad
Marian Jones	MJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	lechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	lechyd a Gofal Digidol Cymru
Alistair Neill	AN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	lechyd a Gofal Digidol Cymru
Henry Bales	НВ	Swyddog Atal Twyll	Caerdydd a'r Fro
Simon Cookson	SC	Pennaeth Archwilio Mewnol Dros Dro	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
lan Cox	IC	Pennaeth Gwasanaethau Cleientiaid	Iechyd a Gofal Digidol Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	lechyd a Gofal Digidol Cymru



Chris Darling	CD	Ysgrifennydd y Bwrdd	lechyd a Gofal Digidol Cymru
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio Dros Dro	lechyd a Gofal Digidol Cymru
Gareth Lavington	GL	Pennaeth Atal Twyll	Caerdydd a'r Fro
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	lechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	lechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	lechyd a Gofal Digidol Cymru
Ymddiheuriadau		Teitl	Sefydliad
lfan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	lechyd a Gofal Digidol Cymru
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	lechyd a Gofal Digidol Cymru

Acronyma	au		
DHCW	lechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod lechyd Arbennig		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	<b>Croeso a chyflwyniadau</b> Croesawodd y Cadeirydd bawb i gyfarfod preifat y Pwyllgor.	Nodwyd	Dim
1.2	Ymddiheuriadau am Absenoldeb Derbyniwyd ymddiheuriadau am absenoldeb fel a ganlyn:- Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth Julie Francis, Pennaeth Gwasanaethau Masnachol	Nodwyd	Dim
1.3	<b>Datganiadau o Fuddiannau</b> Ni dderbyniwyd unrhyw Ddatganiadau o Fuddiannau.	Nodwyd	Dim

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2	Archwilio, Atal Twyll a Risgiau		
2.1	<b>Cofrestr Risg Preifat</b> Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd, fod risg breifat wedi'i hychwanegu at y Gofrestr Risg yn ymwneud â'r cynnydd yn y Contractau Cyflenwyr Digidol.	Sicrwydd	Dim
	Dywedodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid, fod trafodaethau wedi bod yn mynd rhagddynt ers peth amser gyda'r cyflenwr a oedd wedi hysbysu cynnydd sylweddol i gontractau a oedd yn peri risg sylweddol.		
	Penderfynodd y Pwyllgor:		
	DDERBYN y Gofrestr Risg Preifat ar gyfer SICRWYDD.		
2.2	Adolygiad Stoc TG		
	Rhoddodd Stephen Chaney, Dirprwy Bennaeth Archwilio Mewnol drosolwg o'r adroddiad y gofynnwyd amdano fel adolygiad ychwanegol ar gais DHCW.		
	Trafodwyd yr adroddiad yn fanwl a chytunwyd y byddai'r camau gweithredu / argymhellion yn cael eu cwblhau cyn diwedd y flwyddyn gyda'r cynllun gweithredu yn cael ei olrhain a'i fonitro drwy'r Pwyllgor.		
	Diolchodd y Pwyllgor i Archwilio Mewnol am ymgymryd â'r adolygiad ar fyr rybudd.		
	Penderfynodd y Pwyllgor:		
	NODI'r Adolygiad Stoc TG.		
2.3	Diweddariad Atal Twyll – Llafar	Nodwyd.	
	Rhoddodd Henry Bales, y Swyddog Atal Twyll, ddiweddariad ar yr ymchwiliad oedd yn cael ei gynnal i ddigwyddiad.	,	
	Penderfynodd y Pwyllgor:		
	NODI'r diweddariad llafar ar yr ymchwiliad Atal Twyll.		
3	Materion i Gloi		
3.1	Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd	Trafodwyd	Dim
	Nodi'r eitemau a dderbyniwyd yn y sesiwn breifat i'w cynnwys yn yr adroddiad i'r Bwrdd.		
3.2	Unrhyw Faterion Brys Eraill	Nodwyd	Dim
3.3	<b>Dyddiad ac amser y cyfarfod nesaf:</b> 14 Chwefror 2023 Daeth y cyfarfod i ben am 13:00.	Nodwyd	Dim



## DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN AND HORIZON SCANNING

		Agenda Item	2.1	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Co- ordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting	
Recommendation		
The Audit and Assurance Com <b>NOTE</b> the contents of the rep	0	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	
CORPORATE RISK (ref if appro	priate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement:	
N/A	

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the
WORKFORCE HWIF LICATION/ IMIFACT	activity outlined in this report.
SOCIO ECONOMIC	No. there are no specific socio-economic implications related
IMPLICATION/IMPACT	to the activity outlined in this report

Author: Julie Robinson Approver: Chris Darling



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyr	ns		
DHCW	Digital Health and Care Wales	AW	Audit Wales
SHA	Special Health Authority	IA	Internal Audit
SOP	Standard Operating Procedure	NCSC	National Cyber Security Centre
SO	Standing Orders	KPI	Key Performance Indicator

## 2 SITUATION/BACKGROUND

2.1 The Audit and Assurance Committee have a Cycle of Committee Business that is reviewed on an annual basis. Additionally, there is a forward workplan which is used to identify any additional timely items for inclusion to ensure the Committee are reviewing and receiving all relevant matters in a timely fashion.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Forward Work-plan has been updated to include the:
  - Committee Cycle of Business
  - Committee Terms of Reference
  - Committee Effectiveness Self-Assessment Report
  - Committee Annual Report
  - De-Carbonisation Five Calls for Action response
  - Integrated Medium Term Plan (IMTP) 23-26
  - Health and Care Standards
  - Policies:
    - DHCW-POL-10 DHCW Validation Policy
    - POL-CG-003-Policy on Policies
    - WFOD-POL-016 Appraisal and Development Review
    - NEW Hybrid Working Policy
    - POL-CG-019 Waste Management Policy

Page 3 of 4

Author: Julie Robinson Approver: Chris Darling

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- 3.2 An additional item identified for the April 2023 meeting is
  - Policy on the use of Welsh Internally
- 3.2 The Board has requested additional horizon scanning is undertaken across all Committees to ensure appropriate governance process is followed and the Board is receiving the appropriate levels of assurance from the Committee activity. The Corporate Governance team will support the Executive Director of Finance as Executive lead for the Committee to identify items for the forward workplan on a continued basis.

## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The updated forward workplan can be found in full at item 2.2i Appendix A.

### 5 **RECOMMENDATION**

5.1 The Audit and Assurance Committee is being asked to **NOTE** the content of the report.

## 6 APPROVAL / SCRUTINY ROUTE

 Person / Committee / Group who have received or considered this paper prior to this meeting

 PERSON, COMMITTEE OR GROUP
 DATE

 OUTCOME

 Image: Committee of the second second



### Digital Health and Care Wales Audit and Assurance Committee Work Programme

Meeting Date	Standing Items	Governance	Finance	Internal Audit	External Audit	Additional Items
14 <sup>th</sup> February	Welcome and     Introductions	Governance     Assurance	Losses and special payments report	Internal Audit     Progress Report	Audit and Assurance     Committee updates	<ul> <li>Local Counter Fraud Update Report</li> </ul>
	Minutes	Framework review     report	<ul> <li>Procurements and scheme of delegation report</li> </ul>	<ul> <li>Internal Audit reviews</li> </ul>	Audit Wales review     reports	<ul> <li>Quality and Regulatory Compliance Report</li> </ul>
	Declarations of interest	Standing Orders     Annual compliance     report	<ul> <li>High Value Purchase Order and Cumulative report</li> </ul>	<ul> <li>National IT Systems Audit report (private session)</li> </ul>	DHCW Audit Report Themes Review	<ul> <li>Estates Report</li> <li></li></ul>
	Action log	Cyber Resilience     Unit				<ul> <li>All Wales Audit Chairs' Summary Report</li> </ul>
	Review of risk register     relevant to committee	Welsh Language     Compliance update				<ul> <li>Audit Wales         Decarbonisation - five calls             for action response. AW             EqIA management response.         </li> </ul>
	Forward Work     Programme	Committee Cycle of     Business				• IMTP •
	Committee Highlight     Report to Board	Committee TORs				Health and Care Standards
	Audit Tracker	Committee     Effectiveness Self-     Assessment Report				
	•	Committee Annual Reports.				
18 <sup>th</sup> April 2023	Welcome and     Introductions	•	Losses and special payments report	Internal Audit     Progress Report	Audit and Assurance     Committee updates	Local Counter Fraud Update     Report
	<ul> <li>Minutes</li> <li>Declarations of interest</li> </ul>	•	Procurements and scheme of delegation report	Internal Audit     reviews	Audit Wales review     reports	Quality and Regulatory     Compliance Report
	Action log	•	<ul> <li>High Value Purchase Order and Cumulative report</li> </ul>	•	Audit Wales review     reports	Decarbonisation and Estates     Compliance report
	Review of risk register     relevant to committee	•			Audit Wales Audit Plan     2023	Policy on the use of Welsh     internally

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Meeting Date	Standing Items	Governance	Finance	Internal Audit	External Audit	Additional Items
						•
	Forward Work     Programme	•			Audit Enquiries Q&A	•
	Committee Highlight     Report to Board	•			DHCW Audit Report     Themes Review	•
	Audit Tracker	•		•	•	•





## DIGITAL HEALTH AND CARE WALES COVID-19 INQUIRY PREPAREDNESS UPDATE

Agenda	2.3
ltem	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Michelle Sell, Director of Planning & Performance / Chief Commercial Officer
Presented By	Michelle Sell, Director of Planning & Performance / Chief Commercial Officer

Purpose of the Report	For Noting	
Recommendation		
•	nmittee is being asked to: UK inquiry into Covid-19 and note the work taking place to prepare y which may require input from DHCW.	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	
CORPORATE RISK (ref if approp	priate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
Choose an item.	Outcome:	
Statement:		
This is a retrospective Inquiry, there is no impact on protected groups		

This is a retrospective Inquiry, there is no impact on protected groups.

Workforce EQIA page

IMPACT ASSESSMENT		
QUALITY AND SAFETY	Yes, please see detail below Once commenced the inquiry will explore Quality and Safety implications associated with Covid-19.	
IMPLICATIONS/IMPACT		
LEGAL	Yes, please see detail below	
IMPLICATIONS/IMPACT	DHCW are required by law to contribute to the inquiry if called. DHCW will have legal advice in order to respond if called.	
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.	
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report	

Covid 19 Inquiry Preparedness Update

Author: Michelle Sell Approver: Ifan Evans



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implication relating to the activity outlined within this report	

Acronyms			
NWSSP	NHS Wales Shared Services	DHCW	Digital Health and Care Wales
	Partnership		
SHA	Special Health Authority	NWSSP	NHS Wales Shared Services

## 2 SITUATION/BACKGROUND

2.1 The then Prime Minister, Boris Johnson, announced an independent public inquiry into the UK Government's handling of the COVID-19 pandemic would take place in Spring 2022.

In his <u>statement</u> to the House of Commons, Boris Johnson said the UK Government will work closely with the devolved administrations to establish the inquiry and they will be consulted before the scope is finalised.

Public Inquiries investigate issues of serious public concern and establish the facts of past decisions and events. They are an official review ordered by a government body. The running of an inquiry is governed by the Inquiries Act 2005. The purpose of an inquiry is usually to address three questions:

- What happened?
- Why did it happen and who is accountable?
- What can be done to prevent this recurring?

All inquiries start by looking at what happened. They do this by collecting documents, analysing evidence and examining witness testimonies. The inquiry will then draw on experts to form recommendations. The aim is to provide guidance to make changes and prevent a situation from recurring.

The Inquiry will play a key role in examining the UK's pandemic response and ensuring that we learn the right lessons for the future.

2.2 On 21st July 2022, The Chair of the Covid Inquiry, Baroness Heather Hallett, issued an opening statement via an online webinar. In the opening statement, Lady Hallett set out exactly how she

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plans to run this Inquiry, thoroughly, swiftly, and with the aim of making sure the UK is better prepared for future pandemics.

- 2.3 The Chair also outlined a schedule for the Inquiry over the next 12 months and has announced that they have already begun gathering evidence. As expected, the Inquiry will be split into Modules. Procedural hearings to begin in September and October, starting with Module 1 looking at preparedness. The first Preliminary Hearing for Module 1 was held in October 2022 and a further one is scheduled for spring 2023, Preliminary Hearings for Module 2 took place in October/November 2022 and the first Preliminary Hearing for Module 3 is scheduled for 28 February 2023.
- 2.4 DHCW along with other Health Bodies in NHS Wales are working closely with NWSSP Legal and Risk Services and the Welsh NHS Confederation to prepare for the inquiry. DHCW have instructed NWSSP Legal and Risk Services to represent DHCW and have held two meetings with the solicitor allocated to DCHW to review progress to date and agree specific next steps.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 On 8th November 2022 the UK Covid-19 Inquiry opened its third investigation (referred to as Module 3), which considers the impact of the Covid-19 pandemic on healthcare in England, Wales, Scotland, and Northern Ireland.
- 3.2 Module 3 will examine the consequences for healthcare of the response to the pandemic. It will look at how the healthcare systems responded, the impact on systems and services, including on patients, doctors, nurses, and other healthcare staff.
- 3.3 The Inquiry has set out 12 key areas for investigation in its scope, including:
  - core decision-making and leadership.
  - staffing levels and critical care capacity (including the establishment and use of Nightingale hospitals).
  - the prevention of the spread of Covid-19 within healthcare settings (including infection control and the adequacy of PPE).
  - communication with patients with Covid-19 and their loved ones about treatment including discussions about Do not attempt cardiopulmonary resuscitation (DNACPRs).
  - shielding and its impact on the clinically vulnerable.
  - the long-term effects of Covid-19, including Long Covid.
- 3.4 In relation to Module 3 specifically DHCW then had the opportunity to apply for Core Participant status. This question was previously addressed when the Inquiry opened and on advice from



NWSSP Legal and Risk Services DHCW concluded that it would not apply but noted that this position may of course change if further modules are published which relate more directly to DHCW's role in the pandemic.

- 3.5 When considering applications for Core Participant status, the Chair will have regard to Rule 5(2) of the Inquiry Rules 2006 which states that when determining the applications, the Chair must consider, in particular, whether:
  - the person/organisation played or may have played a direct and significant role in relation to matters to which the inquiry relates;
  - the person/organisation has a significant interest in an important aspect of the matters to which the Inquiry relates; or
  - the person/organisation may be subject to explicit or significant criticism during the inquiry proceedings or in the report, or in any report.

Consideration is needed as to whether any one of the above bullet points is applicable to DHCW in relation to Module 3.

- 3.6 On 25<sup>th</sup> November 2022 the Director of Planning, Performance and Chief Commercial Officer, Board Secretary and Head of Corporate Services met with our appointed solicitor from NWSSP Legal & Risk Services and agreed that none of the limbs under rule 5(2) were satisfied; this is because DHCW's role during the pandemic sat very much on the periphery and DHCW was not directly involved in actions and decisions that directly affected the course or the outcome of the pandemic.
- 3.7 We considered the advantages of applying for Core Participant status, such as being provided with disclosure of evidence, making opening and closing statements, suggesting lines of questioning, applying to ask questions of witnesses, having input in relation to the composition of any expert groups, being provided, prior to publication, with a copy of the report (or any interim report). We also considered the disadvantages of applying for Core Participant status, such as increased cost (more senior barristers likely to be required), resource/time intensive, greater scrutiny so more exposure if DHCW was to be criticised in any way, if part of a Core Participant group and DHCW's role was small or indirect, the possibility of collective criticism and adverse publicity, despite having a very limited role.
- 3.8 Consequently, DHCW confirmed that it does <u>not</u> wish to apply for Core Participant status for Module 3.
- 3.9 We discussed DHCW instructing a barrister even though not applying for Core Participant status. This is because there could be times when a substantial volume of evidence is requested by the Inquiry team and our appointed solicitor may not be able to resource any such request alone within the tight timeframes that will apply. Recommendations have been provided and DHCW is



proposing to make an appointment.

- 3.10 Further to previous advice that we contact employees who have left or retired from DCHW (or NWIS), on the basis that any very senior employees who have left could well be called upon to provide evidence of some kind. The retired Director who led key aspects of the initial technical response to the pandemic has been contacted and advised to make his own notes for future reference.
- 3.11 In parallel work continues through the DHCW Covid-19 Working Group on the collation of information relating to all actions and decisions taken during the pandemic both for outward facing services (digital developments to support management of the pandemic) and for those relating to its internal business such as safe working arrangements and governance processes. The NWSSP Legal Adviser has been invited to review and provide feedback on any further actions required and to date has suggested that key members of staff who were directly involved in leading activities during this period make their own notes for future reference. Arrangements are being made for these staff to be interviewed to support this process.

## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 On the basis of the advice from the assigned NWSSP Legal Adviser DHCW has not applied for Core Participant status in relation to the first 3 Inquiry Modules. This position will be confirmed with the Welsh Government lead to ensure consistency with the national approach for NHS Wales.
- 4.2 The 'Reflections' template to record personal notes will also be shared with key individuals within the organisation and interviews arranged to capture feedback. This process is intended to support individuals to capture their recollections from this period and is not intended to form part of the formal organisational record.
- 4.3 Work is on-going within the organisation to ensure that any potential records are retained to support the requirement to provide evidence to the Inquiry.

## 5 **RECOMMENDATION**

5.1 The Audit and Assurance Committee is being asked to **NOTE** the latest position on a UK inquiry into Covid-19 and **NOTE** the work taking place to prepare for a UK wide Covid-19 Inquiry which will require input from DHCW.



## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who h	ave received or conside	ered this paper prior to this meeting
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Chair & Deputy Chair:	14 December 2022	Agreed
Covid-19 Working Group		
Management Board	21 December 2022	Noted
SHA Board	26 January 2023	Noted
Audit & Assurance Committee	14 February 2023	

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Author: Michelle Sell Approver: Ifan Evans



# ALL WALES AUDIT COMMITTEE CHAIRS (AWACC) MEETING

## **HIGHLIGHT REPORT**

Date of Meeting	13 October 2022, 09:30
Chair Name Chair Organisation	Martin Turner Audit Committee Chair Welsh Ambulance Services NHS Trust
Secretariat Secretariat Organisation	Trish Mills, Board Secretary Alex Payne, Corporate Governance Manager Welsh Ambulance Services NHS Trust

Members Present:	
Martin Turner	Welsh Ambulance Services NHS Trust [Chair]
Dyfed Edwards	Public Health Wales
Iwan Jones	Aneurin Bevan University Health Board
Marian Jones	Digital Health and Care Wales
Gill Lewis	Health Education and Improvement Wales
Paul Newman	Hywel Dda University Health Board
Patsy Roseblade	Cwm Taf Morgannwg University Health Board
John Union	Cardiff and Vale University Health Board
Martin Veale	Velindre University NHS Trust
Nuria Zolle	Swansea Bay University Health Board
In Attendance:	
Trish Mills	Board Secretary, Welsh Ambulance Services NHS Trust
Simon Cookson	Internal Auditor, NWSSP [Item 1-2]
Richard Harris	Audit Wales [Item 3]
Dave Thomas	Audit Wales [Item 3-4]
Jonathan Morgan	Observer - Health Education and Improvement Wales
Apologies:	
Medwyn Hughes	Betsi Cadwaladr University Health Board
Aliaan Lauria	

INCOMPTITUGICS	
Alison Lewis	Health Education & Improvement Wales
Stella Parry	Powys Teaching Health Board
Mark Taylor	Powys Teaching Health Board

#### The following is a summary of the main issues discussed at the meeting

#### 1. Minutes from the 19/05/22 & Outstanding Actions

- 1.1. The minutes from the meeting held on the 19 May 2022 were agreed as an accurate record. There were no requests for amendments or comments and accepted.
- 1.2. The actions were reviewed. Action 'AWACC (22) 15' was closed; action 'AWACC (22) 17' will be discussed under work programme arrangements; all other actions were complete.





#### 2. Internal Audit Update [Business Development & Analysis Update]

- 2.1. Simon Cookson delivered a presentation to the group on the audit activity via the new dashboard. The number of reviews and trends across categories and financial years could be observed, in addition to comparison by organisation.
- 2.2. The following was noted:
  - That similar individual organisational presentations will be delivered;
  - That is necessary to consider how to use and share the database;
  - That user access to the database must be considered;
  - The intention is for this information to be used in the 'background';
  - That benchmarking the data outside of Wales could be helpful;
  - Internal Audit (IA) have approached other IA colleagues to seek such data;
  - IA will share the database with Audit Committees, as requested;
  - The primary audience is the AWACC and the Board Secretaries Network;
  - That it would be helpful for the database to include emergent themes;
  - That this database could potentially be subject to misuse.
- 2.3. IA are content to develop and share the database in whichever way is considered preferable and will take advice from the AWACC. The database is to enable learning; however, it does enable organisational comparison.
- 2.4. The future approach to IA planning was considered; Simon Cookson stated that this database could be used to inform the future approach in regard to identifying themes which require attention.
- 2.5. Simon Cookson will socialise the database with other stakeholders, after which the AWACC will decide how to take it forward. Simon will return to the AWACC at its next meeting to follow up this work **[Action]**.

#### 3. Audit Wales – External Audit Update

- 3.1. Dave Thomas and Richard Harris spoke to the group in regard to two matters the Fee Scheme Consultation and the Work Programme. In regard to the *Fee Scheme Consultation* the following was noted: -
  - The Consultation included info regarding the change to audit approach;
  - The fee increase is not yet known;
  - Plans will be issued in early 2023 which will set out the detail.
- 3.2. The group discussed resource / workforce challenges within Audit Wales, and the risks that this poses for service delivery. Audit Wales continue to work closely with local finance teams / organisations on this matter;





- 3.3. In regard to the Work Programme the following was noted: -
  - The wider VfM work programme across all sectors has been shared;
  - The structured assessments have been progressed;
  - Follow-up to the planned care for orthopaedic services will soon be published;
  - Summary of quality governance findings will soon be published;
  - There is work on unscheduled care, including review of discharge planning;
  - There will be a thematic review of workforce planning.
- 3.4. Audit Wales would expect to be involved in giving evidence to the Pandemic Inquiry, however they are yet to be invited to do so. There is output from the Test, Trace and Protect report which could be helpful, for example.

#### 4. Work Programme and Operating Arrangements

- 4.1. The group considered its operation and the business it should receive going forward. The suggestions received for how the group should operate, and the business to receive included: -
  - Focus on all-Wales audit activities that affect all bodies, e.g., decarbonisation;
  - Focus on all-Wales areas of high-risk activity, e.g., cyber-security;
  - Approach to counter-fraud and associated resources to support;
  - The socialisation and use of the Internal Audit analysis dashboard;
  - Welsh Language Standards compliance involve the Commissioner;
  - The Internal Audit approach / best practice regarding capital projects;
  - Related lessons learned from capital projects/programme activity;
  - The Gateway review process / compliance;
  - All-Wales high-risk compliance requirements, inc. Welsh Language;
  - Understanding of the macro-economic environment, in context;
  - Partnership working and associated audit management.
- 4.2. The group agreed to focus on two or three areas at its next meeting, supported by Trish Mills. The preference for its next meeting was for the group to consider counter-fraud and de-carbonsiation;
- 4.3. Additionally, the group will receive business in relation to the Welsh Language Standards at its next meeting. If this is not practical it will be received at the subsequent meeting;
- 4.4. Dave Thomas will support the discussion regarding management of capital projects from an individual organisational point of view, as opposed to inclusion for discussion at AWACC;
- 4.5. Dave Thomas will consider this matter and feedback any useful questions to support Independent Board Members' in governing the management of capital projects to the Chair and Trish Mills **[Action]**;



- 4.6. In regard to the macro-economic environment topic, it may be possible for the members to attend meetings of the respective Finance Directors to better understand the position **[Action]**;
- 4.7. The group agreed the importance of returning to cyber-security as an ongoing audit issue. Trish Mills will support the arrangements for the next meeting and prepare the agenda as discussed.

#### 5. Update from All Wales Board Secretaries Network and Audit Working Group

5.1. Updates from External Audit and Internal Audit: -

- External audit: update on national reviews (climate change; wellbeing audit; unscheduled care work, national quality governance etc);
- Internal audit: Delivered a demonstration of the internal audit analysis tool (discussed by the group earlier).
- 5.2. Demonstration from the Finance Academy on an interactive awareness tool for the Standing Financial Instructions which has been developed. This tool is very useful for Board Member inductions.
- 5.3. NHS Executive Governance: -
  - The Board Secretaries Network has representation on the Governance and Finance workstream for the development of the NHS Executive;
  - The timescales to establish the Executive are very challenging (by the 1 January 2023);
  - A PID to consider the complex issues is in development, and the Governance and Finance workstream is working through it;
  - Given the interdependencies with the mandate development and functions development workstream, it's too early to provide a substantive update.

5.4. 111 Governance: -

- Received a presentation from Richard Bowan and Nicola Bowen from the 111 Programme Team in light of the proposed transition of the 111 Programme Board to Goal 2 delivery group;
- The Board Secretaries Network have raised various agreements that require updating with Richard Bowan, and in particular Rani Malleson from Aneurin Bevan as host, is leading this work.
- 5.5. Conflicts of Interest: -
  - Cardiff and Vale are piloting to target doctors' declarations;
  - Reviewing ESR functionality and ability to generate Power BI dashboards;
  - Considering Civica to support managing declarations of interest.



5.6. Covid-19 Inquiry: -

- Discussions around preparedness for Module three core participant status;
- Core participant applications likely required in a three-week period;
- The Network will discuss further the principle of whether this is done individually or collaboratively;

#### 6. Any Other Business

6.1. At Trish Mills' request, the group considered how best to record and disseminate its discussions. It was asked that Trish investigate whether production of a highlight report rather than minutes is accepted practice, but it was agreed that this would be acceptable for the record of this meeting **[Action]**.

#### 7. Next meeting:

7.1. The date for the next meeting is to be agreed; Trish to consider options [Action].



# DIGITAL HEALTH AND CARE WALES POLICY REPORT

Agenda	2.5
Item	

Name of Meeting	Audit & Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary	
Prepared By	Carys Richards, Corporate Governance Coordinator	
Presented By	Laura Tolley, Corporate Governance Manager	

Purpose of the Report	For Approval	
Recommendation		
Audit & Assurance Committe	C .	
	<b>NOTE</b> the contents of the report and the updates provided. <b>APPROVE</b> the policies as noted in 3.5	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services	
CORPORATE RISK (ref if approp	oriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas All standards rely on policy information	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p Effective Care	lease list below:

Date of submission: N/A
Outcome: N/A

Yes, please see detail below		
Controlled documents underpin a quality approach to		
organisational management.		
No, there are no specific legal implications related to the		
activity outlined in this report.		
No, there are no specific financial implication related to the		
activity outlined in this report		
Yes, please see detail below		
Controlled documents have roles and responsibilities outlined		
within them.		
No. there are no specific socio-economic implications related		
to the activity outlined in this report		

Policy Report

Author: Carys Richards Approver: Chris Darling



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acrony	ms		
DHCW	Digital Health and Care Wales	IMS	Integrated Management System
SHA	Special Health Authority	IP	Intellectual Property

## 2 SITUATION/BACKGROUND

- 2.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation and regulation.
- 2.2 There were a number of policies identified by the Welsh Government as a requirement for the transition to a Special Health Authority. The inaugural DHCW SHA Board meeting identified 11 remaining policies to be created. A task and finish group was established to create and finalise the policies which are listed below, three documents have been amalgamated into one resulting in 9 requiring completion:
  - Communications and Media Management Policy covering the topics:
  - MS (Members of the Senedd) and MP (Members of Parliament) Correspondence Procedure for responding to enquiries
  - Procedure for Media Filming, Recording and Photography
  - Media Enquiries Procedure
  - Communications and Engagement Strategy
  - Anti-Malware Policy
  - Intellectual Property Policy
  - Welsh Language Scheme
  - Capital Management Procedure
  - Research and Innovation Strategy
  - Security and Counter Terrorism Policy
  - Relocation expenses policy
- 2.3 As well as the policies identified as part of the transition to the SHA, there will be policies presented to Management Board for review, discussion and endorsement, these are in the form of internal policies and all Wales policies.
- 2.4 All policies and procedures are shared with Local Partnership Forum for discussion / review as part of the formal consultation process.

Policy Report

Author: Carys Richards Approver: Chris Darling



## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The following policies identified by the SHA Board have been approved and are now in use across the organisation:
  - Anti-Malware Policy previously called Anti-Virus Policy
  - Capital Management Procedure
  - Security and Counter Terrorism Policy
  - The Communications and Media Management Policy
  - Relocation expenses policy (The relocation expenses policy has been identified as the Velindre University NHS Trust Removal and Associated Expenses Policy. In line with the approach for existing policies covered by the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements this policy was adopted in December 2021)
  - Stakeholder Engagement Strategy
  - Research and Innovation Strategy (Previously Research and Development Strategy)
  - Welsh Language Scheme
- 3.2 Below outlines the update on each of the policies identified and the plan for the remaining policies.

Policy	Status	Update	Expected approval
Communications	IN RE-DRAFT	This strategy was discussed at	September 2023
Strategy		Management Board and is being reviewed by the Communications task and finish group and will be presented back to the Management Board in 2-3 months, with a Communications Improvement Plan to be developed first.	
Intellectual Property Policy	IN RE-DRAFT	This policy was presented to the Digital Governance and Safety Committee and referred for further work. This has been delayed further and will now be presented to the Committee in February 2023 for approval.	2023-2024

3.3 The Corporate Governance team have undertaken an audit of all organisational policies listed on the Integrated Management System. DHCW currently have 83 policies across the organisation, 63 of which are out of date and require review (as of 24.01.2023) however 16 of these are all-Wales policies, leaving 47 DHCW policies that are being reviewed within their Directorates.

The 63 policies that are currently either in review / progressing through the approval process or require immediate review can be found in the table below, as noted per Directorate:

Policy Report

Author: Carys Richards Approver: Chris Darling



Area	Number of existing DHCW policies currently in review / approval process	Number of existing DHCW policies out- of-date that require review	Number of policies all-Wales out of date	Executive Lead
Clinical	0	1	0	Rhidian Hurle, Executive Medical Director
Corporate Governance	1	0	1	Chris Darling, Board Secretary
Corporate Services	6	4	0	Claire Osmundsen-Little, Executive Director of Finance
Communications	0	1	2	Chris Darling, Board Secretary
Finance	1	13	0	Claire Osmundsen-Little, Executive Director of Finance
Operations	1	7	0	Carwyn Lloyd-Jones, Interim Executive Director of Operations
People and Organisational Development	4	7	13	Sarah-Jane Taylor, Director of People and Organisational Development
Strategy	0	1	0	Ifan Evans, Executive Director of Strategy
Total out of date (63)	47 Dł	łCW	16 all-Wales	

- 3.4 The Corporate Governance team are working with report authors, within each Directorate, of the identified policies to support them as they are reviewed to ensure they go through the correct governance process. Work in this area started at the end of August 2022 and is ongoing, with good progress made to date, policies are expected to continue to go through the review, consultation, and approval process in a staggered approach to ensure that DHCW has accurate and up to date policies in use across the organisation. In addition, the Corporate Governance team provide an update and deep dives where required to the monthly Quality and Regulatory meeting.
- 3.5 The following policies have been through the Corporate Governance consultation process, amended according to feedback received, endorsed by Management Board, and are included for approval today before being translated, published, and uploaded to iPassport;

Author: Carys Richards Approver: Chris Darling



App.	Document ID	Policy	Executive Lead	Endorsed by	Next steps
ID				Management	
				Board	
i	DHCW-POL-10	DHCW	Claire		Approval by the assigned
		Validation	Osmundsun-		Committee, translated,
		Policy	Little	20/10/2022	published to DHCW Welsh
ii	POL-CG-003	Policy on	Chris Darling		and English websites, and
		policies		20/10/2022	uploaded to IMS/iPassport.
iii	WFOD-POL-016	Appraisal	Sarah-Jane		
		and	Taylor		
		Development			
		review		20/10/2022	
iv	<u>NEW Hybrid</u>	Hybrid	Sarah-Jane		
	Working Policy	Working	Taylor		
		Policy		21/12/2022	
V	POL-CG-019	Waste	Claire		
		Management	Osmundsun-		
		Policy	Little	21/12/2022	

## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Please note the Welsh Language Scheme has now been approved by the Welsh Language Commissioners Office and SHA Board in November and was launched on 7 December 2022.
- 4.2 Both the Communications Strategy and the Intellectual Property Policy have been identified for further work and re-drafting and are expected to be approved in early 2023-24.

## 5 **RECOMMENDATION**

5.1 Audit & Assurance Committee are being asked to:

**NOTE** the contents of the report and the updates provided. **APPROVE** the policies as noted in 3.5

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who ha	ave received or conside	red this paper prior to this meeting
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Leads (as noted per policy)		Approved policies pre-consultation
Management Board	Specific per policy as noted in 3.5	Endorsed the policies as outlined in 3.5

Policy Report

Page 6 of 6

Author: Carys Richards Approver: Chris Darling



# DIGITAL HEALTH AND CARE WALES HEALTH & CARE STANDARDS ASSESSMENT REPORT

		Agenda Item	2.6	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
The Committee is being asked <b>APPROVE</b> the Health and Car under its remit.	d to: e Standards Annual Report and note the status of those standards

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
All Wellbeing Objectives apply	

DHCW QUALITY STANDARDS	ISO 9001
ISO 14001, BS 10008, BS 76000, ISO 200	00, ISO13485

HEALTH CARE STANDARD	N/A
This assessment addresses ALL Healt	h and Care Standards

EQUALITY IMPACT ASSESSMENT STATEMENT	Dat	te of submission:
Choose an item.		Outcome:
Statement: An EQIA is not required for this assessment		·

Yes, please see detail below			
The assessment considers if services are provided in a high quality and safe manner			
Yes, please see detail below			
Some standards require compliance with legislation such as Infection Control and Medical Devices			
No, there are no specific financial implications related to the activity outlined in this report			
Yes, please see detail below			
The Standards consider equality, the safety of the workforce and workforce activity			
No, there are no specific socio-economic implications related to the activity outlined in this report.			

Health and Care Standards Assessment Report

Author: Julie Ash Approver: Chris Darling



RESEARCH AND INNOVATION	Yes, please see detail below	
IMPLICATION/IMPACT	This assessment covers Research and Innovation activity	
	undertaken by DHCW and their partners	

Acronyn	าร		
DHCW	Digital Health & Care Wales	SHA	Special Health Authority
WCP	Welsh Clinical Portal	SOs	Standing Orders
SFIs	Standing Financial Instructions	IG	Information Governance
NIIAS	National Intelligent Integrated Audit Solution	WASPI	Wales Accord for Sharing of Personal Information
WCDR	Welsh Clinical Data Repository	DPO	Data Protection Officer
DSPP	Digital Services for Patients and the Public	PaPAG	Public and Patient Assurance Group

## 2 SITUATION/BACKGROUND

- 2.1 The Health and Care Standards Wales 2015 set out the requirements for the delivery of health care in Wales at every level and in every setting. The standards have been designed to fit the seven themes of the NHS Outcomes and Delivery Framework and establish a basis for improving the quality and safety of healthcare services, by providing a framework to identify strengths and areas for improvement.
- 2.2 The seven themes collectively describe how a service provides high quality, safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes.



2.3 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduces a duty of quality. The duty of quality is interdependent with the Health and Care Standards. To build clear

Author: Julie Ash Approver: Chris Darling



connections between the duty and the standards, Quality Standards 2023 have been established that are to replace the Health and Care Standards 2015. This new approach sets out a clear and simple framework for quality management that will strengthen the connection between the duty standards and the wider quality management process in Welsh health services.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Improvement actions identified from the 2022/23 self-assessment will be incorporated within wider quality planning but will continue to be monitored by the Risk Management Group with reports at mid and end year.
- 3.2 A report summarising progress made against improvement actions identified from the 2021/22 assessment is included as Appendix A.
- 3.3 The Committee should note the standards that the Audit & Assurance Committee provide assurance over are:
  - Governance, Leadership and Accountability
  - Staying Healthy
  - Our Staff

## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

#### 4.1 Self-Assessment ratings are categorised as follows:

1	2	3	4	5
We do not yet have a	We are aware of the	We are developing	We have well	We can demonstrate
clear, agreed	improvements that need	plans and processes	developed plans	sustained good practice
understanding of	to be made and	and can	and processes can	and innovation that is
where we are (or how	have prioritised them	demonstrate	demonstrate	shared throughout
we are doing) and	but are not yet able to	progress with some	sustainable	the organisations /
what / where we need	demonstrate meaningful	of our key areas for	improvement	business, and which
to improve	action.	improvement	throughout	others can learn from
			the organisation /	
			business	

4.2 Leads for each standard were identified and assessment undertaken which were subject to review by the relevant Director Lead and the Risk Management Group. Assessment scores, achievements throughout the year and improvement actions for the next year are summarised in the tables below:

Governance, Leadership and	Score 2021/22	Score 2022/23
Accountability	3	3

Health and Care Standards Assessment Report

Author: Julie Ash Approver: Chris Darling



Std 0 Governance

#### Standard 0 Governance, Leadership and Accountability

#### Our Achievements:

- DHCW received very positive feedback following the Structured Assessment undertaken by Audit Wales in 2022 reflecting the good governance arrangements that have been established
- Appointments have been made resulting in DHCW now having in place a full Board complement
- Reflecting the value placed on our staff, our Personal Development Review (PDR) compliance rate is above the All Wales target
- Organisational risk levels are now at the lowest they have been for a number of years reflecting improved risk management arrangements
- The rate for completed Declarations of Interest (DOI) are at 94% for senior staff (Band 8a and above)

#### Our Priorities and Aims 2023/24

- To further develop DHCW as a bilingual organisation
- To take areas from the Structured Assessment feedback as learning points for the organisation

Staying healthy	Score 2021/22	Score 2022/23	
	4	4	
Std 1.1 Health Promotion	Standard 1 Staying Healthy		

#### Our Achievements:

- DHCW were finalists in the 2022 Mental Health and Wellbeing in the Workplace Awards Wales in the category of Workplace Wellbeing
- The introduction of a Virtual Wellbeing Room and a Ways to Wellbeing Video series, initiatives that have come from the work of the Health and Wellbeing Network
- DHCW have worked in collaboration with the Money and Pensions Service (MaPS) to deliver a session on financial wellbeing at the annual Staff Conference, and also have delivered workshops around Menopause and Pensions and to make the most of individual's NHS Pensions

#### Our Priorities and Aims 2023/24

- Appointment of an Equality, Diversity, Inclusion and Wellbeing Lead role into DHCW, to take a strategic lead on implementing and driving initiatives to support staff wellbeing and ensure DHCW has the skills and knowledge to embed a positive culture in relation to Equality, Diversity and Inclusion
- Evaluation of the Health and Wellbeing Network initiatives to measure the impact and improvement that they are making
- Achievement of the re-branded Corporate Health Standard

# Safe care

- Std 2.1 Managing Risk and H&S
- Std 2.2 Preventing Pressure Damage
- Std 2.3 Falls Prevention
- Std 2.4 Infection Prevention and Control
- Std 2.5 Nutrition and Hydration

Score 2021/22	Score 2022/23
4	4
N/A	N/A
N/A	N/A
5	5
N/A	N/A

Author: Julie Ash Approver: Chris Darling



Std 2.6 Medicines Management	N/A	N/A
Std 2.7 Safeguarding	N/A	N/A
Std 2.8 Blood Management	N/A	N/A
Std 2.9 Medical Devices, Equipment and Systems	4	4

Standard 2.1 Managing Risk and Promoting Health and Safety

<u>Standard 2.4 Infection Prevention and Control (IPC) and Decontamination</u> Standard 2.9 Medical Devices Equipment and Diagnostic Systems

#### Our Achievements:

- The development and roll-out of a Risk Management Resources page
- Implementation of a Datix Risk Management Training Programme which is offered to all new staff and as a refresher to existing staff.
- Data fields within Datix improved toe allow better assurance reporting and trending
- DHCW now has a Water Safety Consultant in place to assist with water safety audits and documentation. The Consultant is a member of DHCW Water Safety Group
- We have maintained our compliance in respect of organisation led testing at all sites (including those closed during the pandemic)
- We put in modified controls at our offices (and other healthcare settings that our employees visit as part of their duties) to ensure that we remained Covid-19 safe. Although largely stood down now, these processes are well known and documented should they be required again
- The appointment of an Estates Officer in our North Wales office
- The development of, and progression through, a defined project strategy and plan for implementation of the Medical Device Regulations
- The refinement of the information assurance process to include links to Medical Device Regulations assessments

#### Our Priorities and Aims 2023/24

- Upgrade to new Datix Cloud as part of Once for Wales Programme
- Review of Board Assurance Framework and Risk Appetite
- Complete review of all Team Business Continuity Plans
- All services to complete new Business Impact Assessments
- Plan testing of plant systems and equipment
- Implementation of the newly developed Estates Plan (which includes modernisation of some offices)
- Undertake a review of compliance contracts with a view to rationalization into one larger contract
- To work across the organisation to integrate Medical Devices at a departmental level and to provide education on the cultural impact

Effective care	Score 2021/22	Score 2022/23
Std 3.1 Safe and clinically Effective Care	5	5
Std 3.2 Communicating Effectively	3	4
Std 3.3 Quality Improvement, Research and Innovation	4	4
Std 3.4 IG and Technology	4	4
Std 3.5 Record Keeping	4	4



Standard 3.1 Safe and Clinically Effective Care

Standard 3.2 Communicating Effectively

Standard 3.3 Quality Improvement Research and Innovation

Standard 3.4 Information Governance and Communications Technology

Standard 3.5 Record Keeping

#### Our Achievements:

- DHCW have worked within the Data Co-ordination Board (DCB) Standards supporting all of the Programmes of work that they are responsible for
- DHCW have pro-actively worked to ensure that all communications meet information, accessibility and language requirements
- There has been a growth in our social media followers and audiences
- DHCW have developed a formal Research and Innovation (R&I) Strategy, which we consulted upon and published in October 2022
- More resources for R&I activity have been secured with new staff and skills appointed
- Collaboration across healthcare and with academia and industry has been further developed with projects established and delivered in 2020/21 and 2021/22 reporting back being presented internationally in 2022
- Creation of an IG Framework for Wales (supporting Primary and Secondary Care) IT Toolkit, National Intelligent Integrated Audit Solution (NIIAS), Data Protection Officer (DPO) Services for GPs, support for Wales Information Governance (IG) Board and Wales IG Management Advisory Group (all to be consolidated in a Strategy)
- Maintained the Wales Accord for Sharing of Personal Information (WASPI). A Consultation Exercise is underway with Welsh Government to create WASPI as an ICO Code of Conduct forming part of the IG Framework for Wales
- Development of an IG Framework that promotes standards in good record keeping and supported the publication of the All Wales Records Management Code of Practice

## Our Priorities and Aims 2023/24

- Creation of a network of Clinical Safety Officers within the Health Boards and Trusts who can accept and own the adoption of the DCB Standards and to accept and mitigate any inherent risks observed in the IT services and systems supported by DHCW
- Further develop and widen communication channels to share and demonstrate the real benefits of digital to health and social care and to continue to apply best practice
- To support openness and transparency
- To ensure that communications are bilingual to meet the standards set out in our Welsh Language Scheme
- To prioritise Research and Innovation activity
- To secure access to the Secure eResearch Platform (SeRP)
- DHCW will publish and R&I Annual Report
- To finalise academic partnership agreements
- To create WASPI as the first Code of Conduct in the UK for Wales Public Services
- To create a new e-learning package that covers Health Records Management

provided care	Score	Score
righigied care	2021/22	2022/23

Author: Julie Ash Approver: Chris Darling



Score

Std 4.1 Dignified Care	N/A	N/A
Std 4.2 Patient Information	N/A	N/A
Not Applicable to DHCW		
Timely care	Score 2021/22	Score 2022/23

# Individual care

menticity offic	2021/22	2022/23
Std 6.1 Promote Independence	N/A	N/A
Std 6.2 Peoples Rights	4	3
Std 6.3 Learning from Feedback	4	4

Score

<u>Standard 6.2 Peoples Rights</u> <u>Standard 6.3 Listening and Learning from Feedback</u>

### Our Achievements:

- Appointment of Non-Executive Board Member with lead responsibility for Diversity, Equality and Inclusion
- Appointment of a Director of People and Organisational Development
- DHCW have successfully maintained certification for BS76005 Valuing People through Diversity and Inclusion
- DHCW included Equality, Diversity and Inclusion as a category in the 2022 Staff Awards
- Appointment of a Head of Engagement who will now review our engagement activities to address any changes in priorities, or other relevant strategies and circumstances to identify dependencies and potential gaps
- DHCW co-sponsored a first Digital Summit which explored the key issues of digital inclusion in health and care and the central role the voluntary sector can play working in partnership with the statutory sector
- Continued with Public and Patient Assurance Group (PaPAG) with appropriate representation from: age and condition patient groups and third sector; advocacy and networking groups; NHS patient experience teams; and digital and health training and libraries. This group is supporting public and patient engagement across a number of DHCW programmes

## Our Priorities and Aims 2023/24

- To recruit an Equality, Diversity, Inclusion and Wellbeing Lead into DHCW
- To publish an approved Strategic Equality Plan for DHCW
- A DHCW Board Development sessions will be planned for early 2023/24 to review and input into the Engagement action plan and performance framework
- Digital Services for Patients and the Public (DSPP) will continue to develop and test the NHS App prior to the launch later in the year
- PaPAG will further expand its stakeholder network to explore digital inclusion



Our staff	Score 2021/22	Score 2022/23
Std 7.1 Workforce	4	4
Standard 7.1 Workforce		
<ul> <li>Our Achievements:</li> <li>Re-procurement of e-learning platform</li> <li>Delivery of Management Programmes</li> <li>Facilitated Finance and Management Graduate Placements across the organisation</li> </ul>		
<ul> <li>Our Priorities and Aims 2023/24</li> <li>To implement and embed a Talent Management Action Plan, and to maintain the new approach</li> </ul>		

• The design, development and delivery of Leadership Development Programmes

### 5 **RECOMMENDATION**

The Committee is being asked to:

**APPROVE** the Health and Care Standards Annual Report and note the status of those standards under its remit.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	3 <sup>rd</sup> January 2023	Approved
Management Board	16 <sup>th</sup> January 2023	Approved



# **APPENDIX A**

DHCW HCS Action Plan 2022-23.xlsx

Health and Care Standards Assessment Report

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Author: Julie Ash Approver: Chris Darling

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# DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE TERMS OF REFERENCE REVIEW

		Agenda Item	2.7	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval	
Recommendation		
The Committee is being asked to: APPROVE the Audit and Assurance Committee Terms of Reference		

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	,
[		
<b>CORPORATE RISK</b> (ref if appropriate)		All

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p Effective Care, Staff and Resources	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT         Date of submission: N/A	
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

A&A ToR Review

Author: Laura Tolley Approver: Chris Darling



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
A&A	Audit and Assurance Committee	SOs	Standing Orders
SFI's	Standing Financial Instructions		

### 2 SITUATION/BACKGROUND

- 2.1 In-line with the SHA's Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.
- 2.2 The Audit and Assurance Committee Terms of Reference were reviewed and agreed by the Committee in January 2022 and approved by the SHA Board in March 2022.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The review of the Audit and Assurance Committee Terms of Reference by Members of the Committee allows for any comments or changes to be incorporated prior to submission to the SHA Board for approval.
- 3.2 The Terms of Reference have been reviewed by the Corporate Governance Team and can be found at item 2.9i Appendix A. There are a limited number of changes made to the Terms of Reference, these changes have been tracked and left in the document so that Committee members can easily see the changes made.

## 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks/matters for escalation to Board/Committee

#### 5 RECOMMENDATION

5.1 The Committee are being asked to: APPROVE the Audit and Assurance Committee Terms of Reference to go to the SHA Board.

A&A ToR Review

Page 3 of 4

Author: Laura Tolley Approver: Chris Darling



## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary January 2023		Approved

A&A ToR Review

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Author: Laura Tolley Approver: Chris Darling



# TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

AUDIT AND ASSURANCE COMMITTEE

<b>Document Version</b>	2
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Status	Draft
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Document author:	Chris Darling, Board Secretary
Approved by	Marian Jones, Chair of Audit & Assurance Committee
Date approved:	18 January 2022 by Audit and Assurance- Committee 14 February 2023
Review date:	<del>14 February 2023</del> February 2024

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD



#### TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services		
WELL-BEING OF FUTURE	WELL-BEING OF FUTURE GENERATIONS ACT A healthier Wales		
If more than one standard applies, please list below: A prosperous Wales A globally responsible Wales A Wales of vibrant culture and thriving Welsh language			
DHCW QUALITY STANDARDS ISO 9001			
If more than one standard applies, please list below:			

If more than one standard applies, please list below: ISO 14001 ISO 13485

Governance, leadership and acccountability

If more than one standard applies, please list below: Safe Care

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: <u>N/A</u>
No, (detail included below as to reasoning)	Outcome: <u>N/A</u>
Statement: Not Applicable	

## APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered

COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	18 January 2022	Approved
SHA Board	31 March 2022	Approved
Audit and Assurance Committee	<u>14 April 2022</u>	
SHA Board	<u>30 March 2022</u>	



QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	The Committee remit includes oversight of quality and regulatory compliance
LEGAL	Yes, please see detail below
IMPLICATIONS/IMPACT	The Committee will have oversight of statutory duties
FINANCIAL	Yes, please see detail below
IMPLICATION/IMPACT	The Committee shall review the establishment and maintenance of an effective system of financial governance, policies and controls
WORKFORCE	No, there is no direct impact on resources as a result of the activity outlined in this report.
·	
SOCIO ECONOMIC	No. there are no specific socio-economic implications related
IMPLICATION/IMPACT	to the activity outlined in this report



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## 1 DOCUMENT HISTORY

#### 1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.12.20	D0.1	Sophie Fuller	Initial draft
24.02.21	D0.2	Sophie Fuller	Second draft
18.03.21	D0.3	Sophie Fuller	Third draft
25.03.21	D0.4	Chris Darling	Fourth draft
15.04.21	D0.5	Chris Darling	Fifth draft including Chair comments
28.04.21	D0.6	Chris Darling	Sixth draft including Chair comments
04.01.21	D0.7	Chris Darling	Seventh draft updated for annual review
30.11.2022	<u>D0.8</u>	Laura Tolley	Eighth draft updated for annual review

#### 1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
Jan 2021	0.2	Mark Cox	Deputy Director of Finance
Feb 2021	0.2	Julie Ash	Head of Corporate Services
Feb 2021	0.2	Julie Francis	Head of Commercial Services
Feb 2021	0.2	Chris Darling	Board Secretary
Feb 2021	0.2	Claire Osmundsen-Little	Director of Finance
Mar 21	0.3	Claire Osmundsen-Little	Director of Finance
		Chris Darling	Board Secretary
Mar 21	0.4	Claire Osmundsen-Little	Director of Finance
		Chris Darling	Board Secretary
Apr 21	0.5	Marian Jones	Audit & Assurance Committee Chair
Apr 21	0.6	Claire Osmundsen-Little	Director of Finance
		Chris Darling	Board Secretary
<u>December</u> 2022	<u>0.8</u>	Chris Darling	Board Secretary



#### 1.3 AUTHORISATION

Author's Name:	Chris Darling
Role:	Board Secretary
Signature:	
	Author

Signing of this document indicates acceptance of its contents.

Approver's Name:	Marian Jones
Role:	Chair of Audit and Assurance Committee
Signature:	Approver

#### 1.4 DOCUMENT LOCATION

Туре	Location
Electronic	Integrated management System / iPassport

## 2 INTRODUCTION

In line with Section 3.3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. The remit of this Committee will be extended to include Assurance, Quality and Corporate Governance and will be known as the Audit and Assurance Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference shall be adopted by the Audit and Assurance Committee at its first meeting and subject to review at least on an annual basis thereafter.



## 3 PURPOSE OF THE COMMITTEE

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Assure** the Board and the Chief Executive (who is the Accountable Officer) that effective arrangements are in place
  - through the design and operation of DHCW's risk and assurance framework
  - to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales
- Advise where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- Approve on behalf of the Board policies, procedures and other written controlled documents

The Committee will function in accordance with the NHS Audit Committee Handbook.

## 4 OBJECTIVES OF THE COMMITTEE

Regarding its role in providing advice and assurance to the Board, the Committee will comment specifically on the:

#### 4.1 Internal Control and Risk Management

The Committee shall review the establishment and maintenance of an effective system of internal control and risk management. In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurance, prior to endorsement by the Board;
- the structures, processes and responsibilities for identifying and managing clinical and nonclinical risks facing the organisation;
- the Special Health Authority's Organisational Risk Register and the adequacy of the scrutiny of strategic risks by assigned Committees;
- the Board Assurance Framework;
- the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct and accountability requirements.
- the effectiveness of risk identification, management, escalation and monitoring
- the policies and procedures for all work related to fraud and corruption as set out in the National Assembly for Wales Directions and as required by NHS Protect and the Counter Fraud and Security Management Service.
- Matters relating to counter fraud work.
- proposed changes to the Standing Orders and Scheme of Delegation
- the circumstances associated with each occasion where Standing Orders or Standing Financial Instructions are waived.

#### 4.2 Finance

The Committee shall review the establishment and maintenance of an effective system of financial



governance, policies and controls. In particular, the Committee will review the adequacy of:

- the policies for ensuring that there is compliance with relevant accounting policies, statutory and accountability requirements.
- the operational and financial effectiveness of the application of policies and procedures
- proposed changes to the Standing Financial Instructions and Financial Control Procedures.
- the circumstances associated with each occasion where Standing Financial Instructions are waived.

The Committee will also:

- Receive and determine action in response to the declaration of Board member and other officers' interests in accordance with advice received from the Board Secretary;
- Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers;
- Review all losses and special payments;
- Retrospectively assure any purchase / expenditure above the delegated financial limit of the Chief Executive.
- When call upon validate financial related issues at the request of the Board.

#### 4.3 Internal Audit

The Committee shall:

- Oversee the service provided by NWSSP Audit & Assurance Services, including ensuring that it provides value for money;
- Review the internal audit programme, consider the major findings of internal audit investigations, ensure co-ordination between the Internal and External Auditors and ensure all management responses to recommendations are appropriate and timely;
- Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Assure itself that IA complies with the requirements of the public sector internal audit standards;
- Monitor the timely implementation by management of agreed audit recommendations.

## 4.4 External Audit

The Committee shall consider the work carried out by key sources of external assurance, in particular but not limited to the Special Health Authority external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.

The Committee will:

- Partake in required discussion with the External Auditor, in line with the agreed audit plan, before the audit commences, the nature and scope of the audit, and ensure coordination, as appropriate, with other External Auditors in the local health economy and with Internal Audit;
- Review External Audit reports, including value for money reports and annual audit letters, together with the management response;
- Monitor the timely implementation by management of agreed audit recommendations;
- Receive a report from the Auditor General for Wales / Wales Audit Office on the results of his audit of the annual accounts before recommending adoption of those accounts to the Accountable Officer and the Special Health Authority.



The Committee shall review the annual financial statements before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices;
- major judgemental areas;
- significant adjustments resulting from the audit;
- compliance with legal requirements;
- review any material mis-statements identified during the Audit.

#### 4.5 Procurement and Commercial Services

The Committee will provide assurance on behalf of the board that adequate procurement activity is undertaken in line with the Wales procurement policy statement and other relevant policy documents.

To include:

- Overall compliance
- Scrutiny of single tender contracts
- Ongoing Management and review of the contracting and tendering process

#### 4.6 Value and Efficiencies

The committee will provide assurance on behalf of the board that adequate savings plans are in place, when and where required, and undertake scrutiny to assess the progress of their delivery to ensure value for money for the organisation. Where appropriate the committee will provide recommendations and actions for remedial action and will highlight to the board areas of concern.

#### 4.7 Quality Standards

The Committee will provide assurance for the Board on the Organisation's quality management system, ensuring there is an effective audit and quality improvement function that provides assurance to the Board

To Include:

- the systems and processes in place for ensuring Quality Standards are adequate
- scrutiny of the Quality Improvement processes adequacy, their timeliness and that activities are coordinated across the organisation

#### 4.8 Medical Devices Regulation Assurance

The Committee will provide assurance on behalf of the Board on the organisation's commitment towards delivering compliance within Medical Devices Directive. The transition to Medical Devices Regulations and requirements to support this will be outlined and progress reported. Any updates to the legislation will be implemented in line with the internal change process and in collaboration with the Standard leads.

#### 4.9 Counter Fraud

The Committee will review the adequacy of the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service via our Service Level Agreement. Comment on anti-fraud policies, whistleblowing (raising concerns) processes and arrangements for special investigations, and the adequacy of counter fraud resources.



The Committee will meet the Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

#### 4.10 Environmental Sustainability, Estates & Health & Safety Compliance

The Committee shall provide assurance to the Board that the appropriate measures are in place to assure environmental sustainability and compliance with Estates and Health & Safety Legislation.

#### 5 ACCESS

The Head of Internal Audit and Audit Wales and their representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff. In addition, the Chair of the Audit and Assurance Committee shall escalate any issues directly to the DHCW Chair or Chief Executive as they feel appropriate.

#### 6 MEETINGS

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

#### 6.1 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### 6.2 Circulation of Papers

The Board Secretary will ensure that all papers are distributed at least 5 working days (7 calendar days) in advance of the meeting.

### 7 MEMBERSHIP, ATTENDEES AND QUORUM

#### 7.1 Members

The Committee shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Chair: Independent Member



Members: Independent Member x 4 (one of whom is the Chair)

The Special Health Authority Board shall appoint the Chair of the Committee, based on the recommendation of the DHCW Chair.

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

The Board Secretary will determine the secretarial and support arrangements for the Committee.

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year, the Committee will meet privately with the External and Internal Auditors without any Executive Director or officer present. The opportunity to meet with Auditors privately will be available at each meeting.

#### Other usual expected attendees:

Executive Director of Finance Board Secretary Associate Director of Finance Head of Corporate Services Head of Internal Audit External Audit Representative Counter Fraud Representative

#### 7.2 By Invitation

The Chief Executive and Chair shall be invited to attend at least annually to discuss the process for assurance that supports the Annual Governance Statement and at the meeting to discuss the Accounts.

Other Directors may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

#### 7.3 Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

#### 7.4 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).



#### 8 GOVERNANCE

#### 8.1 Relationships and accountabilities with the Board and it's Committee/Groups

The Audit and Assurance Committee must have an effective relationship with other committees or subcommittees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and subgroups to meet its responsibilities for advising the Board on the adequacy of DHCW's overall framework of assurance.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

#### 8.2 Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the assurance framework
- The extent to which risk management is comprehensively embedded throughout the organisation
- The adequacy of governance arrangements, and;
- The appropriateness of self-assessment activity against relevant standards.

The report will also record the results of the Committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

#### 8.3 Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the SHA's Standing Orders are equally applicable to the operation of the Committee.

#### 9 **REFERENCES**

DOCUMENT	VERSION
Standing Orders	1
Standing Financial Instructions	1

#### **10 DEFINITIONS**

TERM	DEFINITION
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DHCW	Digital Health and Care Wales



## DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE CYCLE OF BUSINESS 2023-24

Agenda	2.8
ltem	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval	
Recommendation		
The Committee is being asked to: APPROVE the DHCW Annual Cycle of Audit and Assurance Committee Business.		



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	,
[		
<b>CORPORATE RISK</b> (ref if appropriate)		All

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p Effective Care, Staff and Resources	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

A&A CoB 2023-24



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
A&A	Audit and Assurance Committee	SOs	Standing Orders

#### 2 SITUATION/BACKGROUND

2.1 The DHCW Audit and Assurance Committee should, on annual basis, receive an Annual Cycle of Committee Business which identifies the agenda items and reports which will be regularly presented to the Committee for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Cycle of Business is presented as item 2.8i Appendix 1. The approval of the annual Cycle of Committee Business will take place before the start of the new financial year.
- 3.2 The Cycle of Business covers the period 1 April 2023 to 31 March 2024. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

#### 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Please refer to item 2.8i Appendix 1 – DHCW Audit and Assurance Committee Cycle of Business for further detail.

#### 5 **RECOMMENDATION**

5.1 The Committee are being asked to:APPROVE the Audit and Assurance Committee Cycle of Business 2023-24.

#### 6 APPROVAL / SCRUTINY ROUTE



Person / Committee / Group who have received or considered this paper prior to this meeting						
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME				
Chris Darling, Board Secretary	January 2023	Approved				



### Audit & Assurance Committee

### Cycle of Business (1<sup>st</sup> April 2023 – 31<sup>st</sup> May 2024)

The Audit & Assurance Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Audit & Assurance Committee is effectively carrying out its role.

The Cycle of Business covers the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> May 2024.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the DHCW Board is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference. The Committee will function in accordance with the NHS Audit Committee Handbook.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Special Health Authority system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Special Health Authority Board objectives in accordance with the standards of good governance determined for the NHS in Wales.



### Audit & Assurance Committee Cycle of Business (1st April 2023 – 31st May 2024)

Item of Business	Executive Lead	Reporting period	April 2023	May 2023 *Extra- ordinary	June 2023 *Extra- ordinary	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024 *Extra- ordinary
Preliminary Matters																
Minutes of the previous Committee Meeting	Board Secretary	All Regular Meetings	~			<b>√</b>			✓				~		✓	
Action Log	Board Secretary	All Regular Meetings	$\checkmark$			~			~				$\checkmark$		~	
Governance, Internal Control & Ris	sk Management	<u> </u>				1			1						1	
Audit & Assurance Committee Annual Report	Board Secretary	Annually											~			
Audit & Assurance Committee Effectiveness Self-Assessment	Board Secretary	Annually											$\checkmark$			
Audit & Assurance Committee Terms of Reference	Board Secretary	Annually											√			
Audit & Assurance Committee Cycle of Business	Board Secretary	Annually											√			
Audit & Assurance Committee Forward Work Plan	Board Secretary	All regular meetings	$\checkmark$			~			~				$\checkmark$		~	
Policies Report	Board Secretary	Annually (and as required)							~							
Standards of Behaviour Report	Board Secretary	All regular meetings	$\checkmark$			~			<b>√</b>				$\checkmark$			
Legislative Assurance Register	Board Secretary	Bi-annually				~							$\checkmark$			
Welsh Health Circular Report	Board Secretary	Bi-Annually				~							$\checkmark$			
Welsh Language Scheme Update including Welsh Language Annual Report	Board Secretary	Annually				<b>v</b>										
COVID-19 Inquiry Updates	Board Secretary	As Required	$\checkmark$			~			$\checkmark$				$\checkmark$		✓	
Losses & Special Payments Report	Executive Director of Finance	All Regular meetings	$\checkmark$			~			<b>√</b>				√		~	

Page 2 of 4



Item of Business	Executive Lead	Reporting period	April 2023	May 2023 *Extra- ordinary	June 2023 *Extra- ordinary	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024 *Extra- ordinary
Procurements & Scheme of Delegation Report	Executive Director of Finance	All Regular meetings	<b>√</b>						<b>√</b>				$\checkmark$		$\checkmark$	
Annual Financial Accounts	Executive Director of Finance	Annually		~	~											$\checkmark$
Accountability Report	Board Secretary	Annually		<b>~</b>	✓											✓
Corporate Risk Register	Board Secretary	All Regular Meetings	✓			✓			V				$\checkmark$		$\checkmark$	
Board Assurance Framework Escalations	Board Secretary	At least twice a year							~						$\checkmark$	
Corporate Risk Trending Analysis	Board Secretary	Annually							<b>√</b>							
Audit Recommendations Tracker	Board Secretary	All regular meetings	✓			✓			~				$\checkmark$		$\checkmark$	
Annual Audit Themes and Learning Report	Board Secretary	Annually											$\checkmark$			
Local Counter Fraud Update	Head of Local Counter Fraud	All regular meetings	<b>√</b>			✓			~				$\checkmark$		$\checkmark$	
Counter Fraud Annual Report	Head of Local Counter Fraud	Annually	✓													
Counter Fraud Annual Self Review	Head of Local Counter Fraud	Annually	✓ ✓													
Counter Fraud Draft Work plan	Head of Local Counter Fraud	Annually	<b>√</b>													
NWSSP Assurance Report	Executive Director of Finance	All regular meetings	✓ 			✓			~				$\checkmark$		✓	
Decarbonisation and Estates Compliance Report	Executive Director of Finance	All regular meetings	✓ 			✓			✓				✓		✓	
Quality and Regulatory Compliance	Executive Director of Finance	All regular meetings	<b>√</b>						√				$\checkmark$		$\checkmark$	
Annual Quality Report	Executive Director of Finance	Annually													$\checkmark$	
Annual Cyber Resilience Unit Plan	Executive Director of Finance	Annually							~							
Internal Audit																
Internal Audit Progress Report	Head of Internal Audit	All Regular Meetings	✓			<b>v</b>			~				$\checkmark$			
Internal Audit Annual Audit Plan Page 3 of 4	Head of Internal Audit	Annually	✓												$\checkmark$	

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Item of Business	Executive Lead	Reporting period	April 2023	May 2023 *Extra- ordinary	June 2023 *Extra- ordinary	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024 *Extra- ordinary
Internal Audit Review Reports	Head of Internal Audit	All regular meetings	<b>√</b>			$\checkmark$			~				$\checkmark$			
Head of Internal Audit Opinion and Annual Report	Head of Internal Audit	Annually			~											
Audit Wales																
Audit & Assurance Committee Update	Audit Wales	All regular meetings	✓			✓			$\checkmark$				$\checkmark$			
Audit Wales Review Reports (as relevant)	Audit Wales	All regular meetings	~			$\checkmark$			$\checkmark$				$\checkmark$			
Audit Wales Annual Audit Report	Audit Wales	Annually											$\checkmark$			
Audit Wales Audit Plan 2023	Audit Wales	Annually	$\checkmark$													
Audit Wales Audit of the Financial Statements (ISA 260) Report (Including the letter of representation and Audit Opinion)	Audit Wales	Annually				~										
Structured Assessment	Audit Wales	Annually											$\checkmark$			
Audit of Financial Statements Addendum Report (if required)	Audit Wales	Annually	<ul> <li>✓</li> </ul>													
Audit Enquiries Q&A	Audit Wales	Annually	$\checkmark$													



## **DIGITAL HEALTH AND CARE WALES** AUDIT AND ASSURANCE COMMITTEE **EFFECTIVENESS SELF ASSESSMENT REPORT**

		Agenda Item	2.9			
				_		
Name of Meeting	Audit and Assurance Committee					
Date of Meeting	14 February 2023					

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report         For Discussion/Review					
Recommendation					
The Committee is being asked <b>NOTE</b> the content of the repo					



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	,
<b>CORPORATE RISK</b> (ref if appropriate)		All

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p Effective Care, Staff and Resources	lease list below:

Date of submission: N/A	
Outcome: N/A	

No, there are no specific quality and safety implications related to the activity outlined in this report.
No, there are no specific legal implications related to the activity outlined in this report.
No, there are no specific financial implications related to the activity outlined in this report
No, there is no direct impact on resources as a result of the activity outlined in this report.
No, there are no specific socio-economic implications related to the activity outlined in this report.

A&A Committee Self Effectiveness Report



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.
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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
A&A	Audit and Assurance Committee	SOs	Standing Orders

#### 2 SITUATION/BACKGROUND

- 2.1 The Chair of the Audit and Assurance Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.
- 2.2 Members of the Committee are asked to discuss and review the Committee effectiveness selfassessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2022/23.
- 2.3 Members should note eight responses were received. The report does not include comments in order to ensure anonymity.

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

#### 3.1 Summary report

The report is split into three areas:

- Positive assurance
- Areas requiring further assurance
- Areas requiring further action

Positive	Area: Composition, Establishment and Duties
Assurance	Members were aware that:
	• There were approved <b>Terms of Reference</b> and there was an
	expectation they would be reviewed before March 2022 and would
	consider changes or developments throughout the year.
	• The Committee have established an <b>annual cycle of business</b> to be
	dealt with across the year.
	• The Committee will prepare an <b>annual report</b> on its work and
	performance for 22/23 to the SHA Board with one member not being
	aware of this.



	Name
	Members felt:
	• They have been <b>provided with sufficient authority</b> to perform its role
	effectively.
	The Committee meet sufficiently frequently to deal with planned     matters and there was sufficient time for questions and discussions
	matters and there was sufficient time for questions and discussions
	The atmosphere is considered conducive to <b>open and productive</b>
	debate and behaviour is courteous and professional with one
	member noting the change of committee membership during the
	period, however this had not appeared to affect members
	contributing freely and honestly to debate and discussion.
	• There was appropriate use of <b>private sessions of the Committee</b> , with
	one member noting private meetings are very rare.
	Agenda items are appropriately 'closed off'
	• The virtual nature of the meetings worked very well with one member
	noting the number of colleagues who attend the meetings across a
	vast geographical area, including partners/regulator organisations. In
	addition, it was noted virtual meetings were far more effective for
	officers joining for one or two agenda items only, in addition another
	member suggested it may be worth considering the committee
	meeting in person once a year, with this being possibly to review the
	draft Annual Report and Accounts.
	Area: Committee Business
	Finding:
	• The Committee had considered how it integrates with other
	committees that review risk with one member noting that the
	Committee had formally reviewed the risk management approach
	during the period to avoid duplication and repetition
	<ul> <li>The Committee had reviewed the robustness and effectiveness of</li> </ul>
	the content of the organisations internal assurance system
	<ul> <li>The Committee considered that the reports received were timely</li> </ul>
	and high quality to enhance it to discharge its internal control and
	risk management responsibilities with one member commenting
	that the Legislative Assurance Framework had been refined during
	the period and approved by the Committee, it was regarded as an
	exemplar. In addition, the quality of reports provided had
	continually improved and are excellent which reflected the quality
	of support provided by the Corporate Governance team.
	Area: Audit
	Finding:
	<ul> <li>The Committee have received and approved the Internal audit plan</li> </ul>
	for 22/23 and would approve any material changes if they occurred
	·
	processes based on risk assessment and linked to the systems of
	assurance and receive regular updates on the progress of the audit work. However, two members did not know if this was the case.
1	WOIN. HOWEVEL, LWO HEILIDELS UID HOL NHOW IT LITS WAS LITE LASE.



• The members noted there were no investigations into management
refusal to accept audit recommendations, but should they occur, the
Committee would investigate
• All Committee members felt there was <b>effective monitoring of the</b>
implementation of management actions.
Most members were aware of the Internal Audit performance
measures
• The members were aware the Committee will receive the <b>Head of</b>
Internal Audit's Annual Report and Opinion within the annual
reporting cycle
• The members were aware of the Auditor General's representatives
(Audit Wales) audit plan for DHCW
• Members were clear that in the <b>next annual cycle actions will be</b>
monitored and reviewed.
Most members were aware of the nature and value of the non-
statutory work commissions by DHCW from the AG
Area: Counter Fraud
Findings:
• All but one of the Committee were <b>aware the annual counter fraud</b>
plan was reviewed and approved with the planned work covering the
areas within the NHS Counter Fraud Policy. One member noted the
change in counter fraud personnel, the plan was not formally
reviewed and approved until the second quarter of the year.
• On the whole, the Committee were aware in that <b>any material</b>
changes to the planned counter fraud work plan would be reviewed
and approved by the Committee
• All but one of the members were aware the Counter Fraud Plans were
derived from clear processes based on risk assessment
All were aware the Committee receive regular reporting and that
should any management actions arise the Committee would monitor
their implementation
<ul> <li>All bar one members were aware the Counter Fraud specialist has a right of direct access to the Committee and the Chair</li> </ul>
<ul> <li>Most of the Committee members were aware the effectiveness of the</li> </ul>
Local Counter Fraud services and the adequacy of its staffing is
reviewed
<ul> <li>The Committee expected to review the Local Counter Fraud</li> </ul>
Specialist's Annual Report and Qualitative assessment
<ul> <li>All but two of the members were aware the Committee receive and</li> </ul>
discuss reports arising to quality inspections by the NHS Counter
Fraud Authority
Area: Legislative Compliance
Findings:
<ul> <li>All but one of the members were aware the Committee review</li> </ul>
assurance and regulatory/legislative compliance reporting processes,
one member noted as an example, the Committee routinely received



<ul> <li>updates taking assurance on the process for recording and monitoring DHCW's compliance with Welsh Health Circulars.</li> <li>All but two of the members were aware the Committee have a mechanism to ensure awareness of topical, legal and regulatory issues</li> </ul>
Area: Committee Leadership and Support
<ul> <li>All members were unified that meetings are chaired effectively, with clarity of purpose and outcome with a number of members commenting on the excellence and professionalism of the Committee Chair</li> <li>Members felt the Committee Chair provided clear and concise information to the Board on the activities of the committee</li> <li>All members felt the committee was adequately supported by Executive Directors in terms of attendance, quality and length of papers and response to challenge and questions, one member noted the attendance and papers reflected the officers who lead in specialist areas which enabled expert discussion, in addition another member noted the Committee Was adequately supported by attended meetings on their behalf on occasion</li> <li>All members agreed the Committee was adequately supported by the meeting secretariat with one member commenting on the quality of the Board Secretary and governance team which had an</li> </ul>
 impact on the overall performance of the committee.
 Area: General Feedback General comments from members included:
<ul> <li>The committee was extremely effective and clear about their roles and responsibilities.</li> <li>The committee functions well with relevant challenge, oversight of key risks, audit, counter fraud and operational services</li> <li>Reports and participants were well structured and prepared</li> <li>The committee was professional, supportive but also provided hard challenge when required</li> <li>The relationship between the Chair, Committee, Internal Audit</li> </ul>
<ul> <li>Deep dives into areas worked well and should be taken forward for good practice</li> <li>Consideration to reviewing the approval process of the draft</li> </ul>



	Annual Accounts 22/23 would be helpful.	
Areas Requiring	One member notes as a new officer to the Committee some further	
Further Action /	knowledge of the working of the Committee would be beneficial and this	
Assurance	would be picked up with the Corporate Governance team	
Appendices	Audit and Assurance Committee Effectiveness Self-Assessment Survey	

#### 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The outcome of the Audit and Assurance Committee Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

#### 5 **RECOMMENDATION**

5.1 The Committee are being asked to:NOTE the content of the report and DISCUSS the findings.

#### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting				
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME		
Chris Darling, Board Secretary	January 2023	Approved		

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## DIGITAL HEALTH AND CARE WALES ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE 2022/23

		Agenda Item	2.10	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Marian Wyn Jones, Chair of Audit and Assurance

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Purpose of the Report	For Noting	
Recommendation		
Audit and Assurances is being asked to: APPROVE the Annual Report of the Audit and Assurance Committee 2022/23		

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of th	ne new Digital Organisation
CORPORATE RISK (ref if approp	oriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Audit and Assurance Committee Annual report 2022/23

Author: Julie Robinson Approver: Chris Darling

#### INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WCCIS	Welsh Community Care Information System		

#### 2 SITUATION/BACKGROUND

- 2.1 In accordance with best practice and good governance, the Audit and Assurance Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.
- 2.2 This report outlines Audit and Assurance Committee meeting attendance and key items discussed in public and private during the 2022-23 financial year.
- 2.3 Audit and Assurance Committee Membership
- 2.3.1 The Committee was appointed by the Board from amongst the Non-Officer Members of the Health Authority and consists of not less than 3 members, comprising:

#### Chair: Independent Member

Members: Independent Member x 4 (one of whom is the Chair) The Executive Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings.

However, at least once a year, the Committee will meet privately with External and Internal Auditors without any Executive Director or Officer present. The opportunity to meet with Auditors privately will be available at each meeting.

#### Other usual expected attendees: **Executive Director of Finance**

**Board Secretary** Associate Director of Finance Head of Corporate Services Head of Internal Audit

Audit and Assurance Committee Annual report

Page 3 of 8

Author: Julie Robinson

2022/23



External Audit Representative Counter Fraud Representative

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Committee Vice Chair.

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Committee met six times during the period 1 April 2022 and 31 March 2023, two of these were extraordinary meetings to consider the Annual Report and Accounts. This is in line with its Terms of Reference. A number of changes to the membership of the Committee took place during the period with Grace Quantock the Vice Chair of Audit and Assurance resigning from DHCW in June 2022, and Marilyn Bryan-Jones and Alistair Klaas Neill (Vice Chair) being appointed via the Welsh Government public body recruitment process in September. David Selway Independent Member, stepped down from the Committee in September 2022 following these appointments.

The Audit and Assurance Committee achieved an attendance rate of 93% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 (excluding extraordinary meetings) as set out below:-

	03.05.22	04.07.22	18.10.22	14.02.23	Attendance
Marian Wyn	$\checkmark$	✓	✓	✓	100%
Jones					
(Chair)					
Grace	X	N/A	N/A	N/A	0%
Quantock					
(Vice Chair)					
Resigned					
from DHCW					
June 2022					
David	$\checkmark$	$\checkmark$	N/A	N/A	100%
Selway					
Stood down					
from A&A					
September					
2022					
Ruth	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	100%
Glazzard					
Marilyn	N/A	N/A	$\checkmark$	$\checkmark$	100%
Bryan-Jones					
Joined					
DHCW					
September					
2022					
Alistair Neill	N/A	N/A	$\checkmark$	$\checkmark$	100%

Audit and Assurance Committee Annual report 2022/23

Author: Julie Robinson

Approver: Chris Darling

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DHCW					
August 2022					
Total	67%	100%	100%	100%	93%

#### 3.2 Audit and Assurance Committee Public Agenda Items

3.2.1 During the financial year 2022/23 the Audit and Assurance Committee reviewed the following key items at its meetings:

#### Losses and Special Payments

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 Welsh Government. There were two payments during the 2022-2023 period.

#### Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions.

#### Corporate Risk Register

The Register was received and scrutinised at each meeting. The Committee were assured that risks were assessed by the risk management group, in addition it was reviewed on a monthly basis by the DHCW Management Board. A deep dive into a number of corporate risks took place including all financial risks during the 2022/23 period.

#### Local Counter Fraud Update

The Committee received updates from the Counter Fraud officer at each meeting and were informed that one investigation has taking place in relation to DHCW staff. In addition Counter Fraud Awareness work was discussed during the period.

#### Standards of Behaviour

The Committee received a report on a quarterly basis and noted that work was progressing on capturing Declarations of Interest, Gifts and Hospitality for all DHCW staff.

#### Decarbonisation and Estates Compliance

The Committee received an update at all regular meetings on Estates Compliance. The report included updates on the Decarbonisation plan which outlined the focus of the planned work to address the commitments for delivery of decarbonisation of the estate by 2025.

#### **Quality and Regulatory Compliance**

The quality progress reports presented to the Committee highlighted the strategy objectives for quality and regulatory, the role of the department and detailed the Governance Framework of the department. The Quality & Regulatory Annual Plan 2023/24 was received and approved at the Committee in February 2023.

#### High Value Purchase Order Report

Committee members received regular reports on orders which exceeded £750k which included

Audit and Assurance Committee Annual report 2022/23

Author: Julie Robinson



the addition of a log of the cumulative high value transactions.

#### Contract Extension – Standard Operating Procedures

The Committee received the Standing Operating Procedures in response to a request from the Chair of Audit and Assurance.

#### COVID-19 Inquiry Update Report

The Committee received updates on the latest position in relation to an UK Inquiry and were informed of the work being undertaken in preparation for this.

#### Welsh Health Circulars

The Committee received a bi-annual update on the current status of the Welsh Health Circulars at the July and February Committee meetings.

#### Legislative Assurance Framework

The Audit and Assurance Committee approved the Legislative Assurance Framework which forms part of the overall governance assurance framework, the requirements of which are outlined in the DHCW Standing Orders to address the legal, regulatory, and contractual requirements of DHCW.

#### Welsh Language Compliance & Improvement Framework

The Committee received regular updates on progress of compliance to the Welsh Language Standards.

#### Internal Audit

A draft Internal Audit Plan for 2022/23 was developed following meetings and correspondence with the Special Health Authority's Executive Directors, Chief Executive and Committee Chair. The Committee approved the plan at the meeting in May 2022.

#### Internal Audit Progress and Tracking Report & Internal Audit Plan 2022/23

Seven\* reports were presented during the year

- Data Centre Project Move *Substantial* Assurance rating
- Governance Part 2 *Reasonable* Assurance rating
- System Development *Reasonable* Assurance rating
- Core Financials *Reasonable* Assurance rating
- Workforce Directorate *Reasonable* Assurance rating
- Directorate Review *Reasonable* Assurance rating
- Recommended Tracker *Reasonable* Assurance rating

The reports presented provided details relating to outcomes, key findings and conclusions from the finalised Internal Audit assignments and specific detail relating to progress against the Audit Plan and any updates that occurred within the plan. The remaining audits undertaken as part of the 2022/23 plan will be presented to the next Audit and Assurance

Author: Julie Robinson



Committee meeting.

#### Internal Audit Key Performance Indicator (KPI) Overview

Internal Audit presented a KPI Overview which set out the KPIs currently used and a number of changes that would be considered to better measure the impact of the work undertaken by Internal Audit.

#### Audit Wales

#### Structured Assessment

DHCW's first Structured Assessment was presented to Audit and Assurance Committee in February 2023.

#### Audit Wales Progress Reports

The Committee received progress reports from Audit Wales on the following:

- All Wales Thematic on Workforce Planning
- Report on the planned care backlog in Wales was published in May
- The Welsh Community Care Information System (WCCIS) follow up report was considered by the Public Accounts and Public Administration Committee in July and to the Audit and Assurance Committee in October.
- Public Sector Readiness for Net Zero Carbon by 2030
- Equality Impact Assessments

#### Audit Actions Tracker

The reports and trackers provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which had been made by Internal Audit or Audit Wales by means of an internal / external recommendation tracking report and were able to view progress and improvements made from audit recommendations being addressed.

#### Committee Effectiveness self-assessment

The annual self-assessment questionnaire was reviewed at the February 2023 meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

#### 3.3 Audit and Assurance Committee Private Agenda Items

- 3.3.1 During the financial year 2022/23 the Audit and Assurance Committee reviewed the following key items at its private meetings:
  - Corporate Risk Register
  - IT Stock Review
  - Counter Fraud

Author: Julie Robinson



#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Committee Report 2022/23 is consistent with its role as set out within the Terms of Reference and that there are no key risks / matters for escalation to Board / Committee.

#### 5 **RECOMMENDATION**

5.1 Audit and Assurance is being asking to **APPROVE** the Annual Report of the Audit and Assurance Committee 2022/23

### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who h	ave received or conside	red this paper prior to this meeting
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16.01.2023	NOTED

Approver: Chris Darling

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# DIGITAL HEALTH AND CARE WALES INTEGRATED MEDIUM TERM PLAN 2023-2026 MISSION 5 PROGRESS UPDATE

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Ruth Chapman, Assistant Director of Planning

Purpose of the Report	For Noting	
Recommendation		
	ittee is being asked to: Aission 5 of the Integrated Medium Term Plan 2023-2026. This mission e Audit and Assurance Committee.	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

Agenda Item 2.11



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives app	ly
	· · · ·	N1/A
<b>CORPORATE RISK</b> (ref if appropriate)		N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	N/A
If more than one standard applies, p	lease list below: This is not a policy but a planning framework.

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:		
No, (detail included below as to reasoning)	Outcome:		
Statement: This is not a policy but a planning document.			

#### Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The IMTP will include a financial plan No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Integrated Medium Term Plan 2023-26 Mission 5 Progress Update

Author: Ruth Chapman Approver: Claire Osmundsen-Little

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Acronyi	ms	
IMTP	Integrated Medium Term Plan	

#### 2 SITUATION/BACKGROUND

- 2.1 This document notes the progress of drafting Mission 5 of the Integrated Medium Term Plan
   2023-2026 Be the trusted strategic partner and a high quality, inclusive and ambitious organisation.
   This mission covers areas of relevance to the Audit and Assurance Committee.
- 2.2 The Welsh Government have confirmed that the submission date for the IMTP 2023-2026 is 31 March 2023. The Planning Framework Guidance has been issued along with a list of priority content areas and a submission template. DHCW subsequently worked with WG and Directors of Planning to revise the IMTP Template by adding digital opportunities as a specific item; the updated template has been issued by WG to all organisations.
- 2.3 A previous progress paper came to the 18 October 2023 Audit and Assurance Committee and noted areas of interest as being: quality and regulatory, decarbonisation, estates, Welsh language, risk, governance arrangements, and commercial services.

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The IMTP is divided into five missions, from which flow 14 portfolios and 6 enablers. See diagram below. Mission 5 is 'Be the trusted strategic partner and a high quality, inclusive and ambitious organisation'.
- 3.2 The six enablers sit under Mission 5 and are:
  - people and culture
  - finance
  - sustainability
  - stakeholder engagement,
  - quality and safety,
  - governance and assurance.

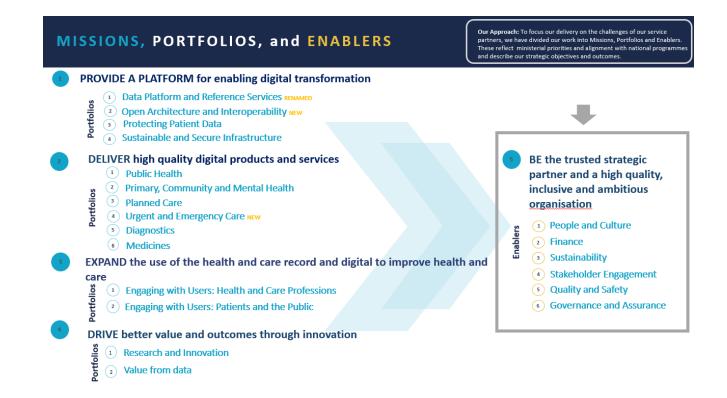
These enablers support the other four missions which together deliver the DHCW vision – 'To provide world leading digital services, empowering people to live healthier lives'.

Integrated Medium Term Plan 2023-26 Mission 5 Progress Update

Author: Ruth Chapman Approver: Claire Osmundsen-Little

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3.3 A Mission 5 sub group has been set up, chaired by the Executive Director of Finance and including the Board Secretary, Executive Director of People and Organisational Development and Assistant Director of Planning. Meetings and offline reviews have taken place from Nov 2022 through to Jan 2023. The general themes which will feature in the plan include the following:

Mission 5 Enabler Themes				
		harmet Cultures and second		
	5.1 People and Culture (Vi	brant Culture, more equal)	Recruitment pipelines with academic	
Extraordinary Leadership	Talent and Succession Planning	Digital profession resourcing strategy	institutions	
Equality, diversity and inclusion strategy	Collaborate with the digital profession across NHS Wales / DDaT framework	Bilingual recruitment	Improve Welsh language skills	
	5.2 Finance	(Prosperous)		
Improving and automating financial processes	Financial Sustainability – new funding models and efficiency schemes	Develop a FinOps finance function for Cloud	Digital investment guidelines, horizon scanning and benchmarking	
Lead and publish technical accounting guidance including cloud	Implement a benefits management framework	Implement national financial analytics Programme		
	5.3 Sustainability (G	Blobally responsible)		
Modern digital workplace	Decarbonisation Goals	Foundation economy requirements	Wellbeing of Future Generations Act statement and objectives	
Low carbon procurement	Biodiversity goals			
		nt (Cohesive communities)		
Strategic stakeholder partnerships	Agile and responsive system leader	Engagement Strategy	Engagement Tools and internal professiona network	
Track engagement activity	Comms Plan	Digital Delivery Change Network		
	5.5 Quality and Safet	y (Resilient, healthier)		
Health and Social Care (Quality and Engagement) (Wales) Act 2020 requirements and Annual Quality Report	Business Continuity enhancement	Medical Devices Regulations		
	5.6 Governance a	nd Assurance (All)		
Digital Maturity Assessments	Cyber Resilience Unit Plan	Digital Programmes Office	Brand management	
BAF and risks enhancements	Service management enterprise model	Product based operating model	Governance of hosted digital programmes	

Integrated Medium Term Plan 2023-26 Mission 5 Progress Update

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Author: Ruth Chapman Approver: Claire Osmundsen-Little

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#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

There are no key risks/matters to escalate to Board/Committee.

#### 5 RECOMMENDATION

The Audit and Assurance Committee are being asked to **NOTE** the progress of drafting Mission 5 of the Integrated Medium Term Plan 2023-2026. This mission covers areas of relevance to the Audit and Assurance Committee.

#### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting

PERSON, COMMITTEE OR	DATE	OUTCOME
GROUP		
Exec Lead for Mission 5 of	30/01/2023	Noted
the IMTP		

Integrated Medium Term Plan 2023-26 Mission 5 Progress Update

Author: Ruth Chapman Approver: Claire Osmundsen-Little

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#### 7 **APPENDIX**

#### Portfolios and Enablers mapped against the Welsh Government Priorities

Note: any starting with 5 relate to Mission 5, eg 5.1 is People and Culture

#### NHS WALES PLANNING GUIDANCE 2023 - 2026 PRIORITIES MAPPED TO DHCW PORTFOLIOS

Our Approach: The priorities from the Planning Guidance have n mapped to our portfolios of work and any gaps identified.

arv Comr

Statutory requirement for approvable plans which comprises the duty to break even, whilst improving the health of the population for whom the organisation is responsible and provision of healthcare to those people

General Requirements	Ministerial Pr	
(Director General & Minister's	Letters)	(Planning Frame
<ul> <li>Plans targeted to challenges <ul> <li>ongoing response to pan</li> <li>demand pressures</li> </ul> </li> <li>Core health care <ul> <li>universal services delive proportionate way</li> </ul> </li> <li>Recovery and sustainability <ul> <li>building foundations for and wellbeing</li> </ul> </li> <li>Golden threads including <ul> <li>quality of care</li> <li>prevention</li> <li>reducing health inequali</li> <li>climate change</li> <li>health outcomes</li> <li>regional approaches</li> </ul> </li> </ul>	demic 2.1 Public Health red in ALL population health 5.5 Quality, Safety 2.1 Public Health	Delayed Transfe Closer relatio discharge pla Primary and Con Access to GP/ Services Urgent and Eme 24/7 Urgent ( with criteria), Planned Care, RR Outpatients a Capacity gaps redesign, stra Cancer Recovery Reduce backl Mental Health a Recover waiti
<ul> <li>reducing inequity and bu longer term</li> </ul>	urden of disease 4.2 Value from data	and specialist
<ul> <li>Improving efficiency, effecti optimising service delivery</li> <li>Recognition of volatile planr and external factors</li> <li>Plans to include in year prior</li> </ul>	1.2 Open architecture ning environment 5. Governance / Assurance	

routemap to medium term, in 3 Year context, with longer term ambitions.

Ministerial Priorities for Year One (Planning Framework)					
Delayed Transfers of Care		2.3 Planned Care			
<ul> <li>Closer relationship with local governme discharge planning and co-ordination; n</li> </ul>					
Primary and Community Care     Access to GP/ Community / Dental/ Opt Services	ometry and Pharmacy 2.6 Medicines	2.2 Primary Community Mental Health			
Urgent and Emergency Care 24/7 Urgent Care service accessible via 111, Same Day Emergency Care (compliant					
with criteria), handovers Planned Care, Recovery, Diagnostics, Path	2.4 Urgent and Emergency Care				
Outpatients and Follow Ups and Repurposing of activity; Treatment Recovery; RTT; Capacity gaps in specialities; delivery of targets; regional diagnostic hubs; pathway redesign, straight to test and onward referral 23 Planet Care					
Cancer Recovery	2.5 Diagnostics				
Reduce backlog; cancer treatment and p Mental Health and CAMH Services	3.1 Health and Care professions				
<ul> <li>Recover waiting time performance for all age LPMHSS assessment/ intervention and specialist CAMHS; implement 111 press 2 for urgent mental health</li> </ul>					
2.2 Primary					
Core supporting functions & triang	ulation	Community Mental Health			
<ul> <li>Digital, innovation, technology and tran</li> </ul>	4.1 Research and				
Workforce and wellbeing	Protecting Patient Data	5.1 People and culture			

- 1.3 Sustainable secure Financial sustainability 5 2 Finan Workforce, finance and activity planning: completion of Minimum Data Set (MDS)
- technical templates and financial returns

#### **Further Requirements & Considerations** (Director General & Minister's Letters)

- NHS Executive Structure and Governance context
- NHS as anchor institutions including Foundational Economy; response to <u>cost of living</u> crisis
- Future Generations Act including Decarbonisation; Net Zero; Social Value
- Working with Regional Partnership Boards (Area plans), Public Services Boards (Wellbeing Plans) - working with Partners, Third Sector and Community Involvement 5.4 Stakeholder Enga

#### Alignment with Cluster Planning

- Pathway development, reducing waiting lists and improving patient experience 3.2 Pati
- Prevention and improvements on healthy weight, tobacco control, vaccination, screening, disease elimination
- National Clinical Framework, Quality Statements/ Six Domains
- Specific clinical areas such as Stroke, Cardiac 3.1 Health and C and maternity and cross cutting such as women's health 3.1 Health and Care profe
- Value Based Healthcare 4.2 Value from data 5.5 Quality, Safety
- Duty of Candour and Duty of Quality Covid 19 Prevention/ National immunisation framework/ response to surges in covid 2.1 Public
- Other communicable diseases
- Contingency and business continuity planning for threats/ incidents / seasonal demands (including winter respiratory viruses / extreme weather) mance / Assurance
- Strategic Equality Plan and Anti Racist Wales Action Plan
- More than just words (Welsh Language)
   5.1 People and culture

Integrated Medium Term Plan 2023-26 Mission 5 Progress Update

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Author: Ruth Chapman Approver: Claire Osmundsen-Little

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	Missio	on 5 Enablers	
QTR 1	QTR 2	QTR 3	QTR 4
	5.1 People and Culture	e (Vibrant Culture, more equal)	
	-	rship programme development	
	,	uccession planning (Grow our own)	
Develop and publish the equality	, diversity and inclusion strategy	Develop digital profession resourcing strategy	Develop recruitment pipeline with academ institutions
Collaborate with the digital profession across		rkforce Review' recommendations to develop a natio tegies and DDaT plus framework	onal immediate and long-term workforce pla
	Bi-lingual recruitment (Welsh/English	n) Welsh language skills assessment	50% of staff at Level 1 Welsh (Courtesy)
	Run the change	e ambassador programme	
	5.2 Finai	nce (Prosperous)	
	Improving and au	tomating financial processes	
	Financial sustainability – new	funding models and efficiency schemes	
	Develop a FinOp	s finance function for Cloud	
	Digital investment guideline	es, horizon scanning and benchmarking	
	Lead and publish technical	accounting guidance including cloud	
	Implement a bene	efits management framework	
	Implement national	financial analytics programme	
	5.3 Sustainabilit	ty (Globally responsible)	
Tran	sform DHCW offices to a modern digital v	vorkplace	Publish Wellbeing of Future Generations A statement and objectives
	Achieve key goa	als in decarbonisation plan	
Foundational economy re	quirements delivered via procurement ar	nd contract management processes and benefits to \	Welsh economy measured
	Low carbon ICT procurement principles ir contracts	new	Implement biodiversity recommendations

	Mission 5	5 Enablers	
QTR 1	QTR 2	QTR 3	QTR 4
	5.4 Stakeholder Engageme	ent (Cohesive communities)	
Ider	ntify and develop strategic stakeholder partners	ships, agreeing joint plans and programmes of	work
Identify account managers and senic	or sponsors with priority stakeholders	Creation of central list of stakeholder boards and forums	Opportunities with Wales based 'UK Growt Deals'
	Digital Maturity	stakeholder maps	
	Set up Business Cha	nge Delivery Network	
Refine, publish and	track the DHCW engagement strategy and dev	velop a comms plan, professional engagement	network and toolkit
	5.5 Quality and Safet	y (Resilient, healthier)	
Health	and Social Care (Quality and Engagement) (Wa	ales) Act 2020 requirements and annual quality	/ report
Develop trainin	g and processes to support formal quality imp	rovement tools in support of the Duty of Qualit	y requirements.
	Preparation for the implementation of ISO	22301 – Business continuity management.	
Readiness project p	lan for Medical Device Regulations (MDR) impl	ementation in anticipation of new UK MDR leg	islation in July 2024.
	5.6 Governance a	nd Assurance (All)	
Support D	igital Maturity assessments with Health Boards	and Trusts	
	Cyber Resilience	Unit plan delivery	
Work with WG on the outcome of the indepen DHCW – simplifying accountability arrangemer		Establish a DHCW Digital Programmes office and professional projects and programmes network	
Review the board assurance framework and reporting	Develop risk profiling, appetite and analysis of trends		
Business continuity and major incid	dent training programme and audit		
Implementa	ation of the future enterprise model of service	management supporting a product based oper	rating model
	Develop DHCW b	rand management	



# DIGITAL HEALTH AND CARE WALES WELSH LANGUAGE COMPLIANCE REPORT

		Agenda Item	2.12	
<b></b>				
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Eleri Jenkins, Welsh Language Manager
Presented By	Eleri Jenkins, Welsh Language Manager

Purpose of the Report	For Assurance			
Recommendation				
The Audit and Assurance Committee is being asked to: Receive the report for ASSURANCE and NOTE the action plans for improvement.				

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services		
CORPORATE RISK (ref if app	ropriate)	DHCW0208	

WELL-BEING OF FUTURE GENERATIONS ACT	A Wales of Vibrant Culture and Thriving Welsh Language	
If more than one standard applies, please list below:		
A More Equal Wales		

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARDGovernance, leadership and acccountability		
If more than one standard applies, p	lease list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement:	·
Not Required	
Workforce EQIA page	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with DHCW Welsh Language Scheme / Welsh Language Standards Regulations no7 2018
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are potential financial penalties for non-compliance with the standards.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below There is an impact on the workforce in terms of working practices and facilities for ensuring compliance.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Implementation of the Welsh Language Scheme has a positive socio-economic impact by: (a) providing opportunities for persons to use the Welsh language, and

Welsh Language Compliance Report

Page 2 of 6

Author: Eleri Jenkins Approver: Chris Darling



	<ul> <li>(b) treating the Welsh language, no less favourably than the English language</li> <li>(As outlined in the policy making Welsh Language standards regulations)</li> </ul>
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WLCO	Welsh Language Commissioners Office		

# 2 SITUATION/BACKGROUND

- 2.1 This report outlines the steps taken to monitor compliance with the actions included in the DHCW Welsh Language Scheme and gives an overview of:
  - a compliance action plan that identifies areas for improvement and actions required to achieve compliance with the standards;
  - the current Welsh Language skills dashboard showing staff's self-assessment of their Welsh skills,
  - an action plan to implement the new More Than Just Words Five Year Plan 2022-2027.
  - activity undertaken to develop the Welsh language and culture.

# 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

#### 3.1 Welsh Language Scheme

The DHCW Welsh Language Scheme was launched publicly on the <u>DHCW website</u> on 7<sup>th</sup> December 2022 to coincide with the Welsh Language Commissioner's 'Welsh Language Rights Day' 2022. A board development session to raise awareness of the scheme and More Than Just Words Five Year Plan took place in November. Internal communications with staff in relation to the new Welsh Language Scheme included news stories, and a dedicated area on the Welsh Language SharePoint page was created.

#### 3.2 Welsh Language Compliance Action Plan

The DHCW Board have outlined clear intentions and commitments in relation to the organisation being bilingual. The Welsh Language Manager monitors compliance with the Welsh Language Standards and reports non-compliance and areas for improvement to the Welsh Language Group. As there are 120 standards, it has been agreed to group the standards in a new action plan to provide the Audit and Assurance Committee an assurance summary.

Author: Eleri Jenkins Approver: Chris Darling



This action plan is included at item **Appendix A**. It is reviewed for progress by the Welsh Language Group on a bi-monthly basis. The summary findings are below:

Type of Standards	Approximate % compliance / RAG rating
Service Delivery Standards	60%
Policy Making Standards	70%
Operational Standards	60%
Record Keeping Standards	75%

#### 3.3 Organisational Welsh Language Skills Dashboard

3.3 (i) Work to support staff with updating their Welsh language skills include:

- drop-in sessions with the Welsh Language Manager, and
- awareness raising at induction sessions.

The percentage of staff at level 0 has decreased by 0.3% over the last month (an influx of new staff over the last few months has slowed down progress). However, the percentage of staff with Welsh language skills at levels 3 and above has increased by 1%. A new Welsh language awareness course has replaced the old version on the Electronic Staff Record (ESR) and all new staff are completing this as part of their mandatory training.

3.3(ii) The dashboard below gives the breakdown of the skills levels within the organisation.



Welsh Language Compliance Report

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Author: Eleri Jenkins Approver: Chris Darling

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#### 3.4 Developing the Welsh language skills of staff

DHCW offers a wide range of Welsh language training options to staff. A dedicated page including a learning prospectus is available on the intranet. The following activities and statistics demonstrate DHCWs commitment to staff development and providing a bilingual service:

- All new staff attend a Welsh language awareness induction session
- 118 staff are learning Welsh with duolingo and are members of the 'duolingo challenge' yammer group.
- 20 staff are learning with Say Something in Welsh
- 6 Staff have attended a residential course at Nant Gwrtheyrn
- 5 staff have accessed DHCW funding to follow Welsh courses through the centre for learning Welsh.

#### 3.5 More Than Just Words Five Year Plan 2022-2027

An action plan including all actions in relation to health and social care and specific actions for DHCW is included at item Appendix B. Meetings with the People and Organisational Development team as well as the Welsh Government Policy department have taken place to discuss and plan the implementation of the actions. An annual report in relation to progress with the More Than Just Words Five Year Plan is due in July 2023.

#### 3.6 Developing the Welsh Language and Culture and Sharing Best Practice

- 3.6(i) The Welsh Language Manager actively promotes the Welsh Language and Culture at DHCW. Staff engagement in Welsh language activities over the last few months include:
  - a workshop for staff to learn the song 'Yma o Hyd' in preparation for the football world cup
  - a workshop for staff to learn about the the history of the 'Mari Lwyd'
  - promotion of the NHS Wales Eisteddfod;
  - promotion of a Diwrnod Santes Dwynwen Coffee Morning;
- 3.6(ii) The Welsh Language Manager chairs a new strategic managers of Welsh language group (MWG). The group includes Welsh language leads within NHS Wales's organisations whose aim it is to provide specialist resource and expert advice around compliance with the Welsh Language Standards, meeting the aspirations of the More than Just Words Five Year Plan, and promoting and facilitating the use of Welsh throughout the Welsh NHS. The group will achieve this via shared objectives, collaboration and facilitation, and will adopt a 'Once for Wales' approach where possible.

Author: Eleri Jenkins Approver: Chris Darling



### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 As part of the joint review by the Health and Social Care Committee and Public Administration and Public Accounts Committee into DHCW, the Welsh Language Commissioner formally responded to the consultation. An email addressing the issues outlined in the consultation response has been sent to the Welsh Language Commissioner with an invitation to meet with the senior leadership team to discuss further. This invitation has been accepted and a meeting will be arranged in the next few months.

#### 5 **RECOMMENDATION**

The Committee is being asked to: Receive the report for **ASSURANCE, NOTE** the action plans for improvement.

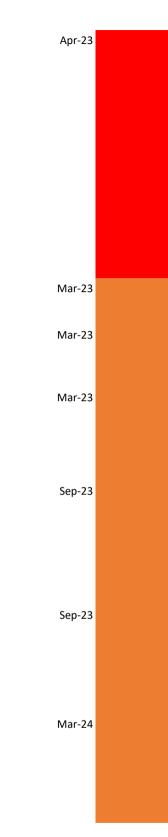
### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting					
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME			
Welsh Language Group	7 <sup>th</sup> December 2022	APPROVED			

Author: Eleri Jenkins Approver: Chris Darling

Welsh Language Scheme						
Monitoring Action Plan		No of Standard				
Compliance Area	Type of Standard		Action Required	Progress	Date	<b>RAG Rating</b>
Operational	Welsh Language Training	99, 100, 101,102	courses.	<ol> <li>Welsh language training information available on the Welsh language SharePoint page and new prospectus created 2.</li> <li>New courses provided by local FE colleges available.</li> <li>Funding available for staff to access courses free of charge.</li> <li>Yammer support groups set up.</li> <li>New confidence building group set up</li> </ol>	Sep-2	2
Operational	Bilingual Skills Strategy	106,106A, 107,107A, 107B, 108	actions to ensure Welsh language skills are assessed during the job scrutiny	<ol> <li>Standard Operating Procedures approved by the Welsh Language Group and uploaded to the IMS</li> <li>Process in place to ensure Job adverts are translated and advertised bilingually</li> </ol>	Sep-2	2
Record Keeping	Complaints Procedure and Monitoring	115	1. New area on DHCW website to be created when Welsh language scheme is published	1. New webpage drafted ready to include information about making a complaint	Nov-2	2
Dperational	Workforce Policies	82	in Welsh and accessible to staff - need to be included in Welsh Language and Workforce SharePoint page	1. All Wales workforce policies are translated2.Welsh policies to be uploaded to ipassport	Apr-2	3
Service Delivery	Website and Social Media	39, 40, 41,42,43	enable the translation team at NWSSP toprovide an efficient service.2.Close monitoring of usage of Welsh	1. The DHCW website is bilingual and a new Welsh language page will be published to assist with the public consultation of new Welsh Language Scheme. 2. Auditing of webpage started and non- complaint pages are sent for translation.	Dec-2	2
ecord Keeping	Publication of Welsh Language Scheme	N/A		1. Reminder emails and social media posts sent at the beginning of September	Dec-2	2
olicy Making	Policies / EQIA	69,70,71,72,73,74,75,76,77		1. Collaborative work with Workforce started2.Welsh Language Manager attends WIAG meetingsand has final sign off on new projects and workprogrammes3.New EQIA group to assess policies to start inJanuary 2023	Jan-2	3
Operational	Using Welsh Internally	79	<ol> <li>New Welsh language scheme launch and promotion with staff.</li> <li>New Welsh language policy required which will refer to the new Welsh language scheme</li> </ol>	1. Staff guides created and available on Welsh language SharePoint page	Jan-2	3
Service Delivery	Education Courses	63		1. Staff survey written and ready for distribution. 2.Welsh Language requirements included in the Change Ambassador EQIA	Mar-2	3

Service Delivery	Telephone and Reception	8,9,10,12,14,17,18,19,50	<ol> <li>KPIs need to be included for service desk as part of IOPR to monitor the number of calls requiring a Welsh language service and how they are dealt with</li> <li>Welsh speaking staff to attend a residential course to gain confidence speaking Welsh on the telephone</li> <li>New telephony system required to help staff identify callers requiring a Welsh language service</li> <li>Recruitment of staff with Welsh language skills essential</li> <li>Advertising posts externally to trac</li> <li>Further staff trainign and guides required</li> </ol>	<ol> <li>Corporate Services staff have attended a reception skills course with Merthyr College and 4 members of the service desk staff have signed up to attend a residential course at Nant Gwrtheyrn.</li> <li>New Welsh language skills confidence building group set up.</li> <li>Welsh speaking staff booked to attend a residential course to gain confidence speaking Welsh on the telephone</li> <li>Confidence building group set up to support staff with using their Welsh language skills at work. 5. Audit of calls completed - no evidence of calls in Welsh being treated less favourably to calls in English.</li> </ol>
Policy Making	Consultation and Research	72,73,74,75,76,77	1. Welsh Languge Services Manager to attend research and innovation meetings.	<ol> <li>Welsh Language Scheme consultation completed</li> <li>DSPP consultation and research bilingual and considers impact on Welsh language.</li> </ol>
Service Delivery	Meetings and Public Events	26,27,28,29,30,31,32,33,34	<ol> <li>Regular communication with staff via SharePoint news.</li> <li>Promotion of SOP on Welsh language SharePoint page</li> </ol>	<ol> <li>Arranging External meetings Standard Operating Procedure (SOP) reviewed and updated.</li> <li>New SOP for arranging events approved</li> </ol>
Operational	ESR/ PADR	81	<ol> <li>Managers need to ensure all staff update their Welsh language skills on ESR</li> <li>The PADR document needs to be available in Welsh and staff informed that they can request their PADR in Welsh.</li> </ol>	1. Promotion of Welcome courses to support staff at level 0 at induction.
Service Delivery	Correspondence - Email/Letters	1,2,3,4,5,6,7	<ol> <li>All staff are required to enter bilingual email signatures and out of office replies.</li> <li>New Tractivity system needs to be implemented in order to record language choice of stakeholders 3.</li> <li>Letters within systems need to be audited to ensure they are compliant with Welsh language standards.</li> </ol>	<ol> <li>New staff guides created on the Welsh language SharePoint page.</li> <li>Welsh Language Manager working with WIS and Gov.uk notify to amend vaccination letters.</li> <li>Translation service budget increased to meet demand</li> </ol>
Service Delivery	Documents and Forms	36,37,38,	<ol> <li>Ensure all stakeholder surveys/documents and forms are bilingual (particulary project surveys)</li> </ol>	<ol> <li>New staff guide to advise staff on what needs to be in Welsh created and stored on the Welsh language SharePoint page.</li> <li>Welsh Language Manager working closely with DSPP to ensure surveys and forms are bilingual</li> <li>Welsh Language Manager attends WIAG to ensure complaince</li> </ol>
Operational	Recruitment - Adverts and JDs	106,106A, 107,107A, 107B, 108	<ol> <li>Implementation of the recruitment actions within the Bilingual Skills Strategy to ensure Welsh language skills are assessed during the job scrutiny process.</li> </ol>	<ol> <li>Standard Operating Procedures for recruitment approved by the Welsh Language Group and uploaded to the IMS</li> <li>Process in place to ensure Job adverts are translated and advertised bilingually</li> <li>Process in place to ensure job descriptions are translated (currently exceeding NWSSP capacity)</li> </ol>



			Culture and	l Leadership				
Action Description We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report		Chair of Board	Timeline Short Term	Actions Required Chair of Board to meet with Welsh Government	Progress	WL Standards R	RAG	Key Aims 1. To embed a healthy culture of belonging for the Welsh language in health and social care and to deliver the aims and principles of More than just words. 2.To
(Annual Council Reporting Framework) We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use.	social care bodies	Chief Executive Chair of Board	Medium Term	Chief Executive, Chair of Board and Board Secretary to attend the course		N/A		demonstrate evidence of leadership at all levels to support the use of Welsh to deliver quality services and improved outcomes for individuals.

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	WL Standards	RAG	Key Aims
Develop tools to support mainstreaming Welsh language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services	Welsh Government/ Health and social care bodies	Asst Director of Planning / Head of Quality and Regulatory Compliance	Long Term		<ol> <li>Welsh Language</li> <li>Manager approval at</li> <li>WIAG</li> <li>Guidelines for</li> <li>project managers</li> <li>created</li> <li>Equality Impact</li> <li>Assessments include</li> <li>Welsh Language</li> <li>New EQIA group</li> <li>created</li> <li>Welsh Language</li> <li>New EQIA group</li> <li>created</li> <li>Welsh Language</li> </ol>	Policy Making Standards 69-78A		<ol> <li>To identify and collect data and views of individuals that will provide us with the understanding and evidence base to support policy decisions and monitor progress.</li> <li>Welsh planning requirements are understood and are embedded in guidance and policy.</li> </ol>
An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in	HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors.	Director of People and OD	Medium Term	1. Development of a Master Staff Index (subject to funding)	•	Operational Standard 96 Record Keeping Standard 116		
An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards.	care bodies	Director of People and OD	Short/Medium Term	<ol> <li>Ensure all staff enter data on ESR</li> <li>Extract data from ESR</li> </ol>	1. Business Improvement dashboard created	Operational Standard 96 Record Keeping Standard 116		

# Theme 1 - Welsh language planning and policies including data

# Theme 2 - Supporting and developing the Welsh Langauge Skills of the current and future workforce

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	Welsh Language
Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW		Director of People and OD	Medium Term	<ol> <li>Deliver Training on the Bilingual Skills</li> <li>Strategy</li> <li>Assess Welsh</li> <li>Language Skills</li> <li>requirements as part of the job scrutiny process</li> <li>Implement the Bilingual Skills Strategy</li> </ol>		Operational Standards 106/106A
We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the	Health and Social Care bodies	Director of People and OD	Medium Term	1. DHCW staff involved in pilot of new Welsh language awareness course 2.94.5% of staff have completed the old awareness course 3. Welsh language awareness included in induction of new employees 4. Comprehensive Welsh language sharepoint page	1. All staff will need to complete the new Welsh language awareness course on ESR - due to be released by WG in September 2022	Operational Standards 97/102/103
Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities.	Health and social care bodies	Director of POD	Medium Term (Guidance to be developed and shared in the short term)	<ol> <li>Implement the actions outlined in the Standard Operating Procedure</li> <li>Assess Welsh</li> <li>Language Skills requirements as part of the job scrutiny process</li> </ol>	1. Standard operating procedures and bilingual skills strategy in place	Operational Standards 106/106A

#### RAG

### Key Aims

Our aim aligns with one set out in the Health and Social Care workforce strategy: 'Our aim will be to understand, anticipate and plan to meet the Welsh language needs of health and social care students, our workforce and ultimately patients and people in receipt of care and support across Wales as we move forward. Supporting our workforce to deliver care using the Welsh language is a fundamental principle which must underpin every area of this Workforce Strategy.'

Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and recieving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh	Health and social care bodies	Director of People and OD / Welsh Language Services Manager	Short Term – introduction Long term – all staff have courtesy level Welsh	induction process, internal communications and	programme of Welsh language training available to all staff 2. Promotional activity including delivery of presentations at directorate 'Away Days' to encourage staff to undertake courtesy level	Operational Standards 99-102
Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers / employers to also create the conditions for individuals to use their Welsh).	Health and social care bodies	Director of People and OD / Welsh Language Services Manager	Medium Term	1. Implement the Bilingual Skills Strategy	<ol> <li>Bilingual Skills Strategy and associated standard operating procedures approved by the Welsh Language Group and published on IMS</li> <li>Comprehensive programme of Welsh language training available to all staff</li> </ol>	Operational Standards 99-102/ 106/106A



#### Theme 3 - Sharing best practice and an enabling approach Lead Accountability **Action Description DHCW Lead** Timeline **Action Required** Progress Welsh Language We'll collate and share examples of Welsh Government/ Welsh Welsh Language Short Term 1.Staff to share 1.Welsh language N/A champion network to examples of good innovative good practice which is language officers Services Manager support with collation of practice accessible across the sector utilising innovative good practice existing portals and hubs including the 2. Welsh Language Research and Innovation Hubs. Manager attends **Regional Forums** 3. Welsh Language Manager chairs a NHS Wales Welsh Language Manager Group to share best practice 4. Welsh Language Manager attends 'Building Bilingual Services' cross sector We'll use our Bilingual Technology DHCW / NHS Wales Executive Director of Short Term 1. Continue to develop 1.NHS Wales app Service Delivery Standards 1-Strategy Toolkit to ensure that when we procure organisations the bilingual capabilities available in Welsh 6/39-46 and/or develop new digital services, of the NHS Wales app 2. Welsh Language they will include a bilingual user 2. Ensure the new Manager attends WIAG interface wherever possible. For **Digital Maternity** and has approval information and advice websites we'll Record is bilingual authority in relation to bring translators closer to content Welsh language in creation, drafting in Welsh and English projects together, so that we communicate 3. Welsh Language Managers attends DSPP clearly in both languages. and Digital Maternity Record assurance groups We'll ensure that Welsh language Welsh Government, Health **Board Secretary** Short Term 1. Executive lead to 1. Welsh Language Executive Leads and Welsh Language and social care bodies Welsh Language Services Manager attends attend meetings and Officers and champions meet nationally Services Manager events all Wales WG meetings to share best practice to ensure a 2. Welsh Language consistent approach on key issues and Manager chairs NHS develop initiatives to celebrate success Wales Managers of Welsh including promoting More than just group (MWG) words within existing awards and accolada cohamac

5/6

#### RAG

#### **Key Aims**

1. We'll work together with the whole sector to make sure that we design systems bilingually by default and with Welsh-speaking service users. 2. We'll ensure pockets of good practice are identified, shared to influence and enable a more system wide enabling approach.

Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Considertion would need to be given to additional funding/resources to enable this to be	Welsh Government/ DHCW/ health and social care bodies	Welsh Language Services Manager / Executive Director of Strategy /Executive Director of Operations /Director of ICT	Short Term	1.Development of a Master Staff Index (subject to funding)	1. laith Gwaith logo is currently used in emails and Teams backgrounds 2. Lanyards and badges are available to order from the Welsh language SharePoint page	Operational Standards 104 /105
We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the Sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use and understand in Welsh and English.	Welsh Government/ DHCW	Executive Director of Strategy / Executive Director of Operations /Director of ICT	Medium Term	<ol> <li>1.NHS Wales App is bilingual but needs to capture language preference</li> <li>2. Development of a Master Patient Index will facilitate sharing of information</li> </ol>		Service Delivery Standards 1- 7/23/23A
We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability.	Welsh Government/ Health and social care bodies	Executive Director of Strategy / Welsh Language Services Manager / NWSSP Welsh Language Manager /Procurement	joint working and approaches on developing standard	<ol> <li>Procurement of a dictionary resource (subject to funding)</li> <li>Procurement of all Wales translation software (subject to funding)</li> </ol>	<ol> <li>Ongoing work with NHS Wales translators</li> <li>Meetings held with E- library team and Welsh Government</li> </ol>	Service Delivery Standards 1- 6



# DIGITAL HEALTH AND CARE WALES LINC & RISP TRANSITION PROJECT CLOSURE REPORT

		Agenda Item	2.13	
Name of Meeting	Audit & Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Michelle Sell, Director of Planning and Performance / Chief Commercial Officer

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Purpose of the Report	For Noting			
Recommendation				
The Committee are requested to <b>NOTE</b> the project closure report on the transition of the LINC and				
RISP Programmes from the NHS Collaborative to DHCW				



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	
CORPORATE RISK (ref if approp	oriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	Governance, leadership and acccountability	
If more than one standard applies, please list below:		

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: November 2022		
Yes, applicable	Outcome: Neutral		
Statement: The equalities assessment to date has not found that there is a risk that a disproportionately negative impact could exist to one or more groups of people who share a protected characteristic under the			
Equality Act 2010. However, the transfer will have an impact (positive or negative) for staff as it will result in a change of base (noting the hybrid working protocols in place). A full assessment will provide additional			
analysis of staff data, to ensure that any risk identified can be removed or reduced through the implementation of the actions to be agreed through consultation.			

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL	Yes, please see detail below
IMPLICATIONS/IMPACT	Change of statutory body
FINANCIAL	Yes, please see detail below
IMPLICATION/IMPACT	Transfer of budget and assets formed part of this project
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Staff have a new employer and new work base
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems

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Author: Julie Ash Approver: Ifan Evans



	and social structures.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LINC	Laboratory Information Network Cymru	RISP	Radiology Informatics System Procurement
FBC	Full Business Case	PHW	Public Health Wales
TUPE	Transfer of Undertakings (Protection of Employment)	EDTS	Engagement and Digital Transformation Services

# 2 SITUATION/BACKGROUND

- 2.1 On 18 October 2022, the Collaborative Executive Group (CEG) approved a number of recommendations in relation to the Digital Programmes currently managed by the NHS Collaborative; Principally the recommendation to transfer the management of the Laboratory Information Network Cymru (LINC) and Radiology Informatics System Procurement (RISP) Programmes to Digital Health and Care Wales with effect from 1 January 2023.
- 2.2 This recommendation followed a decision that these Programmes should not fall within the scope of the new NHS Executive.
- 2.3 At an extraordinary meeting of the DHCW Board on 26<sup>th</sup> October 2022, the DHCW Board approved the transfer to DHCW as recommended by the Collaborative Executive Group.
- 2.4 Recommendations included an action that staff in the Collaborative (hosted by Public Health Wales) should be consulted on the transfer to DHCW and the usual arrangements covering such transfers (e.g., TUPE) should be applied in a transparent and fair manner.
- 2.5 This report provides an update following completion of the transfer.

### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 On 1st January 2023 the teams employed within the LINC and RISP Programmes transferred successfully from the NHS Collaborative (hosted by Public Health Wales) to the employment of DHCW.



3.2 The working group led by Julie Ash, Head of Corporate Services have now completed the key tasks to achieve the transfer, as set out below, and any outstanding actions will be taken forward under the direction of the Programme Director - Diagnostics.

#### People & OD

- The TUPE consultation with affected staff working in the NHS Collaborative on LINC and RISP was completed on 25th November 2022 with no adverse feedback. 34 staff transferred from Public Health Wales on 1 January 2023. There were also five secondment agreements moved across (1 from ABHB, 1 from BCUHB, 1 from PHW and 2 from C&VUHB).
- Personal files have been transferred by PHW and one active investigation will be completed by PHW and resultant actions agreed with DHCW.
- During the period leading up to transfer regular update sessions were held with representatives from the NHS Collaborative, PHW and DHCW, as well as one-to-one sessions to address any individual concerns. A number of staff events have been held where the Programme teams have been able to raise any questions with DHCW representatives.
- The transferring teams were invited to join the EDTS Directorate Time Out on 5th December 2022.
- Payroll actioned the termination and appointments process (using the ESR Inter Authority Transfer (IAT) Process which moved staff into positions created by DHCW).
- DHCW issued a "Welcome" letter which included details about the DHCW Introduction Day and office arrangements.
- ID badges have been produced for all transferring staff.
- Local and Corporate Induction sessions have been held.

#### Finance

- Funding letters have been received for the LINC Programme until March 2026, and for RISP Q4, 2022/23 to date.
- Assets will be transferred via S1s and S2s which will follow the DHCW approval process for submission to Welsh Government. To be submitted to Welsh Government by the end of January 2023.
- Cost Centres have been created and reporting requirements identified.
- Final capital and revenue transfer meetings have been scheduled.

#### Commercial/Contractual

- There was one contract for three agency staff that required novation by PHW.
- The contract for iPassport was awarded by the LINC Programme and licenses are provided to DHCW under this agreement. The current contract for iPassport ends in

Author: Julie Ash Approver: Ifan Evans



March 2023 however it has a two-year extension option which is being executed via LINC/NWSSP.

• Microsoft Licenses cannot transfer across Organisations, new licenses have therefore been purchased for transferring staff by Client Services.

#### IT and Telephony

- Laptops and associated equipment transferred with the staff to DHCW.
- NADEX, email and personal drives for staff have been transferred to DHCW.
- The Teams Voice System used by the Programmes is already supported by DHCW Client Services. Users will remain on the existing teams voice system until DHCW migrate to Teams Voice early next financial year when they will move to the DHCW system.
- 3.3 Following the transition **outstanding actions** have been assigned to the appropriate leads in DHCW and completion will now be overseen by the Programme Director, Diagnostics.

Action	Lead	Planned Completion Date
Corporate Induction (mop-up session)	Sarah Brooks	30/01/2023
S1s and S2s (Asset Transfer documentation) to be submitted to Welsh Government	Sian Williams	31/01/2023
Secondments to be added to ESR	Joanne Jamieson	10/02/2023
Move users from current personal drives to one drive	Nathan John	28/02/2023
One ongoing Investigation to be completed by PHW (Counter Fraud involvement)	Joanne Jamieson	TBC
Completion of OCP Process	Alison Maguire	31/03/2023
Confirmation of RISP funding from April 2023 following submission of FBC	Sian Williams	31/03/2023
Transfer from existing telephone system to DHCW Teams Voice once implemented	Victoria Davies	30/06/2023

3.4 **Lessons learned** have been captured by the transition project and will be shared through the Incident Review and Learning Group to consider any wider organisational learning opportunities.



Title	Description	Follow on action / recommendations
Documentation	Delayed provision of information to DHCW from the Collaborative	Ensure documentation is consistent and in one location.
Project Planning	Initial meetings were TUPE focused and did not consider the wider aspects of the transfer	, 0
Communication	There was a lot of communication with affected staff (weekly calls, 1-1s and drop-in sessions)	Communication was key and helped to allay any anxieties of affected staff enabling them to use various methods to raise issues in a way they felt comfortable.
Priorities for Transferring Staff	It is important to understand what is important to staff affected by any change (for example their base and where they will sit)	Communicate any change to staff affected by change at the earliest opportunity (for example the move of LINC/RISP space from TGYA to Castlebridge 2).

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The transfer took place successfully on the planned date of 1<sup>st</sup> January 2023.

#### 5 RECOMMENDATION

5.1 The Committee are requested to **NOTE** the project closure report on the transition of the LINC and RISP Programmes from the NHS Collaborative to DHCW.

### 6 APPROVAL / SCRUTINY ROUTE



Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Michelle Sell, Director of Planning & Performance/Chief Commercial Officer	18 January 2023	Approved

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# DIGITAL HEALTH AND CARE WALES NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

		Agenda Item	2.14	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of	
Executive Sponsor	Finance	
Prepared By	Claire Osmundsen Little, Executive Director of	
Flepaled by	Finance	
Proconted By	Claire Osmundsen Little, Executive Director of	
Presented By	Finance	

Purpose of the Report	of the Report For Noting	
Recommendation		
The Committee is being asked <b>NOTE</b> NHS Wales Shared Serv	d to: ices Partnership Assurance Report	

 $\mathbf{T}\hat{\mathbf{Y}}$  **GLAN-YR-AFON** 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply	
CORPORATE RISK (ref if approp	oriate)	All

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A	
If more than one standard applies, please list below:		
Effective Care, Staff and Resources		

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome:
Statement:	
N/A	

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Claire Osmundsen-Little Approver: Claire Osmundsen-Little



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
GAF	Governance Assurance Framework	SOs	Standing Orders
SFI's	Standing Financial Instructions		

# 2 SITUATION/BACKGROUND

- 2.1 DHCW along with other NHS Wales bodies are a member of the NHS Wales Shared Services Partnership Committee that provide Key NHS Wales services.
- 2.2 The Executive Director of Finance is the DHCW member on the Partnership Committee.

### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 DHCW receive a number of services from NHS Wales Shared Services. A summary of the most recent Partnership Committee meeting can be found as item 2.14i via the NHS Wales Shared Services Partnership Committee Assurance Report.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks / matters for escalation to Board / Committee

### 5 **RECOMMENDATION**

The Committee is being asked to: **NOTE** the NHS Wales Shared Services Partnership Committee Assurance Report

Page 3 of 4

Author: Claire Osmundsen-Little Approver: Claire Osmundsen-Little



# 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who ha	ve received or conside	red this paper prior to this meeting
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME

Author: Claire Osmundsen-Little Approver: Claire Osmundsen-Little

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#### **ASSURANCE REPORT**

#### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee	
Chaired by	Tracy Myhill, NWSSP Chair	
Lead Executive	Neil Frow, Managing Director, NWSSP	
Author and contact details.	Peter Stephenson, Head of Finance and Business Development	
Date of meeting	22 September 2022	

Summary of key matters including achievements and progress considered by the Committee and any related decisions made. Matters Arising – Recruitment

G Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software system.

The Home Office have announced that from 1<sup>st</sup> October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1<sup>st</sup> October 2022. Without this system, all appointees would require a face-to-face pre-employment check meeting.

NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28<sup>th</sup> September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.

#### The Committee **NOTED** the update.

#### <u>Matters Arising – Programme Management Office Highlight Report</u> (Student Awards).

G Hardacre provided members with an update on the replacement of the Student Awards system which had been noted at the May Committee as a red risk within the Programme Management Office Report. He reported that good progress was now being made with the new system having received confirmation of funding from Welsh Government and the conclusion of the procurement process he now expected the new system to be in place and fully operational by April 2023.

The Committee **NOTED** the update.

# **Deep Dive – Energy Price Risk Management Group**

Eifion Williams (EW), Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations together with a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas are due to end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

### Chair's Report

The main update was on the planned IMTP / Committee development sessions, where invites have been issued for Friday 11<sup>th</sup> November. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group held a number of internal workshops to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

### Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The CEO NHS Wales / DG Health and Social Care Group WG wrote in July confirming acceptance of NWSSP IMTP recognising the continued development and maturing of integrated planning across NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the continued role of the Committee to scrutinise and monitor progress against the plan throughout the year;
- As part of the decarbonisation work the NWSSP Head of Operations -٠ Procurement Services, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit the various on decarbonisation sub-groups that support the above agendas;
- The Payroll team within Employment Services are currently experiencing an exceptionally busy period responding to the implications of the recent pay rise and processing of pay arrears. This is in addition to implementing the changes to the pension tiers.
- The NWSSP Medical Director, has been asked to work with health organisations to review how the Single Lead Employer rotational and recruitment processes can be further streamlined to improve overall experiences for the trainees; and
- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding. In particular NWSSP were waiting for formal feedback from WG on the laundry OBC scrutiny panel.

### The Committee **NOTED** the update. Items Requiring SSPC Approval/Endorsement

### Chair's Appraisal Process

G Hardacre, NWSSP Director of People, Organisational Development and Employment Services introduced a report setting out a proposed revised formal framework process for the appraisal of the Chair.

Following discussion, the Committee **APPROVED** the revised framework which will be implemented during the next few months and **AGREED** to increase the Chair's time commitment given the requirements of the role. Committee members asked to review the various time commitments of the other Chairs at other NHS organisations at the next November meeting.

#### **Procurement SLA**

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had already been agreed at the May meeting. However, it was previously agreed that the Procurement element of the SLA would be brought back for approval as it was important to reflect the recent changes which were as a direct result of implementation of the new procurement Operating Model.

The Committee **APPROVED** the Procurement SLA element.

# Provision of Digital Patient Pathways and Remote Advice and Guidance

A Butler, Director of Finance & Corporate Services introduced a number of reports which outlined the procurement for two separate contracts for which funding had already been secured and agreed by Welsh Government. Given the nature of the clinical digital elements of the contracts it was felt important to ensure that DHCW were clear on how they linked into the current strategy and processes.

Following discussion the Committee **NOTED** the reports and **ENDORSED** both contracts. Further discussions would be needed with DHCW to ensure the digital elements were aligned to the national strategies.

# Welsh Risk Pool – Risk Sharing Agreement

The Committee received a paper setting out the risk sharing details for the current financial year. Committee members were informed that the proposal within the paper had been endorsed at the Welsh Risk Pool Committee on the 21<sup>st</sup> September 2022.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per

annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The Committee **NOTED** the report and **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

### Items for Noting

# All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

The Committee **NOTED** the Report and **AGREED** for NWSSP's Audit and Assurance team to carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited. It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

# Finance, Performance, People, Programme and Governance Updates

**Finance** – A Butler, NWSSP Director of Finance and Corporate Services reported a balance position at Month 5. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the remaining months of the financial year. Divisions are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding being allocated from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

The Committee **NOTED** the Report.

**Performance** – The Committee Members reviewed the KPIs and felt that this was positive position with only six KPIs not meeting target. These in the main related to the recruitment position and call handling within the Payroll Helpdesk. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again

in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

The Committee **NOTED** the Report.

**Project Management Office Update** – The Committee Members noted the report and in particular the ongoing supplier dispute with regard to the Legal & Risk Case Management system replacement which had temporarily halted the implementation. Contingency arrangements have been put in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in December.

The Committee **NOTED** the Report.

**People & OD Update –** The Committee **NOTED** the Report.

**Corporate Risk Register** – The Committee **NOTED** the Report. In particular members discussed the risk relating to the threat of industrial action had been added to the register.

# Papers for Information

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

#### AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

# **Matters referred to other Committees**

N/A

Date of next meeting	19 January 2023
	-

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative
		The Committee to be provided with the contact of the new appointment, Head of Engagement for			
20221018-A01	18/10/2022	Members to be able to make direct contact.	Chris Darling (DHCW - Board Secretary)	17/11/2022	2 The Head of Engagement contact shared with Members of the A&A.

-				
	ta	*1	16	

Revised Action Revised due date Session Type

Complete

Public



# **DIGITAL HEALTH AND CARE WALES INTERNAL AUDIT PROGRESS REPORT 2022/23 NWSSP AUDIT & ASSURANCE SERVICES**

		Agenda Item	4.1
Name of Meeting	Audit and Assurance Committee		
Date of Meeting	14 February 2023		

Public or Private	Public
IF PRIVATE: please indicate reason	Choose an item.

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Stephen Chaney, Interim Head of Internal Audit
Presented By	Stephen Chaney, Interim Head of Internal Audit

Purpose of the Report	For Noting	
Recommendation		
The Committee is asked to <b>N(</b>	<b>DTE</b> the Internal Audit Progress Report.	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A More Equal Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	STANDARDGovernance, leadership and acccountability		
If more than one standard applies, please list below:			

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT			
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.		
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.		
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report		
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.		
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.		

Internal Audit Progress Report 2022/23

Author: Stephen Chaney Approver: Simon Cookson



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.	

Acronyms					
DHCW	Digital Health and Care Wales	SHA	Special Health Authority		

#### 2 SITUATION/BACKGROUND

2.1 This document sets out the progress with the Internal Audit Plan for 2022/23 (the 'Plan') for Digital Health and Care Wales (DHCW), detailing the audits to be undertaken and the status of each of them. This is a standard format report that will be provided to every meeting of the Audit and Assurance Committee.

### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year and is being delivered in accordance with required quality standards.
- 3.2 The report contains the current status of the planned audits for 2022/23, including assurance and priority ratings, when completed. It also contains details of an additional review completed regarding IT stock.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks/matters for escalation to Board/Committee

### 5 RECOMMENDATION

5.1 The Committee is asked to **NOTE** the Internal Audit Progress Report.

### 6 APPROVAL / SCRUTINY ROUTE

Internal Audit Progress Report 2022/23

Page 3 of 4

Author: Stephen Chaney Approver: Simon Cookson



Person / Committee / Group who have received or considered this paper prior to this meeting			
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME	
N/A			

Page 4 of 4

Author: Stephen Chaney Approver: Simon Cookson

#### INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY

Internal Audit Progress Report Audit and Assurance Committee February 2023

Digital Health and Care Wales

**NWSSP Audit and Assurance Services** 



Partneriaeth Cydwasanaethau Gwasanaethau Archwilio a Sicrwydd Shared Services Partnership Audit and Assurance Services



lechyd a Gofal Digidol Cymru Digital Health and Care Wales



# Contents

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# 1. Introduction

The purpose of this report is to:

- highlight progress of the 2022/23 Internal Audit Plan for DHCW; and
- provide an overview of other activity undertaken since the previous meeting.

# 2. Progress of the 2022/23 Internal Audit Plan

Detailed progress in respect of each of the 14 reviews in the 2022/23 Internal Audit Plan is summarised in Appendix A. However, the table below summarises the current status.

Total number of audits in plan (including one additional advisory review)	14
Final reports	8
Draft reports	0
Work in progress	4
Planning	2

# 3. Other Activity

The following meetings have been held/attended during the reporting period:

- monthly meetings between the Acting Head of Internal Audit and Board Secretary;
- Audit and Assurance Committee pre-meeting;
- audit scoping meetings; and
- liaison with senior management.

## 4. Recommendation

The Audit and Assurance Committee is invited to note the above.

# Appendix A: Progress against 2022/23 Internal Audit Plan

Review	Status	Rating	Summary of recommendations	Anticipated Audit Committee <sup>1</sup>
Financial Sustainability	Final Report	Reasonable	6 Medium, 6 Low Priority	February
Risk Management	Work in Progress			Мау
Performance Management	Final Report	Reasonable	3 Medium Priority	February
Corporate Governance	Work in Progress			Мау
Embedding the Stakeholder Engagement Plan	Final Report	Reasonable	3 Medium, 1 Low Priority	February
Centre of Excellence	Planning			Мау
Workforce Planning	Work in Progress			Мау
Recommendation Tracker	Final Report	Reasonable	3 Medium, 1 Low Priority	October
Switching Services	Final Report	Reasonable	1 High, 3 Medium, 1 Low Priority	February
Technical Resilience	Final Report	Substantial	2 Medium, 1 Low Priority	February
Cyber Security	Planning			May
Decarbonisation	Final Report	N/A	N/A – as management actions	October
Estates Compliance	Work in Progress			Мау
IT Stock Review	Final Report	N/A	32 recommendations (15 priority, 17 other)	October

<sup>&</sup>lt;sup>1</sup> May be subject to change



# DIGITAL HEALTH AND CARE WALES INTERNAL AUDIT REPORTS NWSSP AUDIT & ASSURANCE SERVICES

		Agenda Item	4.2
Name of Meeting	Audit and Assurance Committee		
Date of Meeting 14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Stephen Chaney, Acting Head of Internal Audit
Presented By	Stephen Chaney, Acting Head of Internal Audit

Purpose of the Report	For Assurance
Recommendation	
The Committee is asked to re agreed with the relevant Exe	eceive for <b>ASSURANCE</b> the Internal Audit reports which have been cutive Leads.

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A More Equal Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	ATEMENT Date of submission:	
No, (detail included below as to reasoning)	Outcome:	
Statement: N/A	·	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL	Yes, please see detail below
IMPLICATION/IMPACT	We have raised recommendations to assist in quantifying financial risk and implications associated with digital inflationary cost pressure within the Financial Sustainability report.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC	No, there are no specific socio-economic implications related
IMPLICATION/IMPACT	to the activity outlined in this report.

Internal Audit Reports

Author: Stephen Chaney Approver: Chris Darling

#### INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms				
DHCW	Digital Health and Care Wales	SHA	Special Health Authority	

#### 2 SITUATION/BACKGROUND

- 2.1 The audits and reports have been completed in line with the Internal Audit Plan for 2022/23 for DHCW and include:
  - Financial Sustainability (reasonable assurance);
  - Embedding the External Stakeholder Engagement Strategy (reasonable assurance);
  - Performance Management (reasonable assurance); and
  - Switching Services (reasonable assurance).

### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Committee is asked to consider the findings and management responses of the reports.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Any matters for escalation to the Board to be determined by the Committee following consideration of the reports.

#### 5 **RECOMMENDATION**

5.1 The Committee is asked to receive for **ASSURANCE** the Internal Audit reports which have been agreed with the Executive Leads.

### 6 APPROVAL / SCRUTINY ROUTE

 Person / Committee / Group who have received or considered this paper prior to this meeting

 PERSON, COMMITTEE OR GROUP
 DATE
 OUTCOME

 Chris Darling
 25<sup>th</sup> January 2023
 Reports agreed

Internal Audit Reports

Page 3 of 3

Author: Stephen Chaney Approver: Chris Darling

# Financial Sustainability Final Internal Audit Report January 2023

Digital Health and Care Wales



Partneriaeth Cydwasanaethau Gwasanaethau Archwilio a Sicrwydd Shared Services Partnership Audit and Assurance Services







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Review reference: Report status:	DHCW-2223-01 Final
Fieldwork commencement:	25 <sup>th</sup> August 2022
Fieldwork completion:	22 <sup>nd</sup> September & 11 <sup>th</sup> November 2022
Draft report issued:	18 <sup>th</sup> November 2022
Debrief meeting:	29 <sup>th</sup> September 2022
Management response received:	30 <sup>th</sup> December 2022 & 25 <sup>th</sup> January 2023
Final report issued:	25 <sup>th</sup> January 2023
Auditors:	Simon Cookson, Acting Head of Internal Audit
	Stephen Chaney, Deputy Head of Internal Audit
	Krisztina Kozlovszky, Audit Manager
Executive sign-off:	Claire Osmundsen-Little, Director of Finance & Business Assurance
Distribution:	Mark Cox, Associate Director of Finance
	Sian Williams, Head of Financial Services & Reporting
	Julie Francis, Head of Commercial Services
Committee:	Audit and 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 & 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 & 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 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 Digital Health and Care Wales Special Health Authority 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

To provide Digital Health & Care Wales (DHCW) with assurance that the arrangements in place to ensure digital inflation costs are being appropriately managed, to enable the delivery of a sustainable financial plan.

#### **Overview**

We have provided **reasonable assurance** over the audited areas. Overall, we found that there are recently implemented controls to monitor and assess various digital cost pressure (DCP) scenarios. Whilst these were still being developed, we found them to be suitable controls for the risks identified.

We have raised recommendations to contribute towards improving the monitoring of DCPs, whilst recognising that good progress is being made already. These include:

- regularly quantifying the impact of digital cost pressures and set formal actions to mitigate the associated risks;
- increase collaboration between Finance and the Commercial Teams to monitor market conditions more efficiently, and to help the organisation react to market changes in a timely manner;
- establish priority orders regarding existing schemes / projects and agree these with the Welsh Government;
- identify and monitor triggers to revisit and refine existing plans; and
- prepare organisation specific medium and long-term plans.

The above points are detailed further in Appendix A.

### **Report Classification**

		Trend
Reasonable	Some matters require management attention in control design or	N/A
<i> </i>     🔪	compliance.	Not audited
	Low to moderate impact on residual risk exposure until resolved.	separately previously

### Assurance summary<sup>1</sup>

Assurance objectives		Assurance	
1	Financial oversight	Reasonable	
2	Action plans	Reasonable	
3	Project delivery	Reasonable	
4	Longer term impacts	Reasonable	

<sup>&</sup>lt;sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key matters arising	Assurance Objectives	Control Design or Operation	Recommendation Priority
2 Risk Management	1	Operation	Medium
3 Prioritisation (two recommendations)	3	Design	Medium
4 Plans monitoring	1	Operation	Medium
5 Longer term strategies	4	Design	Medium
6 Action Plans	2	Operation	Medium

#### Introduction 1.

- We undertook a review of Financial Sustainability within Digital Health and Care 1.1 Wales (DHCW), as part of our Internal Audit Plan for the year.
- 1.2 Rising inflation is contributing to significant cost pressures across all NHS organisations<sup>2</sup>, including DHCW. A key element of these pressures is the increasing digital inflation cost as DHCW continues to deliver its services, strategic objectives and investments as part of the Digital Priorities Investment Fund (DPIF) throughout NHS Wales to a previously agreed set of assumptions.
- 1.3 The key risks considered in this review were as follows:
  - insufficient funding to deliver individual projects and / or strategic objectives;
  - impact on patient care across Wales due to increased costs of service delivery;
  - lack of financial oversight of projects and services; and
  - insufficient action is completed to address inflationary cost pressures.
- As certain areas were covered either by the Core Financial Systems Audit in 1.4 March 2022 or are planned to be reviewed by Audit Wales as part of their work on financial sustainability, we have set some scope limitations to this review. Our scope excluded the following areas of testing:
  - a review of budgetary controls and related FCP (including virements);
  - a review of financial performance monitoring by the Board; and
  - cost improvement / savings plans (except in the case of specific plans for the management of digital cost inflation).

#### **Detailed Audit Findings** 2.

The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	Total
Control Design	-	3	1	4
Operating Effectiveness	-	3	5	8
Total	-	6	6	12

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<sup>&</sup>lt;sup>2</sup> https://www.health.org.uk/news-and-comment/charts-and-infographics/spring-statement-2022

# Audit objective 1: Suitable financial oversight of digital cost pressures (including hardware and licensing)

### **Policies and procedures**

2.1 There is no separate policy or procedure regarding digital cost pressures (DCPs). We were informed that the approach is encompassed via the existing cost pressure approach within the Budgetary Control Procedure (SOP-FBA-015). This was last approved by the Audit and Assurance Committee on 11 May 2022.

#### **Defining DCPs**

- 2.2 There are three main DCPs identified for DHCW. These cost pressures are as follows:
  - price changes from suppliers;
  - changes to current pricing models; and
  - volatility with exchange rates.
- 2.3 The impact of these DCPs could be significant, both in the short and long-term. We confirmed that work is underway to identify the actual exposures to DHCW within these different categories. We also reviewed the underlying calculations that supported this process (see further information regarding this calculation under Audit Objective 3).
- 2.4 We note that currently no key performance indicators (KPIs) or thresholds have been identified in relation to these cost pressures, which may then trigger supporting actions. However, high-level references to them were disclosed in the IMTP for 2022-25.

#### <u>Risk management</u>

- 2.5 We reviewed the risk register (dated 16 May 2022) and noted that the register included one risk item for digital inflation (#DHCW0289). The overall score for this risk was 16 (Impact:4 and Likelihood:4). The notes of the risk included two sections. One related to forward actions and the other one for actions undertaken. We note that while forward actions were included in the notes, no target dates had been set to complete them. This could cause delays in reacting to issues and limit performance monitoring. We also note that DHCW0289 was not the only risk item with this issue in the register. See matter arising 2 in Appendix A.
- 2.6 We found that the sole owner of the risk is the Finance Team. However, Finance does not have all the necessary information on hand as the market is currently monitored by the Commercial Team. This team operates outside of Finance as part of Engagement and Digital Transformation Services. While there are some communications between Finance and this team we found:
  - that the objectives of the two teams are different, and as such, the priorities may not be aligned;
  - no formal reporting has been established; and
  - the escalation routes and leads of the two teams follow different pathways. See matter arising 2 in Appendix A.

- 2.7 We also found that risk #DHCW289 does not fully cover all the DCP issues that the organisation is exposed to, but there are no significant gaps.
- 2.8 The current register expresses a view on digital inflation and uses the following high-level definition: "IF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.". However, Finance defines DCPs as three distinguished categories (see details of these categories under section 2.2.). As such, there is a mismatch between the two descriptions.
- 2.9 As the level of understanding of the risks has progressed there is a need to update and refine the risk description in the register. See matter arising 2 in Appendix A.
- 2.10 Furthermore, according to the IMTP 2022-25, the key planning risks are actively managed by the Planning and Performance Management Group (PPMG). We selected three finance reports, meeting minutes and action logs from this group for review and found that in the action logs there was no open / in-progress item related to digital inflation or DCPs. As such, we were unable to establish how risks related to these areas are managed by PPMG. See matter arising 2 in Appendix A.
- 2.11 We were informed that PPMG's focus was on deliverables against milestones in the past, and that associated risks were not subject to detailed discussions. We are aware that Finance have always been invited to these meetings.
- 2.12 We reviewed the Terms of Reference (ToR) for the PPMG and confirmed that nothing prohibits financial risks falling into the remit of the Group. Subsequently, we were told that the ToR is under review.
- 2.13 Furthermore, we note that DHCW does not have a Finance Committee and as such, financial reports and issues are instead escalated directly to the Management Board on a monthly basis.

### <u>Monitoring</u>

- 2.14 The current IMTP was approved by the Board in March 2022, but has not yet been adjusted / refined to take into account any market changes (e.g. inflation costs). We were told that there is a review in place to reassess the latest IMTP.
- 2.15 Furthermore, there are no set frequencies in place to carry out monitoring activities (e.g. monthly / quarterly basis) or to refine plans and exposure calculations as and when needed. As such, there is a risk that DHCW's operations will be significantly and rapidly impacted by DCPs and as a result, DHCW may not be able to react to market changes or cope with higher prices in a timely manner. See matter arising 4 in Appendix A.

### Conclusion:

2.16 We identified two medium and two low priority recommendations relating to the current risk register and lack of triggers to refine plans for the future. It is positive

that the DCP risk had been identified and is being actively monitored. Alongside this, planning has yet to be updated. Overall, whilst we have seen measures recently introduced, with steps taken to strengthen them further, we identified a number of improvements to be made. Therefore, we have provided **reasonable assurance** over this objective.

# Audit objective 2: Action plans to address anticipated funding gaps as a result of inflationary costs

- 2.17 Funding gaps have been communicated to the Board and Welsh Government (WG). However, at this point, DHCW is still waiting for a response from the WG on the availability of any extra funding and suggested actions. As a result, DHCW does not have any written action plans in place, although it is awaiting further direction. See matter arising 6 in Appendix A.
- 2.18 Our testing found that no new funding gaps have been identified for this year (within the last six months). The newly identified gaps which need to be addressed and mitigated will impact future years only. This mainly includes DCPs and issues regarding the cloud adoption plans. For example, some of the procured supplier agreements were initiated as part of the "All Wales Solution Contracts" several years ago. The length of these contracts is 7-10 years. Therefore, DHCW may yet face further funding gaps.

#### Conclusion:

2.19 We identified one medium priority recommendation relating to the lack of formal action plans. Furthermore, we recognise that all possible actions at this point in time, that could have been completed, have been undertaken. For example, DHCW has identified funding gaps and sought guidance from the Welsh Government. Therefore, we have provided **reasonable assurance** over this audit objective.

# Audit objective 3: Planning to ensure project delivery is not affected by increased costs, including any relevant approvals

- 2.20 There are currently 15 Digital Investment Priority Fund Schemes (DIPFS), and all of them have been initiated and are currently funded by the WG. We were informed that after the completion of the scheme selection process by the WG, it is likely that another eight schemes will be added to the on-going schemes (15) in the next eight months.
- 2.21 While the schemes are clearly identified, there is a risk that if funds are stopped / reduced or additional funding requirements are needed due to DCPs, and these are not met, then DHCW might not be able to deliver all of the planned schemes. We confirmed that DHCW has not prioritised the delivery order of the schemes. We were informed that the schemes are subject to a resource-based approach instead of an output-based approach, with the same team providing resources to

different schemes. We also note that no priority order has been set by the WG either. The funds provided by the WG are scheme specific, as such, they are not necessarily transferable between the schemes, unless the transfer is approved by the WG. See matter arising 3 in Appendix A.

- 2.22 We note that some of the schemes had been started prior to 2022, the oldest ongoing project is the cancer scheme that started four years ago. We also note that the related funding approvals were set out in a different format in the past. For example, we were informed that three schemes were approved without "after care support". Two of these schemes will come to an end this year and one next year, and as such, no additional funds are available to provide the necessary support to the relevant products. While funding gaps related to these schemes have been identified upfront and communicated to the WG, no formal decisions have been made on whether extra funding will become available. Furthermore, we found no evidence that lessons learned had been formally drawn from these matters going forward. See matter arising 3 in Appendix A.
- 2.23 We were also informed that funding for the post project operation services is not formally documented upfront when a project / scheme is commenced therefore, funding issues may remain unresolved for a period of time. See matter arising 3 in Appendix A.
- 2.24 Furthermore, we found evidence that a high-level scenario analysis was prepared based on the top five contracts just before our review commenced. This was extended during testing to include further contracts and stress testing scenarios.
- 2.25 The latest scenario analysis is based on four categories and is applied to contracts with a value of £30k or more. A summary is provided below.

Calculation element	Findings	
Annual General Indexation	The August Consumer Price Index <sup>3</sup> (CPI) (9.9%) was used for calculation purposes. This was then uplifted by 5% for the "worst" case scenario. However, we found that the CPI figure for September (10.1%, reported by ONS) was slightly higher than the figure used in the calculation.	
	We note that two sets of contracts were used in the scenario analysis. In the lower tier the number of contracts was 15, and in the upper tier it was 46.	
	Furthermore, we also note that the current CPI basket does not include any high- tech equipment figures, and the elements included in the basket related to the UK only.	
Supply chain	A 10% uplift was applied based on supplier figures from the past few months. As such, this calculation element covered only five contracts. We also note that no consideration was given to any indirect supplier price changes in the calculation.	
Pricing Model Change	The calculation model was based on any known price changes communicated by the suppliers, and as such it only covered three suppliers (including Dell).	
Exchange rate	A volatility element was considered only on US Dollar denominated contracts. In total, seven contracts were covered as part of this calculation. EURO denominated contracts were excluded from the calculation based on the assumption that their FX volatility remain static.	

<sup>&</sup>lt;sup>3</sup> Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services.

We have included the points above in matter arising 1 in Appendix A.

- 2.26 We also note that the scenario analysis included the "best" and the "worst" case scenarios. However, there was no base case or any middle case scenarios in the calculation. In addition, as digital inflation figures are subject to change, the scenario analysis should be refreshed and reanalysed on a regular basis (e.g. monthly) and it should be also considered whether or not to feed actual market prices into the calculation model. See matter arising 1 in Appendix A. Conclusion:
- 2.27 We identified two medium and four low priority recommendations relating to prioritisation of the DIPFS and the type of adjustments that were used in the scenario analysis for modelling purposes. We found that the scenario analysis was detailed and whilst it lacked the suggestions above, we recognise that the process has only just commenced development and it is a suitable model for identifying key risks to help inform decision making and planning. The prioritisation is heavily dependent upon key priorities set by the Welsh Government, as DHCW seeks to improve services across the whole of NHS Wales. Consequently, some of the decisions will require input centrally. Therefore, we have provided reasonable assurance over this audit objective.

### Audit objective 4: Consideration of the longer impact of related cost pressures towards the delivery of DHCW's strategic objectives, DPIF and other financial commitments

- 2.28 As stated under audit objective one, high-level information on DCPs was identified and documented in the IMTP for 2022-25. However, we found that the plan for the digital requirements across Wales is for ten years. See matter arising 5 in Appendix A.
- 2.29 We found that the longer-term plans had not been readjusted / reapproved as a result of the current DCPs. However, we recognise that work is still underway with the WG to resolve some existing funding gaps, which has been regularly communicated with the Board. As above, this has been incorporated into matter arising 5 in Appendix A.
- 2.30 As noted previously (in objective one above), the key planning risks are actively managed by PPMG, and reference to this was made in the IMTP for 2022-25. We reviewed three finance reports and meeting minutes for this group and found that two of the financial briefing slides included high-level references to digital inflation and DCPs. However, only one of the meeting minutes captured this fact. In addition, the minutes did not reveal / evidence whether the matters and their mitigations had been discussed or scrutinised. See matter arising 2 in Appendix Α.

#### Conclusion:

2.31 We identified one low (also considered within audit objective one) and one medium priority recommendation relating to the existence of longer-term plans. As with previous objectives, input and continued engagement with the Welsh Government is required to help inform future planning. Therefore, we have provided **reasonable assurance** over this audit objective.

# Appendix A: Management Action Plan

Matter arising 1: Scenario Analysis (Operation)	Impact	
We reviewed the latest scenario analysis and note that the model included four areas of sensitivity: Annual General Indexation (AGI), supply chain, pricing model and exchange rates. We found that two main scenarios were utilised ("best" and "worst" case) and AGI had an additional two tiers within the calculation. We also found that for the "best" case scenario a CPI of 9.9% was used to calculate the adjustment for AGI. However, we note that this index has already increased to 10.1% in September 2022. We also note that the calculation included two sets of contracts (15 contracts in the lower tier and 46 contracts in the upper tier calculation). Further, no scenario was set to cover all DHCW's contracts. The calculation for the supply chain and the pricing model changes was based on information received from some suppliers regarding their future prices. We note that while the communicated changes were included in the calculation, the remaining suppliers were not adjusted. We also note that the exchange rate adjustment was only calculated based on the US Dollar denominated contracts. As such, no adjustment was included in relation to any other rate changes (GB Pound or EURO rate) based on an assumption that these would be immaterial due to the volume of purchases. Furthermore, we note that there were no formal plans on how to bridge the differences identified as part of the scenario analysis. However, this would be key in any decision-making procedure. Also, we found that there were no documented instructions on how to update the scenario spreadsheet going forward or how frequently.	<ul> <li>Potential risk of:</li> <li>inadequate financial overview</li> <li>insufficient information to make decisions</li> <li>lack of financial planning leading to project restrictions</li> <li>strategic objectives are not achieved</li> </ul>	
Recommendations	Priority	
<ul> <li>1.1 Consideration should be given to: <ul> <li>refining the calculation and regularly feed cost figures into it (e.g. on a monthly basis);</li> <li>expanding the analysis and include further mid-range scenarios;</li> <li>apply some level of price increase for the remaining contract portfolio for the supply chain and the pricing model calculations;</li> <li>evidence non-US Dollar rate impacts (e.g. prove that these are immaterial); and</li> <li>utilise the scenario analysis function in Excel to calculate the outcome of the different scenarios.</li> </ul> </li> </ul>	Low	

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1.2	Finance should ensure that the scenario analysis for digital inflation is subject to a formal review o and this review is evidenced.	n a mor	thly basis	Low
1.3	A desktop instruction should be developed to summarise how the scenario analysis spreadsheet information is needed to update it on a regular basis.	: works	and what	Low
Mana	gement response	Targe	t Date	Responsible Officer
1.1	As an evolving exercise DHCW has refreshed the excel spreadsheet as part of a continuing learning/improvement exercise. The finance department will take on board this helpful and incorporate within February Draft D-01 which will form the baseline IMTP assumptions.	28 <sup>th</sup> 2023	February	Associate Director of Finance
1.2	There will be a formal review as part of the monthly Finance & Commercial services sessions with ongoing scrutiny at the Capital & Non-Pay Delivery Groups standing "Digital Inflation" agenda item.	28 <sup>th</sup> 2023	February	Associate Director of Finance
1.3	A full desktop instruction will be drafted in parallel to February Version D-01	28 <sup>th</sup> 2023	February	Associate Director of Finance

#### Matter arising 2: Risk Management (Operation)

We reviewed the Risk Register (RR) dated 16 May 2022 and noted that it included one risk item for digital inflation P (#DHCW0289), with the overall risk score as 16. The note section of the risk included two sections. One related to forward actions and the other for actions undertaken. We note that while forward actions were included in the notes, no formal deadlines had been set to complete them. This could cause delays reacting to issues and limit performance monitoring.

We also found that the sole owner of the risk is Finance. However, Finance do not have all the necessary information immediately available, as the market is currently monitored by the Commercial Team. This team operates outside of Finance, as part of Engagement and Digital Transformation Services. While there are some email exchanges between the teams (e.g. contracts which are linked to indexation, value of US Dollar contracts, contracts which are close to their expiration), no formal reporting has been established, and escalation routes and leads in the two teams are separate.

We also note that while Finance initiated risk #DHCW289 in the Risk Register, this risk does not fully cover all of the DCPs that the organisation and its clients currently face. However, there are no significant gaps in the reporting of the risk that were not being managed appropriately. Ultimately, we found that risks had been appropriately identified, with management underway, but the documentation required updating.

The current Risk Register expresses a view on digital inflation and uses the following definition: "IF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices, THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.", while the Finance group uses a more distinguished categorisation.

Furthermore, according to the IMPT 2022-25, the key planning risks are actively managed by the Planning and Performance Management Group (PPMG). We reviewed three finance reports, meeting minutes and action logs for this group and found that two of the Finance briefing slides included high-level references to digital inflation and DCPs. However, only one of the meeting minutes captured this fact. In addition, the minutes did not reveal whether the matters and their mitigations had been discussed and scrutinised in detail.

We also note that there was no open / in-progress item in any of the three PPMG action logs, as such, we were unable to establish how risks related to digital inflation and DCPs were managed by PPMG.

Furthermore, we note the option to pass on costs to the customers has not been explored yet, as Finance is still waiting for the outcome of the discussion with the Welsh Government on potential additional funding.

#### Impact

Potential risk of:

- risks are not defined and mitigated resulting in increased financial costs
- strategic objectives are not achieved

Reco	mmendations		Priority
2.1	The risk register should be updated and refined to reflect the full scale of DCPs. The register sh some delivery milestones to complete mitigating actions.	ould also include	Medium
2.2	<ul> <li>2.2 Finance should ensure that <ul> <li>adequate resources are assigned to monitor and mitigate DCPs (e.g. a finance analyst job should be considered and secured); and</li> <li>common objectives with the Commercial team are set and formal reporting lines are established between the teams.</li> </ul> </li> </ul>		Low
2.3	A more robust evidencing of risk identification and actions in relation to digital inflation and DCPs so by the Planning and Performance Management Group (PPMG).	hould be adopted	Low
Management response Target Date		Responsible Officer	
2.1	As part of an audit committee "deep dive" exercise in October DHCW Finance team recommended that the individual DCP's should be separated into distinct risks due to the possibility of mitigating actions and impact being unique to the type of pressure. This will be actioned in time for the next Audit Committee Session in February.	28 <sup>th</sup> February 2023	Associate Director of Finance
2.2	DHCW finance department currently has a senior finance business partner responsible for development and upkeep of the schedule, however as part of the formulation of the desktop guide formal roles and responsibilities in terms of horizon scanning, mitigation, reporting and escalation will be codified.	28 <sup>th</sup> February 2023	Associate Director of Finance
	Formal commercial services & finance department meetings have been scheduled to ensure congruence of objectives and reporting.	Complete	Head of Commercial Services
2.3	The terms of reference and membership of the Planning & Performance Group is currently under review, typically finance updates are for information with any action where the issues/risks have a direct impact on individual deliverables within lead control (as opposed to organisation wide risk). Whilst the DCP risk is currently reviewed and managed as part of the Risk Management Group we will further review the role of PPMG in areas such as this.	30 <sup>th</sup> April 2023	Director of Planning & Performance/Chief Commercial Officer

Matter arising 3: Prioritisation (Design)	Impact
<ul> <li>We note that there are 15 digital investment priority fund schemes that DHCW is required to deliver on. However, there is no prioritisation of the delivery order for each of them. Consequently, there are risks attached to the delivery of the projects, including: <ul> <li>The schemes could be adversely impacted by insufficient funding (e.g. when funds are stopped / reduced or additional funding requirements needed due to DCPs are not met);</li> <li>DHCW priorities to deliver on the schemes might differ from the Welsh Government's targets;</li> <li>Some of the schemes may have some interdependencies which means that the scheme delivery could directly or indirectly impact some other schemes' deliveries; and</li> <li>Different schemes might rely on the same resources – as such they could not be delivered at the same time.</li> </ul> </li> <li>Some of the schemes started prior to 2022, when the funding approvals were in a different format. We were informed that there schemes were approved without formal "after care support" in the past. Two of these schemes will come to an end this year and one next year, and as such, no additional funds are available to provide the necessary support to the relevant products.</li> </ul> We reviewed the project initiation documents (PIDs) and business case for these projects and confirmed that no budget has been identified and allocated for after care support purposes. While funding gaps related to these schemes have been dentified and communicated to the Welsh Government, no formal decision has been made on how to proceed on these matters. In addition, we found no written evidence where projects' / schemes' interdependencies were reviewed. Furthermore, we were informed that funding for the post project operation services is not formally documented upfront when a project / scheme is commenced therefore, funding issues may remain unresolved for a period of time.	<ul> <li>projects</li> <li>Strategic objectives of the NHS in Wales are not met</li> </ul>
Recommendations	Priority
3.1 Project priorities should be formally identified, internally approved, and communicated to the Welsh Government.	Medium
3.2 Lessons learned on product after care / support should be drawn and a preventative control should be implemented in order to ensure that such matters are agreed up-front and formally documented (e.g. disclosed in the PID). In addition, formal checks should be carried out to ensure that this is in place prior to the projects' / schemes' start.	Medium

3.3	Funding for post project operation services should be formally documented and confirmed prior to stand these should be filed as evidence as part of the planning phase of the project / scheme.	art of the projects	Low
Man	agement response	Target Date	Responsible Officer
3.1	DHCW liaises with Welsh Government consistently via monthly finance catch up sessions, as part of the All Wales Directors of Digital Peer Group and the half yearly Joint Executive Team meetings. Any prioritisation of projects would be considered, approved and communicated within those settings. A request will be made to formally incorporate as a standard agenda item.	30 <sup>th</sup> April 2023	DHCW Director of Finance
3.2	DHCW has liaised with Welsh Government, Deputy Directors of Finance and the Finance Delivery Unit regarding our view of lessons learned relating to current governance and post implementation processes. A checklist will be issued to all leads prior to funding letter approval to ensure all financial issues have been considered and surfaced before an informed decision regarding approval is taken.	28 <sup>th</sup> February 2023	Associate Director of Finance
3.3	DHCW will incorporate as part of its funding acceptance processes a confirmation of the mechanism for the support of ongoing operational services. Construction of a formal "Digital Priority Investment Fund – Financial Governance" SoP has been commissioned by the Director of Finance which will provide explicit direction regarding the terms and ongoing financial management of DPIF schemes.	28 <sup>th</sup> February 2023	Associate Director of Finance

Matter arising 4: Plans monitoring (Operation)			Impact
DCPs were disclosed in the IMTP for 2022/25. However, these plans had not been adjusted or refined since. Also, no detailed plans have been prepared to support the IMTP calculations. There are no set frequencies in place to carry out monitoring activities (e.g. monthly / quarterly) and refine plans as and when needed. There are also no set key performance indicators (KPIs) or accepted level of thresholds for monitoring purposes. There is a risk that DHCW's operations will be significantly and rapidly impacted by DCPs and as a result, DHCW may not be able to react to market changes or cope with higher prices in a timely manner. We have been informed that the IMTP will be reviewed and possibly refined by Christmas 2022.		<ul> <li>Potential risk of:</li> <li>Lack of a review impacting the decision making process</li> <li>Delaying the delivery of the projects / improved services</li> </ul>	
Rec	ommendations	Priority	
4.1	Future plans / forecasts should be regularly reviewed (e.g. on a quarterly basis), adjusted and refir needed. Significant changes to the current plans should be reported to the Board for approval. The frequency of monitoring and revising the plans should be clearly set. In relation to this, KPIs / the be formally defined.		Medium
Management response Target Date		Responsible Officer	
4.1	, , , , , , , , , , , , , , , , , , , ,	28 <sup>th</sup> February 2023	Associate Director of Finance

Matter arising 5: Long-term strategy (Design)	Impact
Information regarding DCPs was identified and documented in the IMTP for 2022-25. However, we found that the plan for the digital requirements across Wales is for ten years. We found that the longer-term plans had not been readjusted / reapproved as a result of the current DCPs. However, we recognise that work is still underway with the Welsh Government to resolve some existing funding gaps, which has been regularly communicated with the Board.	Potential risk of: • Lack of medium / long terms planning
There is a strong reliance on the use of Dell products within NHS Wales, which currently have five-year manufacturing guarantees. As such, it would be possible to calculate asset replacement costs in advance. However, the calculated asset replacement costs may need to be readjusted for a number of factors e.g. extended guarantees and replacement equipment.	
We also found that the cloud strategy is a longer-term ambition, and as such, could be summarised and potentially planned ahead.	
Finally, the estates strategy should be reviewed / refreshed, in light of the learnings and implementation of agile working during the pandemic.	
Recommendations	Priority

5.1	Medium and long-term plans should be formally set for the organisation and adjusted as and when	needed.	Medium
Man	agement response	Target Date	Responsible Officer
5.1	There will be an ongoing exercise and whilst DHCW can control and manage delivery and governance surrounding the internal position the All Wales view can be more challenging to keep refreshed. However broad proxies can be applied to give an indicative view of future cost pressures over the longer term, a more sensitive model (possibly incorporating economic forecasts).	30 <sup>th</sup> April 2023	Associate Director of Finance
	The cloud adoption cost profile is very much reflecting of how much of our infrastructure (and what services) transition and when. The current plan will be reflected within the IMTP with costs identified over the medium term.	31 <sup>st</sup> March 2023	Associate Director of Finance
	An estates strategy has been compiled with a draft presented to the Board as part of the December development session. It is intended that this strategy addressing the changes to working arrangements and providing the optimal capacity for the workforce be formally submitted for approval in January.	26 <sup>th</sup> January 2023	Head of Commercial Services

Matter arising 6: Action Plans (Operation)	Impact	
Actions that are currently taking place to address funding gaps are fundamentally of an engagement type in nature. Therefore, we were unable to review any formal action plan in relation to current DCPs. As we understand it, Finance had flagged the issues with EMB, the Board and WG confirmed by minutes and email / letter correspondence. However, at this point of time, DHCW is still waiting for a response from WG on the availability of any extra funding and suggested actions.		e Actions get delayed
It would be good practice if milestones would be identified and formulated, and a formal action plan would be drawn.		
Recommendations		Priority
6.1 A formal action plan with milestones should be documented and approved.		Medium
Management response	Target Date	Responsible Officer
6.1 Formal action plans and reporting milestones will be compiled as part of each risk mitigation. These	e 28 <sup>th</sup> Februa 2023	ry Associate Director of Financ

# 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 Immediate* evidence present of material loss, error or misstatement.	
Medium	Minor weakness in system design OR limited non-compliance. Within one month* Some risk to achievement of a system objective.	
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	

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



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# Embedding the External Stakeholder Engagement Strategy Final Internal Audit Report January 2023

Digital Health and Care Wales



Partneriaeth Cydwasanaethau Gwasanaethau Archwilio a Sicrwydd Shared Services Partnership Audit and Assurance Services





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

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## **Executive Summary**

#### Purpose

This internal audit has been undertaken to provide an opinion over the arrangements for the management and the embedding of the Digital Health and Care Wales (DHCW) External Stakeholder Engagement Strategy, approved by the Board in September 2021. It has focussed on the management and delivery of the Stakeholder Engagement Plan (the 'Plan') approved by the Board in January 2022.

#### **Overview**

We found that the Plan was aligned with the Strategy and effectively communicated. However, the Performance Framework is under development and assurance provided on objectives three and four are subject to a scope limitation, given our inability to fully audit these objectives at this time.

Three medium rated findings have been raised:

- milestones and timelines have not been established;
- performance framework under development;
- 3. review and change control of Strategy and the Plan need to be formalised.

All matters arising are detailed in Appendix A.

### **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<sup>1</sup>

As	surance objectives	Assurance	
1	The Plan is appropriate being aligned to the External Stakeholder Strategy and allows for controlled refinement	Reasonable	
2	The Plan is effectively communicated with roles and responsibilities clearly defined	Substantial	
3	An effective performance framework has been established to assess delivery of Stakeholder Engagement objectives	Reasonable	
4	Tracking of the progress of the Plan scheduled for 2022-23 is implemented, reported and effectively monitored	Reasonable	

Matters arising		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Plan milestones and timelines to be established and reported to the Board	1	Design	Medium
2	Periodic Board review processes to be established	1	Design	Medium
3	Gaps and omissions in the Plan's detailed actions to be rectified	2	Design	Low
4	Performance Framework to be developed and implemented	3&4	Design	Medium

<sup>&</sup>lt;sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 This internal audit has provided an opinion over the arrangements for the management and the embedding of the External Stakeholder Engagement Strategy.
- 1.2 The principal role of Digital Health and Care Wales (DHCW) is set out in Standing Order 1.0.1, and comments on the Board's role to add value to the organisation through the exercise of strong leadership and control. The Standing Orders specifically comment that DHCW shall work constructively in partnership with other stakeholders to plan and secure the provision and delivery of digital health and care services. In particular, the Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of DHCW.
- 1.3 The Board approved the External Stakeholder Engagement Strategy in September 2021 and, in approving the strategy, it was recognised further work was required to develop an engagement plan. The Stakeholder Engagement Action Plan (the Plan) was approved by the Board in January 2022 to support the implementation of the Strategy. It covers some preparatory actions (2021-22) and details planned actions for year one (2022-23) with further planning for year two (2023-24).
- 1.4 Objectives of the area under review were:
  - ensure that the Plan approved by the Board is appropriate, being aligned to the delivery of the External Stakeholder Engagement Strategy, approved by the Board in September 2021, and allows for its controlled refinement as Board Strategy and understanding of stakeholders' priorities develop;
  - ensure that the themes detailed in the Plan, underpinning the Stakeholder Engagement Strategy and related actions, are effectively communicated and that roles and responsibilities are clearly defined;
  - ensure that an effective performance framework has been established to facilitate DHCW in assessing whether Stakeholder Engagement objectives have been met and that the Plan for 2022/23 is being implemented; and.
  - ensure that tracking of the progress of the Plan actions scheduled for 2022-23 is implemented, reported and effectively monitored during the year.
- 1.5 The risks considered in the review included:
  - the Plan is not aligned to the External Stakeholder Engagement Strategy, failing to support the engagement objectives and the Strategic Objectives of DHCW;
  - implementation of the Plan's actions for 2022-23 is not achieved, deferring effective engagement with stakeholders and adversely impacting the development and delivery of DHCW strategic objectives; and,
  - tracking of the progress of the delivery of the Plan's actions for 2022-23 is not effectively monitored and reported, limiting effective governance and

assurance by failing to promptly identify and remediate any significant delivery concerns.

1.6 Whilst the audit considered the management of the External Stakeholder Engagement Strategy, by focusing on the delivery of the Plan approved by the Board in January 2022, the review of the delivery of actions and their tracking was limited, as 2022-23 is the first year of the period covered by the Plan. The majority of planned actions for 2022-23 are not due to be completed until the fourth quarter of the financial year. Therefore, this has been reflected within our conclusions and assurance ratings.

# 2. Detailed Findings

The table below summarises the recommendations raised by priority rating:

	Recommendation interry			Total	
	High	Medium	Low	TOLAI	
Control Design	-	3	1	4	
Operating Effectiveness	-	-	-	-	
Total	-	3	1	4	

#### **Recommendation Priority**

**Objective 1:** ensure that the Plan approved by the Board is appropriate, being aligned to the delivery of the External Stakeholder Engagement Strategy, approved by the Board in September 2021, and allows for its controlled refinement as Board Strategy and understanding of stakeholders' priorities develop

- 2.1 The External Stakeholder Engagement Strategy (the 'Strategy') detailed its headline objectives as:
  - to influence the work of DHCW's stakeholders;
  - to achieve a good level of awareness and understanding of DHCW's work among stakeholders;
  - to provide effective opportunities for stakeholders to influence DHCW's work;
  - to receive useful input from stakeholders and use it to adjust our priorities and improve our programmes, projects, and day-to-day delivery of services; and
  - to explain where stakeholder input has made a difference and, where it has not, the reasons for this.

The Strategy commented that it we will convert these headline objectives into Specific, Measurable, Achievable, Realistic and Time-bound (SMART) objectives,

and this will be underpinned by an action plan to ensure they are met, and that DHCW will measure their performance against them.

- 2.2 It was noted that the Strategy was approved by the Board with an action established for them to receive key milestones and timelines for the implementation of the Strategy. At the time of the audit the key milestones and timelines were yet to be established and reported to the Board. We have raised this finding in matter arising one in Appendix A.
- 2.3 The Plan itself was approved by the Board at its January 2022 meeting and comments on the scope, aim and objectives of the Stakeholder Engagement Strategy and the Plan. The overall aim is to achieve a higher level of collaboration creating opportunities. To deliver this DHCW set out four objectives that are consistent with the headline objectives established in the Strategy, as noted in para 2.1 above.
- 2.4 The Plan also acknowledges that the development of the overarching DHCW Board Strategy and understanding DHCW's partners priorities will prompt further refinement. The Plan will need to remain flexible to reflect any changes in priorities or other relevant strategies and circumstances and to benefit from experiences to date, to deliver more effective and streamlined activities in the future.
- 2.5 We have identified the opportunity for the Board to formalise the process by which it will regularly assess the effectiveness of the External Stakeholder Engagement Strategy in contributing to meeting DHCW's wider organisational objectives, and approve any required changes to the Strategy and the Plan. We have raised this finding in matter arising two in Appendix A.

#### Conclusion:

2.6 We have raised two matters arising under this objective. Whilst we have noted that the Plan is aligned to the External Stakeholder Engagement Strategy and that both documents acknowledge the need for flexibility, we have commented on the need to formalise the process of control over any changes to be made to the Strategy and the Plan. We also identified that an action remains outstanding from when the Strategy was approved, notably the Board requested that they be provided with key milestones and timelines. Therefore, we have provided **reasonable assurance** over this area.

**Objective 2:** ensure that the themes detailed in the Plan, underpinning the Stakeholder Engagement Strategy and related actions, are effectively communicated and that roles and responsibilities are clearly defined

2.7 A review of the Plan identified that eight themes underlying the Plan were clearly identified and that actions related to each theme had been defined. Each of the actions under each theme detailed the action required, stakeholders, engagement approaches, leads/partners and timescale.

- 2.8 We noted that not all the required detail had been provided for all the actions listed in the Plan. Engagement approaches for 4 out of the 20 actions listed for delivery in the 2022-23 year and for 3 out of 31 listed for delivery in the 2023-24 year were not listed in the Plan. Whilst we understand that this may partly be due to limited resources available to deliver actions at the time the Plan was created, the missing engagement approaches need to be defined and delivery managed. We have raised this finding in matter arising three in Appendix A.
- 2.9 We found that DHCW Management, the Board and Independent Members have been identified against each theme and specific roles allocated against each action within individual themes. In addition, partners have also been identified against specific actions in many instances.
- 2.10 Effective communication has been provided via the engagement of key personnel in the development, Board approval, and distribution of the Plan. It was noted that the majority of internal roles and responsibilities of the Plan sit with the same Executive Directors, Management Board members, and Board members who were engaged in the development of the Plan.

Conclusion:

2.11 We have raised one matter arising under this objective, being the requirement to complete the Plan by detailing the engagement approaches currently missing Therefore, we have provided **substantial assurance** over this area.

**Objective 3:** ensure that an effective performance framework has been established to facilitate DHCW in assessing whether Stakeholder Engagement objectives have been met and that the Plan for 2022/23 is being implemented

- 2.12 The Performance Framework is in development. It is not possible to assess the ability of the Performance Framework to facilitate the effective reporting of progress made in the delivery of the Plan. This situation is acknowledged by DHCW and the development of the Performance Framework is a key objective for the newly created Head of Engagement role which has recently been filled. We have raised this finding in matter arising four in Appendix A.
- 2.13 Currently there is a one page slide on strategic engagement activity presented to the Management Board each month as part of the Integrated Organisational Performance (IOP) report.
- 2.14 The reporting is limited, commenting on what has been done, not what was planned to be done. This situation is recognised and the development of the Performance Framework is a key objective going forward.
- 2.15 In addition, the IOP report contains a front-page scorecard that comments on engagement and feedback. At the May 2022 Management Board meeting, the IOP report noted that Service Level Agreement performance, Strategic Engagement meetings and Customer Satisfaction Feedback to Local Service Desk targets were all rated green. However, other Engagement measures were under

development, as commented on under objective one above and in matter arising one in Appendix A.

2.16 The latest IOP report summary is also presented to each of the Board's meetings allowing the Board access to comment on Engagement activity.

#### Conclusion:

2.17 We have raised one matter arising under this objective, the requirement for the development and implementation of a performance framework that will incorporate objective metrics and enhance the current management reporting format. Whilst we have provided **reasonable assurance** over this area this is subject to a limitation of scope given that the Performance Framework is under development and has limited our ability to audit.

**Objective 4:** ensure that tracking of the progress of the Plan actions scheduled for 2022-23 is implemented, reported and effectively monitored during the year

- 2.18 As noted above under objective three the Performance Framework is under development. The lack of a framework combined with established milestones and timelines, as noted above, has limited the effective tracking of the delivery of actions.
- 2.19 Whilst current reporting provides limited tracking of performance, reporting is not tracking against all the planned actions detailed in the Plan. Current reporting is subjective in nature with minimal use of objective measures.
- 2.20 The Performance Framework is required to enable a more objective reporting regime to be established. This should allow for the effective monitoring and tracking of planned actions and the wider engagement objectives. We have raised this finding in matter arising four in Appendix A.

Conclusion:

2.21 We have raised one matter under this objective, the requirement for an effective tracking process to report and monitor progress in the delivery of actions detailed in the Plan. This matter is linked to the development and implementation of the Performance Framework. Whilst we have provided **reasonable assurance** over this area this is again subject to a limitation of scope given that the Performance Framework is under development and has limited our ability to audit.

## Appendix A: Management Action Plan

#### Matter arising 1: Stakeholder Engagement Plan – Preparatory Work (Design)

The January 2022 Board meeting approved the Stakeholder Engagement Action Plan (the 'Plan') and the Potential risk of: minutes commented that the Consultation Institute had supported DHCW with the development of the Plan. Furthermore, the development of the Plan incorporated DHCW's purpose, objectives and feedback received from stakeholders. A key message from stakeholders was to establish realistic and effective objectives. Several activities were underway to identify performance measures, with an Engagement Lead appointed to support this work.

This was in addition to a Board action arising from the earlier approval of the Engagement Strategy during September 2021 (ACTION:20210930-A02). This set out that key milestones and timelines for the implementation of the strategy are to be provided to the Board.

At the time of the audit, key milestones and timelines had yet to be established and reported to the Board. In addition, a performance framework based upon effective performance measures had yet to be fully developed and implemented to facilitate tracking and monitoring of the individual actions detailed in the Plan. It is recognised that additional resource was being appointed into roles to support this process and has recently been completed.

Impact

- The preparatory work required to support the being Plan not delivered, impacting the effectiveness of management in delivering individual actions listed.
- Delav in the • identification and appointment of resources to develop and maintain a central engagement function further hinders the ability of DHCW to deliver the required preparatory work.

Reco	ommendations	Priority	
1	We recommend that DHCW management ensure that:		
	<ol> <li>Effective SMART performance measures are established, defining key milestones and timelines for all the actions listed in the Plan.</li> <li>The measures are reported to the Board.</li> <li>The measures form part of the reporting of the Stakeholder Engagement Performance Framework being developed.</li> </ol>		Medium
Mana	agement Responses	Target Date	Responsible Officer
1.1	A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines.	Completed	Head of Engagement
1.2	Measures of success have been defined for the monthly IOP report an monthly engagement update report will be provided to the Manageme Board.		Head of Engagement
1.3	Appropriate success measures on engagement activity aligned to the plan have been developed for the IMTP, monthly IOP report, and the smoothly engagement update report to Management Report and DHCW	six-	Head of Engagement

monthly engagement update report to Management Board and DHCW board.

Matter arising 2: Periodic Board Review of Engagement Strategy and Action Plan (Design)	Impact
<ul> <li>The Stakeholder Engagement Action Plan (the 'Plan') comments that the External Stakeholder Engagement Strategy will contribute to achieving DHCW's objectives. In turn, this will contribute to the wider delivery of health and social care across Wales.</li> <li>It is recognised that developing the overarching Board Strategy and understanding DHCW's partners priorities will prompt further refinement. The Stakeholder Engagement Action Plan will need to remain flexible to reflect any changes in priorities or other relevant strategies and circumstances.</li> <li>However, there is a need to establish Board review control processes to: <ul> <li>approve changes to the Plan as required over time, to ensure continued alignment with current DHCW objectives; and</li> <li>regularly assess the effectiveness of the External Stakeholder Engagement Strategy in contributing to meeting DHCW's objectives, as supported by an assessment of the effectiveness of the Stakeholder Engagement activities.</li> </ul> </li> </ul>	<ul> <li>Potential risk of:</li> <li>The Stakeholder Engagement Action Plan failing to remain aligned with current DHCW objectives.</li> <li>The External Stakeholder Engagement Strategy's contribution towards meeting DHCW's objectives is not assessed, resulting in implementation of action plans that may not support the achievement of DHCW's objectives.</li> </ul>
Recommendations	Priority
<ul> <li>We recommend that DHCW ensure that procedures are established at a Board level to:</li> <li>2.1 Approve changes to the Plan as required, over time and to ensure a continued alignment with current DHCW objectives.</li> </ul>	Medium

2.2 Regularly assess the effectiveness of the External Stakeholder Engagement Strategy in contributing to meeting DHCW's objectives, as supported by an assessment of the effectiveness of the Stakeholder Engagement activities.

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Management Responses		Target Date	Responsible Officer
2.1	The engagement action plan will be subject to six monthly engagement update reports for the Management Board and amends and monthly updates on outputs will be provided to the Management Board as part of IOP report. Updates and amends to the plan will be brought before the Management Board as needed at monthly management meetings.	From March 2023	Head of Engagement
2.2	The measures of success within the engagement plan include outputs and impact to assess effectiveness of the activities against delivery of DHCW objectives and this will be reviewed by the Management Board on a bi-annual basis as part of the six monthly engagement update report.	March 2023	Head of Engagement

Matter arising 3: Planned Actions - Gaps and Omissions in Detailed Plan (Design)	Impact		
The External Stakeholder Engagement Action Plan (the Plan) details the actions analysed by the year of	Potential risk of:		
delivery and by theme. For example, communications and stakeholder management. For each action listed under each theme, details are provided commenting on stakeholders engaged, engagement approaches, engagement leads, partners, and timescales.	<ul> <li>The detailed actions, as listed in the Stakeholder</li> </ul>		
A review of the Plan, as approved by the Board in January 2022, identified that the actions listed were not all complete, with some actions containing gaps and omissions of detail. In particular:	Engagement Action Plan, are not fully		
Year 1 Action Plan: All 20 actions listed contain the required detail for each of the criteria noted above, with the exception of engagement approaches not detailed on four actions.	scoped, limiting the effective delivery of some actions.		
Year 2 Action Plan: All 31 actions listed in contain the required detail for each of the criteria noted above, with the exception of engagement approaches not detailed on three actions.			

At the time of the audit, we were unable to determine if the missing engagement approaches have now been scoped.

Reco	mmendations	Priority	
3.1	We recommend that DHCW ensure that all missing engagement approaches actions listed in the Stakeholder Engagement Action Plan are scoped and that t reflect this additional information.	Low	
Mana			
Malle	ngement Responses	Target Date	Responsible Officer

Matt	er arising 4: Performance Framework (Design)		Impact
place imple enga Plan At th imple Curre as pa	Stakeholder Engagement Action Plan (the 'Plan') comments that by March 2022 I e a performance framework to assess whether DHCW has met its engage emented the Plan for 2022/23. The Performance Framework will consider both pro- gement activities were undertaken) as well as outcome measures (contribution and organisational objectives). The time of the audit the Performance Framework was still in development emented. ently, performance is summarised on a single slide presented to the Manageme art of the Integrated Organisational Performance (IOP) report. The reporting is I hat has been done, but with no obvious reference against the detailed actions lis	Potential risk of: • The lack of an effective performance framework limits management's ability to monitor and track progress of the delivery of detailed actions within the Stakeholder Engagement Action Plan and the delivery of the wider engagement objectives	
Reco	mmendations	Priority	
4.1 We recommend that DHCW develop and implement a performance framework as a priority, to enable effective monitoring and tracking of the progress of detailed Plan actions and wider engagement objectives.		Medium	
Mana	agement Responses	Responsible Officer	
4.1	A performance framework consisting of measures of process and outcomes is included in the measures and reporting described in response to	From March 2023	Head of Engagement

#### Matter arising 4: Performance Framework (Design)

NWSSP Audit and Assurance Services  $14/16 \end{tabular}$ 

recommendations 1.2 and 1.3 above.

#### <sup>14</sup> 183/475

# 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	Priority level Explanation			
High	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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# Performance Management Final Internal Audit Report January 2023

Digital Health and Care Wales



Partneriaeth Cydwasanaethau Gwasanaethau Archwilio a Sicrwydd Shared Services Partnership Audit and Assurance Services





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Committee:	Audit and 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

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# **Executive Summary**

#### **Purpose**

This internal audit has been undertaken to provide an opinion over the effectiveness of the arrangements for the reporting and monitoring of performance management activities of Digital Health and Care Wales (DHCW). It has reviewed activity in the first half of 2022-23 and considered planned development during 2022-23.

#### **Overview**

Significant progress has been made in implementing the IOPM (Integrated Organisational Performance Management) Framework (the 'Framework') and related reporting structures in 2022. However, further work is required to fully embed and evolve the Framework, including:

- enhancing the Integrated • Organisational Performance Report format to provide a more effective and efficient reporting structure; and
- improving the linkages between performance management review processes within the directorates and the oversight provided by the review bodies (Digital Governance Safety Committee, Management Board and DHCW Board).

All matters arising are detailed in Appendix A.

#### 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<sup>1</sup>

#### Assurance objectives Assurance Appropriate performance management arrangements are in place, documented Reasonable 1 and communicated, and support the delivery of DHCW's strategic objectives Appropriate challenge and scrutiny have been given to 2022-23 performance 2 Reasonable management information reported at executive management and Board level Actions to correct poor performance and improve effectiveness and efficiency of 3 delivered performance are tracked and Reasonable monitored, providing assurance as to their full and timely implementation Performance reporting requirements, as 4 detailed in Standing Orders, are made Substantial available to the DHCW Board

Matters arising		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Implementation of the IOPM (Integrated Organisational Performance Management) Framework to be fully embedded and linkages strengthened	1,2,3,4	Design	Medium
2	Integrated Organisational Performance (IOP) Reporting format to be strengthened	1,2,3,4	Design	Medium
3	Linkages of performance management matters between monthly directorates' meetings and IOP reporting to be strengthened	2,3	Operating	Medium

<sup>&</sup>lt;sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 This internal audit provides an opinion over the effectiveness of the arrangements for the reporting and monitoring of Performance Management activities.
- 1.2 The principal role of DHCW is set out in Standing Order 1.0.1, and comments on the Board's role to add value to the organisation through the exercise of strong leadership and control. The Board should also ensure delivery of the organisation's aims and objectives through effective challenge and scrutiny of DHCW's performance across all areas of activity.
- 1.3 Performance and assurance matters are reserved for the full Board, as detailed in the Standing Orders, including the specific nature of performance related reports to be received by the Board. The DHCW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. Performance management arrangements are the responsibility of the Director of Digital Strategy.
- 1.4 The Board receive an Integrated Organisational Performance (IOP) Report and a Finance Report at every meeting and at their meeting in January 2022 were presented with a paper on the IOPM (Integrated Organisational Performance Management) Framework (the 'Framework') the purpose of the document being to provide guidance to all staff on DHCW's approach to organisational performance management.
- 1.5 Objectives of the area under review were:
  - ensure that appropriate performance management arrangements are in place, documented and communicated, and support the delivery of DHCW's strategic objectives;
  - ensure that appropriate challenge and scrutiny have been given to 2022-23 performance management information reported at executive management and Board level;
  - ensure that any actions to correct poor performance and improve effectiveness and efficiency of delivered performance are tracked and monitored, providing assurance as to their full and timely implementation; and
  - ensure that the performance reporting requirements, as detailed in Standing Orders, are made available to the full Board.
- 1.6 The risks considered in the review included:
  - Performance monitoring procedures are inappropriate, providing limited alignment with DHCW's strategic objectives;
  - The effectiveness of challenge and scrutiny by DHCW management of 2022-23 reported management performance is poor, limiting the value to be gained from assurance reporting;
  - Action plans to correct and improve performance are not fully developed, with ineffective tracking embedded to monitor full and timely

implementation of actions, adversely impacting the delivery of DHCW's strategic objectives; and

- Performance reporting requirements are not compliant with Standing Orders and not disclosed to the full Board, limiting effective governance and assurance processes.
- 1.7 Whilst the audit has considered the performance management processes adopted in the first half of 2022-23 and the reporting and monitoring mechanisms implemented, the audit has also considered planned development in 2022-23. Consequently, this has been reflected within our conclusions and assurance ratings.

# 2. Detailed Findings

The table below summarises the recommendations raised by priority rating:

				Total
	High	Medium	Low	Total
Control Design	-	2	-	2
Operating Effectiveness	-	1	-	1
Total	-	3	-	3

#### **Recommendation Priority**

**Objective 1:** ensure that appropriate performance management arrangements are in place, documented and communicated, and support the delivery of DHCW's strategic objectives

- 2.1 The Framework was approved by the Board in January 2022. The Framework was developed to support DHCW, as a recently created Special Health Authority. The Framework drafting considered existing Organisational Management Frameworks employed by NHS Wales Health Boards and the specific operational considerations of DHCW. It is recognised that this is an initial view and will be subject to amendment as a greater understanding of DHCW's performance management requirements is gained.
- 2.2 Our review of the current approved Framework identified two actions yet to be fully implemented. We also found that actions have been prioritised in 2022 to maximise delivery from the resources available. Examples of areas yet to be fully implemented include the establishment of key performance indicators, defining milestones and timelines for all the actions listed in the Plan, and the delivery of an integrated dashboard, supported by statistical process charts where practical. We have raised these findings in matter arising one in Appendix A.

2.3 In addition, we have identified opportunities to formalise and improve a number of processes, with their inclusion in the Framework. Examples include the use of a standard reporting format to be applied to all sections of the IOP Report to capture key summary data. This will facilitate a more effective and efficient reporting mechanism and should be supported by the provision of further guidance on the escalation of matters amongst reviewing bodies (DGS Committee, Management Board and DHCW Board). The formalisation of the linkages of performance management matters between the Directorates and the reviewing bodies should also be completed. We have raised these findings in matter arising one in Appendix A.

Conclusion:

2.4 We recognise that considerable effort has been invested to implement the Framework in 2022 and that the appointment of specific resource has further focussed thought on how performance management oversight and assurance can be provided in a more effective and efficient manner. We have raised one matter arising under this objective, commenting on two Framework actions that were yet to be fully implemented and three processes for inclusion and clarification in the Framework documentation. Therefore, we have provided **reasonable assurance** over this area.

**Objective 2:** ensure that appropriate challenge and scrutiny have been given to 2022-23 performance management information reported at executive management and Board level

- 2.5 The IOP Report containing a scorecard and eight detailed sections is produced and presented to the Management Board monthly, with a summary of the IOP Report being provided to each DHCW Board meeting held. The Management Board also receive the Digital Programme Overview, otherwise known as the Project Portfolio, as part of the IOP Report. This document is reviewed by the Digital Governance and Safety Committee (DGS Committee) and not shared with the DHCW Board.
- 2.6 The IOP Report is compiled by the Performance Team with input from departments, teams and defined Management Groups each focused on a specific topic. This is also reported at a DHCW level with analysis also provided at Directorate level. We noted that whilst the Performance Team review input for factual error and ensure corrections are actioned, this control is not always evidenced, as the process may be exercised by telephone or Teams meetings. We have raised this finding in matter arising two in Appendix A.
- 2.7 The format of the IOP Report continues to evolve. We have noted opportunities to further improve the value of the report as follows:
  - The scorecard included within the IOP Report should be developed to show trends over time and provide a narrative explanation, comment on what is being undertaken to address red or amber status scores and indicates when improvements in ratings are expected to be delivered.

- The Corporate Planning section of the IOP Report should be developed to include a periodic, retrospective review of delivery milestones.
- As noted within objective one, each section of the IOP Report should be developed to include a summary of key matters, for example risks, significant Directorate actions / decisions and matters for escalation.

We have raised these findings in matter arising two in Appendix A.

#### Conclusion:

2.8 We have raised one matter arising under this objective, commenting on the need to evidence scrutiny of the IOP Report inputs received by the Performance Team and three opportunities to improve the IOP Report format. Therefore, we have provided **reasonable assurance** over this area.

**Objective 3:** ensure that any actions to correct poor performance and improve effectiveness and efficiency of delivered performance are tracked and monitored, providing assurance as to their full and timely implementation

- 2.9 Monthly Directorate meetings are held across DHCW at which many topics are raised and often include performance related matters. From a review and assessment of a sample of meeting documentation we noted that each Directorate's monthly meeting are not always evidenced.
- 2.10 As noted in objective one, there is an opportunity to strengthen the linkages between the Directorates and the oversight provided by the review bodies via the IOP Report to:
  - feedback to all the Directorates from the IOP Report reviews performed; and
  - consider risks, key decisions / actions and any matters for escalation to the Management Board at each Directorate meeting, including ensuring applicable information is included within the IOP Report.

We have raised these findings in matter arising three in Appendix A.

2.11 . We also noted that control over performance management related actions arising from the six monthly Directorate meetings is being developed, but it is clear that a standard approach is required to ensure that all actions are documented and responsibility for delivery clearly allocated. In addition, monitoring of the progress of delivery should be undertaken in an effective and timely manner across DHCW. We have raised this finding in matter arising three in Appendix A and commented on the need to also incorporate any actions that may arise from monthly Directorate reviews.

#### Conclusion:

2.12 We have raised one matter arising under this objective commenting on improvement in the linkages between the Directorate review process and oversight provided by the review bodies' scrutiny of the IOP Report. We also identified the need to implement an effective action tracking and monitoring

procedure at Directorate level, to effectively control implementation of performance management related actions. Therefore, we have provided **reasonable assurance** over this area.

**Objective 4**: ensure that performance reporting requirements, as detailed in Standing Orders, are made available to the DHCW Board

- 2.13 Our review of the oversight and assurance review process concluded that the DHCW Board receives reports sufficient to comply with the requirements of the Standing Orders. The IOP Report is reviewed by the Management Board monthly and a summary IOP Report is provided to the DHCW Board at each meeting. In addition, as noted above, the Management Board also receive the Digital Programme Overview, otherwise known as the Project Portfolio, as part of the IOP Report. This document is reviewed by the Digital Governance and Safety Committee.
- 2.14 Opportunities to improve the IOP Report format have already been raised under objective two, together with the need to develop more effective linkages between the Directorates and the oversight provided by the review bodies, as raised within objective three.

#### Conclusions:

2.15 We have not raised any new matter arisings under this objective. Therefore, we have provided **substantial assurance** over this area.

# Appendix A: Management Action Plan

Matter arising 1: Implementation of the IOPM (Integrated Organisational Performance Management)ImpactFramework (Design)

The IOPM (Integrated Organisational Performance Management) Framework (the 'Framework') was approved by the Potential risk of: Board in January 2022. A review of progress in the implementation of the Framework noted the following actions had yet to be fully embedded.

- Section 10 of the Framework comments on developing a coherent set of performance measures. Following development and approval from the Management Board, the DHCW Board will approve KPIs which will be included in the interactive dashboard. An interactive dashboard has been established with sectors such as Workforce, Annual Plan and Finance actively using the interactive dashboard approach. However, these sectors are yet to use their respective interactive dashboards to present the IOP Report, but this is under development.
- There was no formal evidence provided to support the DHCW Board approval of KPIs, but this is planned with the KPI model being developed in Q3 2022-23 with Directorates' input in Q4 2022-23.
- It was also noted that the use of statistical process charts to report DHCW performance metrics reflects the deliberate prioritised approach adopted, given the limited resource availability. Consequently, statistical process charts are being used where appropriate, at the time of the audit.
- The challenge and scrutiny of performance provided by management and the Board is based on their review of the Integrated Organisational Performance (IOP) report. The eight separate sections of the IOP report cannot be objectively assessed to the same degree, as the level of objective metrics applied to each section currently varies. For example, considerable statistical data is provided in the Workforce and Operational Performance sections, but very little in the Engagement section. It is recognised that such development requires available resources in each sector, and in the case of Engagement, it was noted that the post of Head of Engagement has only recently been appointed.
- There is also an opportunity to provide further guidance in the Framework to detail how actions escalated to the Management Board and then on to the Board are to be tracked and monitored, together with the responsibilities defined. However, we noted that the nature of the challenge does vary as the sections of performance reported in the IOP Report to the Management Board are in differing formats comprising more or

- Performance monitoring procedures are inappropriate, providing limited alignment with DHCW's strategic objectives.
- The level of challenge information reported in the IOP Report varies by section, as the reporting formats are not consistent and may not clearly reflect the key information required.

less objective data, given the variation in developed objective metrics. The lack of a standard report structure at the summary level by section prohibits the readers from appreciating, key risk, key decisions/actions and matters for escalation in an effective and efficient manner across all sections of the IOP Report. This then impacts the summary IOP Report presented to the Board bi-monthly, which is a sub-set of the IOP report presented to the Management Board.

 Section 9 of the Framework comments on organisational performance management meetings and reviews. Reference is made to Directorate performance being reviewed monthly through a formal and collaborative process. It was noted that not all Directorates hold monthly meetings, rather regular meetings are held which cover workforce and finance statistics, but these have not yet been solidified in all areas within DHCW. Organisational performance as a topic needs to be further developed allowing commentary and monitoring of performance at monthly Directorate review meetings.

Recommendations			Priority
1	We re	commend that DHCW management ensure that:	
	1.1	KPIs comprising effective SMART performance measures are established, defining key milestones and timelines for all the actions listed in the Plan.	
	1.2	An interactive dashboard approach be developed further to include KPIs, to be supported by the use of statistical process charts across all areas of reported DHCW performance where practical.	
	1.3	A standard reporting format be developed and applied to all sections of the IOP Report, as presented to the Management Board monthly. This should comment at a summary level, on matters such as key risks, key decisions/actions and matters for escalation.	Medium
	1.4	Further guidance is provided in the IOPM Framework detailing how actions are escalated and monitored to the Management Board and then on to the Board. Alongside this, the responsibilities and roles of the Management Board and Board over escalated matters should be defined.	
	1.5	All Directorates are required to consider performance management related matters at their regular (monthly) meetings, with the timing of meetings aligned with the monthly Management Board meetings held.	

Performance Management

Mana	Management Responses		Responsible Officer
1.1	The IOPM Framework is not intended to include milestones and timelines for all actions. SMART performance measures and KPIs will be developed further where practical / appropriate.	From March 2023	Head of Organisational Performance
1.2	Not all activities are amenable to process chart reporting and this is stated in the IOPM Framework. Dashboards using SPC charts will be developed further where practical / appropriate.	From March 2023	Head of Organisational Performance
1.3	The format of the monthly IOP Report is continually revised, with the aim of standardising across the document as much as possible. A summary for each section covering risks, key decisions/actions and matters for escalation will be included.	June 2023	Head of Organisational Performance
1.4	The IOPM Framework will be reviewed and updated in 2023-24 to describe how actions will be escalated to Management Board and the Board, setting out their respective roles and responsibilities.	September 2023	Director of Digital Strategy
1.5	Directorates will be required to consider performance matters at monthly meetings, using the IOPM Framework and IOP Report to ensure a consistent approach across the organisation, with clarity on roles responsibilities and escalation to Management Board.	From June 2023	Director of Digital Strategy

#### Matter arising 2: Integrated Organisational Performance (IOP) Reporting (Design)

An Integrated Organisational Performance (IOP) Report containing a score card and eight detailed sections is produced monthly and is presented to the Management Board monthly, with a summary of the IOP Report being provided to each DHCW Board meeting.

The IOP report is compiled by the Performance Team with input from a variety of teams and defined Management Groups focused on a specific topic. This is reported at a DHCW level with analysis provided by the respective Directorate. Challenge is provided by the Performance Team on matters of fact, but this control is not always evidenced, especially where telephone or meetings are used to address matters.

The IOP Report contains a scorecard with 20 separate elements. There is no overarching comment on changes in the RAG status of any elements over time, or an indication when a red or amber status it expected to improve to amber or green. Not all the elements have objective metrics established, making any assessment of progress over time harder to assess in an objective manner. The scorecard presents a high-level view of the business areas which are monitored and presented in greater detail throughout the IOP report, albeit in a variety of formats.

The total number of milestones in the 2022/23 plan is 405. 115 were planned to be delivered in quarter one. Out of the 115 planned Quarter one milestones, 18 (16%) have been achieved to date, 12 of which were achieved in May. Diagrams then show the number of milestones achieved, at risk, on track and reforecast in year or out to next year. Separate monthly reporting is reviewed by the DGS Committee at project level and quarterly reporting to the Board is also made at portfolio level. However, there is no retrospective view of performance against actual delivery over time with focus being in the month and then forward looking.

The minutes of the various bodies (Management Board and the Board) that review and provide oversight of the IOP Report indicate that there is limited consistency in the review approach of each body from meeting to meeting. This limits the ability of bodies to effectively and efficiently obtain an overview of progress made over time.

#### Impact

#### Potential risk of:

- The IOP Report Scorecard fails to provide historic trend information or comment on projected improvement in scores.
- The IOP Report format does not comment on the status of actions and consideration of matters for escalation, limiting the effectiveness and efficiency of oversight provided.
- The oversight provided by the various IOP Report review bodies is not consistent over time, as a result of each body not having a focused review approach.

Recommendations				Priority
2	We recommend that DHCW management ensure that:			
	2.1	Challenge on matters of fact made by the Performance Team to the Management		
	2.2	related information and their resolution be evidenced and retained to provide as The Scorecard included in the IOP Report be developed to provided overarching in the RAG status of any elements over previous months to reflect trends.		
	2.3 The Scorecard incorporates comments on what is being undertaken to address red or amber status		Medium	
	scores and indicates when improvements in ratings are expected to be delivered. 2.4 The Corporate Planning section of the IOP Report be developed to include a periodic retrospective review of delivery milestones to report how planned versus actual delivery has progressed.			
	2.5	The IOP Report format be developed so that each section contains a summa example key risks, significant Directorate actions/decisions, matters for escalati		
		Board due to their importance and projected impact on DHCW objectives.	ion to the Management	
Mana	agemei	nt Responses	Target Date	Responsible Officer
Mana 2.1		thod of tracking challenges on matters of fact and their resolution will be	Target Date March 2023	Responsible Officer Head of Organisational Performance
	A met introd The S	thod of tracking challenges on matters of fact and their resolution will be		Head of Organisational
2.1	A met introd The S time, The S scores	thod of tracking challenges on matters of fact and their resolution will be luced.	March 2023	Head of Organisational Performance Head of Organisational

2.5

See response 1.3 above. Copied from above for ease of reference	June 2023	Head of Organisational Performance
The format of the monthly IOP Report is continually revised, with the aim of standardising across the document as much as possible. A summary for each section covering risks, key decisions/actions and matters for escalation will be included.		

#### Matter arising 3: Monthly Directorate Meetings (Operating Effectiveness)

Monthly Directorate meetings are held across DHCW, where many topics are raised including performance related Potential risk of: matters. An assessment of meeting documentation noted the following matters.

- Each Directorate's monthly meeting is not always evidenced.
- There is no formal feedback to all the Directorates from the IOP Report reviews performed.
- There is an opportunity to strengthen the linkages between the Directorates and the Management Board in addition to including a consideration of risks, key decisions / actions and any matters for escalation to the Management Board. The attendance of Performance Team Business Partners at the Directorate meetings could formally facilitate such matters.
- Control over performance management actions arising from the monthly Directorate meetings is being developed, but a standard approach is required to ensure that all actions are documented, responsibility for delivery clearly allocated and the monitoring of progress of delivery is undertaken in an effective and timely manner.

Historically the Performance Team has maintained a list of Directorate actions based upon the six monthly Directorate reviews performed and chaired by the CEO. The latest list (October 2022) provided to us contains 82 open actions and notes the action, status, responsible manager, Directorate and logged date. It does not identify target dates for delivery or any comment on progress made.

It was noted that six monthly Directorate reviews are supported by the Head of Performance and these opportunities are taken to review and challenge on the progress made in delivering actions. However, the frequency of such monitoring may be insufficient to manage change effectively.

# Impact

- The irregular approach to the recording of Directorate review meetings across DHCW may result in significant performance matters not being communicated and managed effectively and in a timely manner.
- The linkage between the Management Board and the Directorates results in poor communication of matters to be escalated by the Directorates.
- Actions arising from Directorate review meetings are not effectively controlled resulting in actions not being implemented effectively and in a timely manner.

Reco	mmendations	Priority	
	We recommend that DHCW management consider the following:		
3.1	Each monthly Directorate meeting held should provide a record of the meeting with agenda, papers and minutes retained, with the agenda having a standing item on performance management topics.		
3.2	There should be formal feedback from all of the IOP Report reviews completed to Direc	ctorates.	
3.3	A standard approach should be developed to ensure that all performance management related actions arising from the monthly Directorate meetings are documented, responsibility for delivery clearly allocated and that monitoring of delivery is managed in an effective and timely manner.		Medium
3.4	Any new performance management related action identified from the six monthly review be included in the Directorate's monthly control processes, as identified in 3.3 above, to is subject to regular and frequent tracking and monitoring.		
Mana	agement Responses	Target Date	Responsible Officer
3.1	See Response 1.5 above	From June 2023	Director of Digital Strategy
	Copied from above for ease of reference		
	Directorates will be required to consider performance matters at monthly meetings, using the IOPM Framework and IOP Report to ensure a consistent approach across the organisation, with clarity on roles responsibilities and escalation to Management Board.		
3.2	There will be formal written feedback on all matters escalated to Management Board	From June 2023	Head of Organisational

3.3	Directorates will be required to document and track performance related actions arising from monthly Directorate meetings, alongside other actions, with appropriate accountability, monitoring and management.	From June 2023	Director of Digital Strategy
3.4	Actions from the six monthly Directorate Reviews will be documented and tracked, including performance related actions, with appropriate accountability, monitoring and management.	From June 2023	Head of Organisational Performance

# 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.	

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



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# Switching Services Final Internal Audit Report January 2023

Digital Health and Care Wales



Partneriaeth Cydwasanaethau Gwasanaethau Archwilio a Sicrwydd Shared Services Partnership Audit and Assurance Services





1/20

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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

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# **Executive Summary**

#### Purpose

To ensure that the Switching Service is maintained appropriately and that risks to the operation of the service are appropriately managed.

#### **Overview**

We have issued reasonable assurance on this area.

The Switching Service is currently operating to enable the provision of information services as currently reauired. There are strona data governance controls in place and the services is stable and has recently been moved onto new hardware to improve its resilience. The risk associated with the Switching Service is acknowledged and monitored, although the management of this has not resulted in the defined actions being implemented. There is also an unstated risk to DHCW in that the Switching Service is not able to be developed to meet the future information needs of NHS Wales.

The matters requiring management attention include:

- Ensure that the identified actions are progressed;
- Ensuring an appropriate disaster recovery process is in place; and
- Ensuring departmental continuity procedures are in place.

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

#### **Report Opinion**



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

#### Assurance summary<sup>1</sup>

Ob	ojectives	Assurance
1	The risk is fully understood.	Substantial
2	Mitigation is in place to reduce risk.	Limited
3	Data governance is being followed.	Substantial
4	Hardware and System Maintenance	Reasonable
5	Continuity processes are in place to support the service.	Limited

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
2	Mitigation Actions	2	Operation	High
3	System Development	4	Operation	Medium
4	Disaster Recovery	5	Operation	Medium
5	Departmental Continuity	5	Operation	Medium

### 1. Introduction

- 1.1 The review of Digital Health and Care Wales Health Board's, Switching Service has been undertaken in line with the 2022/23 Internal Audit Plan.
- 1.2 The Switching Service provides functionality for all Health Boards to submit their data into a central repository for loading into the data warehouse for national reporting.
- 1.3 In July 2021 the Switching Service was identified as a risk (DHCW0269 Switching Service replacement) and added to the Risk Register. The Switching Service is now over 20 years old, running on old hardware and software with an increasing potential to fail. The impact of a failure of the Switching Service will also be greater now due to the increased dependency on data acquired through this route that is used for COVID-19 monitoring.
- 1.4 The relevant lead for the assignment is the Executive Medical Director.
- 1.5 The potential risk considered in the review is as follows:
  - If the current Switching Service fails then no data new will be acquired into the ISD Data Warehouse resulting in the inability to provide updates to multiple reporting systems.

## 2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	TOLAT
Control Design	0	0	0	0
Operating Effectiveness	1	3	1	5
Total	1	3	1	5

#### **Objective 1: The risk is fully understood, with failure points clearly identified.**

- 2.1 The risk associated with the Switching Service is on the corporate risk register (DHCW0269) and is scored as 16 (4x4). The assigned committee is the Digital Governance and Safety Committee and the risk register is also reported to the Audit and Assurance Committee.
- 2.2 The risk was added to the register as new risk in July 2021, with updates provided in October, November 2021 and May 2022. The updates included the impact, the status and noted the age of the system and hardware, with corresponding actions defined.

- 2.3 An SBAR (Situation-Background-Assessment-Recommendation) has been written explaining the risks attributed to the service, and has proposed two solutions, cloud replication or to develop a new data acquisition service.
- 2.4 Our review of committee business confirmed that the assigned committee regularly monitored the risk and it was also included within the Senior Information Risk Officer (SIRO) report.
- 2.5 The Switching Service was written by the in-house integration team in response to the Y2K issue which was not supported by the software being used at the time. This makes the service over 22 years old (at the time of reporting). The explanation of the risk on the register focusses on the age of the system and associated lack of resilience in the context of a failure. We note however that the service is extremely stable and so the likelihood of risk materialisation may not be accurately reflected.
- 2.6 There are a limited number of staff who have the skill set to support the system and its development is limited due to the complexity of the system. This lack of development is impacting on future demands on the service which produces statistical information for Welsh Government. We note that this aspect of the risk is not fully defined within the risk register statement. (Matter Arising 1)

#### Conclusion:

2.7 The risk associated with the Switching Service is on the corporate risk register (DHCW0269) and is reported to the relevant committees on a regular basis and so is subject to full scrutiny. The failure points are known and included within the risk register, although we note that the risk may not be fully explained in terms of its impact on organisational development. Accordingly, we have provided substantial assurance over this objective.

# **Objective 2: Mitigations are in place that appropriately reduce the impact of the identified risks.**

- 2.8 There are actions defined to mitigate the risks identified. The risk register states an action to work with the National Data Resource (NDR) to obtain replacement functionality within the data strategy. The SBAR recommends two actions, these being to replicate in the cloud in the short term, and to develop a new solution in the long term. However, our review has noted that there has been limited progress against these actions. (Matter Arising 2)
- 2.9 Although there is regular contact and discussion over the role of the Switching Service with the NDR team there has as yet been no commitment to factor in the analysis functionality provided by the Switching Service into the NDR workplan.
- 2.10Similarly, the move into the cloud as a short term has not happened, although we do note that the service has been moved onto new hardware which will alleviate some of the risk associated with failure of the service.
- 2.11 The Information Directorate has started to move away from the use of the Switching Service for some data sets from some organisations. This is by the use of direct extract from source systems using SQL to SQL, however we note that the use of this relies on access being provided by the relevant health boards. We also note that

as the intent is to move into the NDR there is a reluctance to undertake too much work that would subsequently be overtaken.

#### Conclusion:

2.12 Actions are defined to mitigate the risks, and there has been engagement with the National Data Resource (NDR) Team to consider acceleration of the Switching Service replacement as part of the wider requirement for the acquisition of data into NDR. However, there has been no progress on the solutions proposed, although we note the provision of new hardware for the service. Accordingly, we have provided limited assurance over this objective.

# Objective 3: Appropriate data governance is in place to ensure that information remains accurate, consistent, timely and accessible. This should include management, security, privacy, data integration, data quality, and master data management.

- 2.13 The Switching Service enables the collection of data from multiple organisations and the collation of this for addition into the data warehouse to enable reporting. Health boards provide datasets on a regular basis which is added into a holding area, the Switching Service then validates the data with reporting back to the Health Boards. Any errors are then corrected and data is resubmitted. Once data is accepted DHCW then aggregate this for reporting.
- 2.14 Submission is by secure file upload and all users in Health Boards require an account in order to upload data, with the Switching Team managing the accounts. Access to the data is controlled by security groups and appropriately controlled, with IP addresses used to further validate users
- 2.15 There are defined submission deadlines for the datasets being loaded into the Switching Service and there is a data dictionary in place which tells the providers what the data structure should look like and which defines all the data fields in use.
- 2.16 There is a Data Quality Team (DQT) in place which aims to support the improvement of information quality in and about the NHS in Wales. The team is responsible for the formal data quality assurance of all information requirements, as mandated by the Welsh Information Standards Board (WISB). As such there is active monitoring of data quality performance.
- 2.17 When data is submitted the Switching Service validates at source and this enables health boards to upload data and check it. Errors are identified and the user is able to drill down to record level and correct any data which is in error. Until the error is corrected it cannot be loaded onto the database as any record which fails the data check is removed from the file.
- 2.18 When users have signed off their submission, ISD undertake additional validation checks. There are procedures and instruction sets in place for each dataset, which define the process and checks to be made. Alongside this, there are data validity and consistency reports which are run accordingly.
- 2.19 The majority of health boards submit a rolling years worth of data which picks up any corrected validation. There is logic built into the Switching Service to identify if

the record is new or an amended one which it overwrites, with each record having a record ID. (within data dictionary). In addition, ISD check to confirm the data looks reasonable to identify occasions where incorrect files have been submitted.

2.20 Once the data has passed all validation checks a comparison report is run to show what the data looks like now. There is a validity standard of 98% to compare with any drop in data items. Once all validation has been completed the data can be loaded into the data warehouse.

### Conclusion:

2.21 The data used by the Switching Service is secure as only authorised uses have login to the system and there is restricted file access. Data is securely submitted and there is data validation built in at each stage to ensure the accuracy and consistency of the data and to ensure each subsequent dataset is integrated into the previously loaded data. There are data quality reports in place and scheduled deadlines for submission of data. Accordingly, we have provided substantial assurance over this objective.

# Objective 4: The system and hardware is kept up to date and change procedures are in place to ensure any upgrade to the system is controlled, documented and has the necessary authority.

- 2.22 The service runs on new hardware which has recently been installed, is virtualised on a stable VM platform and is backed up as part of the standard backup schedule which we note is currently being upgraded.
- 2.23 The Switching Service was written by the integration team in response to Y2K over 20 years ago. It is written in different languages, with the newer parts being in .net and the core is a generic data loader written in Delphi from about 15 years ago. The control script is in Unix Shell script. We note that both Delphi, and to an extent UNIX are legacy languages and there are limited skills within DHCW to maintain these.
- 2.24 Having been written in house, there is a limited number of staff who are able to support the system efficiently. There is a reliance on key members of staff in different teams, and staff turnover, combined with the stability of the system means there is little knowledge passed on over how the system is configured.
- 2.25 The Switching Service software has not been maintained or updated for approximately 10 years, although there are tools in place to make small changes such as adding fields.
- 2.26 Enhancing the current service such as adding new datasets is complex and very time consuming due to the age of the software and how it was originally written. We note that Welsh Government rely heavily on the data generated by the service and may require additional data in the future which the current service will struggle to provide. (Matter Arising 3)
- 2.27 The system is not fully documented, although we note that there is information over data flows and configuration, however the lack of full system documentation adds to the difficulty in developing the system.

### Conclusion:

2.28 The hardware infrastructure is managed by Technical Services and has recently been renewed. The service is virtualised and running on new stable VM platform which is expandable and backed up. There has been limited development of the system over time, and loss of skills, combined with incomplete documentation means that the Switching Service is difficult to develop and respond to current demands from Welsh Government. Accordingly, we have provided reasonable assurance over this objective.

# Objective 5: The operation of the Switching Service has appropriate continuity process in place to ensure the service is reliable and available and that disruption is minimised in the event of a failure.

- 2.29 The service is running on a VM platform which provides stability of hardware. The service is backed up via the normal server backup process. There is no documentation outlining the backup process as new hardware is being implemented by the end of September 2022.
- 2.30 There is a second set of servers which can be used for geographical resilience in the data centre which could be used in the event of a crash, but it would need some additional configuration as the Switching Service does not have an automatic fail over due to the age of the system.
- 2.31 There is a reliance on two key members of staff who hold a tacit knowledge of the service. As the service is currently very stable, it does not give additional staff the opportunity to support the service in areas where they would not normally expect to support.
- 2.32 Although documentation is in place which would enable a reinstall of the service if required there is no up to date disaster recovery (DR) plan which covers the configuration of the server to accommodate the service or reinstallation of the software. As such there is no testing of DR and technical continuity is lacking essential documentation such as standard operating procedures (SOP) to help administer the system. There is a heavy reliance on key staff which presents a single point of failure to the service. (Matter Arising 4)
- 2.33 In addition to the lack of technical continuity, there is no formal departmental continuity procedure in place that defines how the users of the system would respond if the system was unavailable for any length of time.
- 2.34 We note that there is an awareness that the department could use SQL to SQL to obtain data, and when the service was unavailable during the issues at the Blaenavon data centre information was imported directly via CSV. However, there is nothing that sets out when to revert to alternate processes or that fully defines the most critical datasets to work on. (Matter Arising 5)

### Conclusion:

2.35 The system is running on a stable virtual platform, with data held in dual datacentres. There is limited geographical resilience, however we note that the service could be moved across datacentres with configuration work. There is no

current DR process for the Switching Service, and no departmental continuity plan that defines how to operate in the event of a loss of service. Accordingly, we have provided limited assurance over this objective.

### Appendix A: Management Action Plan

Matter Arising 1: Risk (Operation)			Impact
The explanation of the risk on the register focusses on the age of the system and associated lack of resilience in the context of a failure. We note however that the service is extremely stable and so the likelihood of risk materialisation may not be accurately reflected. In addition the risk statement does not fully reflect the risk to the organisation due to the lack of ability to develop the Switching Service to meet new demands for information.		<ul> <li>Potential risk of:</li> <li>If the current Switching Service fails then no data new will be acquired into the ISD Data Warehouse resulting in the inability to provide updates to multiple reporting systems</li> </ul>	
Recomn	nendations		Priority
1.1	1.1 The risk statement should be reviewed to ensure the likelihood of materialisation is accurately reflected, and all aspects of the risk are captured.		Low
Agreed	Management Action	Target Date	Responsible Officer
1.1	The current Datix risk entry will be updated to reflect more accurately the Matters Arising from this audit to ensure all aspects of the risks are captured, as there are different owners and outcomes for each recommendation identified.		Information Programmes and
	The current Datix risk will be modified to focus on Matter Arising 4 and will be owned by the Operational Services Directorate to manage/deliver.	28 <sup>th</sup> February 2023	Planning Lead, ISD
	A new risk will be added to Datix to reflect the other risks identified in Matters Arising 2 and 3. Initially, this will be owned by the Clinical Directorate with the action being to agree an implementable plan to address these recommendations with the NDR programme as the preferred mitigation and way forward.		

[		
	Another new risk will be added at Directorate level (Clinical / ISD) to reflect	
	Matter Arising 5 for business continuity plans for ISD to follow, should the	
	switching service fail.	
	-	

Matte	r Arising 2: Mitigation Actions (Operation)		Impact	
Althougl has as y the NDR	There has been limited progress against the actions defined against the risk. Although there is regular contact and discussion over the role of the Switching Service with the NDR team there has as yet been no commitment to factor in the analysis functionality provided by the Switching Service into the NDR workplan. Similarly the move into the cloud as a short term solution has not happened.		<ul> <li>Potential risk of:</li> <li>If the current Switching Service fails then no data new will be acquired into the ISD Date Warehouse resulting in the inability to provide updates to multiple reporting systems</li> </ul>	
Recom	mendations		Priority	
2.1	As a key function of the Switching Service is to provide reports for Welsh Gover with the service should be escalated there. Work should continue with the NDR to seek to move functionality there with con that the functionality will sit with the NDR in the future. The move of the service to the cloud should be enacted.		High	
Agreed	Management Action	Target Date	Responsible Officer	
2.1	A new risk will be added to Datix to reflect this risk identified as per Matter Arising 1. Initially, this will be owned by the Clinical Directorate with the action being to agree an implementable plan to address these recommendations with the NDR programme as the preferred mitigation and way forward.	28 <sup>th</sup> February 2023 31 <sup>st</sup> March 2023	Information Programmes and Planning Lead, ISD – to add risk Medical Director / Associate Director of Information, Intelligence and Research – to action	

NDR programme is in full support of continued work with Information Services to inform the transition of the existing information architectures to onto the NDR platform – that would include the switching service. Data acquisition capability is in scope of the NDR delivery; confirmed as set out in the NDR Data Strategy.	Complete	NDR Programme Director
analysis and subject to agreement through the programme governance as it is an all Wales programme with separate governance to core functions within	TBC by NDR Programme subject to NDR Programme Board	NDR Programme Director

Matter	• Arising 3: System Development (Operation)	Impact	
The Swit	ching Service software has not been maintained or updated for approximately 10 $_{ m N}$	years.	Potential risk of:
Enhancing the current service such as adding new datasets is complex and very time consuming due to the age of the software and how it was originally written. We note that Welsh Government rely on the data generated by the service and may require additional data in the future which the current service will struggle to provide.			<ul> <li>Welsh Government requirements for more in-depth data will not be possible as the service is too complex to modify and amend to meet the demands made upon it.</li> <li>The service will become obsolete as it won't run on future platform releases</li> </ul>
Recomm	nendations		Priority
3.1	Related to Matter Arising 2, work to move the functionality into the NDR should o	continue.	Medium
Agreed	Management Action	Target Date	Responsible Officer
3.1	Related to Matter Arising 2. A new risk will be added to Datix to reflect this risk identified as per Matter Arising 1.	28 <sup>th</sup> February 2023	Information Programmes and Planning Lead, ISD – to add risk
	Initially, this will be owned by the Clinical Directorate with the action being to agree an implementable plan to address these recommendations with the NDR programme as the preferred mitigation and way forward.	31 <sup>st</sup> July 2023	Medical Director / Associate Director of Information, Intelligence and Research – to action

Matte	er Arising 4 Disaster Recovery. (Operation)		Impact
date di reinsta	gh documentation is in place which would enable a reinstall of the service if required saster recovery (DR) plan which covers the configuration of the server to accommo llation of the software. As such there is no testing of DR and technical continuity i entation such as Standard Operating Procedures (SOP) to help administer the system	date the service or s lacking essential	<ul> <li>Potential risk of:</li> <li>If the current Switching Service fails then no data new will be acquired into the ISD Data Warehouse resulting in the inability to provide updates to multiple reporting systems.</li> </ul>
Recom	nmendations		Priority
4.1a 4.1b	Encourage additional staff to maintain and develop the service in order to dissemine to support the service and have less reliance on key individuals. A DR plan should be defined for the Switching Service and subjected to testing.	ate the knowledge	Medium
Agree	d Management Action	Target Date	Responsible Officer
4.1a 4.1b	The approach to technical issues which have arisen over the years has been to fix any issues in-situ, in the single data centre. Where this has resulted in the service being unavailable for a period of time, this was judged acceptable given the service's Admin Standard categorisation in ServicePoint. However, the infrastructure upgrade carried out in 2022 has provided an opportunity to increase the degree of resilience across data centres for the whole service. Step 1 – will be to complete the current upgrade to allow us to get off the last remaining Win 2008 server. As part of this we will document the installation / recovery process.		Applications Manager (Integration and Reference)

As part of the provision of replacement servers, there is now an equivalent configuration across the two data centres. Hence whilst the service will still operate out of a single data centre, it will be possible to have a set of 'hot standby' servers in the second data centre which it would be possible to fail across to with minimal configuration changes. Step 2 – (bullet points below) will then allow us to introduce the warm standby 30 <sup>th</sup> June 2023 resilience solution.	Applications Manager (Integration and Reference)
<ul> <li>Once the initial new infrastructure build / migration is complete, the following will need to take place: <ul> <li>Design a cross-data centre software configuration allowing for the hot standby configuration.</li> <li>Build the Switching Service on the standby servers</li> <li>Test and document the failover process</li> <li>Test final configuration with Information Services and sign-off</li> </ul> </li> </ul>	
This will provide improved resilience which will be suitable until the proposed NDR replacement is available.	

Matte	r Arising 5 Department Continuity. (Operation)		Impact
There is no formal departmental continuity procedure in place that defines how the users of the system would respond if the system was unavailable for any length of time. We note that there is an awareness of alternative processes, however there is nothing that sets out when to revert to alternate processes or that fully defines the most critical datasets to work on.		• If the current Switching Service	
Recom	nendations		Priority
5.1a	A departmental business continuity plan should be established.		Medium
Agreed	Management Action	Target Date	Responsible Officer
5.1a	A new risk will be added at Directorate level (Clinical / ISD) to reflect Matter Arising 5 for business continuity plans for ISD to follow, should the switching service fail. COMPLETE – There is documentation relating to a 'manual workaround' should the Switching Service fail. This has been incorporated into the full <i>ISD Data</i> <i>Acquisition Business Continuity Plan</i> .	31 <sup>st</sup> March 2023	Information Programmes and Planning Lead, ISD – to add risk Principal Specialist (Enterprise Data Warehouse / Acquisition) – to write BC plan

## 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	
Poor system design OR widespread non-compliance.HighSignificant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.Immediate*		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.		

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



 
 OIG CYMRU
 Partneriaeth Cydwasanaethau

 NHS WALES
 Gwasanaethau Archwilio a Sicrwy Shared Services

 Partnership Audit and Assurance Services

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Website: Audit & Assurance Services - NHS Wales Shared Services Partnership



## DIGITAL HEALTH AND CARE WALES AUDIT WALES 2022 ANNUAL AUDIT REPORT

		Agenda Item	4.3
Name of Meeting	Audit and Assurance Committee		
Date of Meeting	14 February 2023		

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Nathan Couch, Audit Wales
Presented By	Nathan Couch, Audit Wales

Purpose of the Report	For Assurance	
Recommendation		
The Committee is being asked to:		
RECEIVE the report for ASSURANCE.		

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services		
CORPORATE RISK (ref if appro	opriate)	The audit work will specifically cover corporate risks where appropriate.	

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	e list below:

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

Date of submission: N/A
Outcome: N/A

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Author: Nathan Couch Approver: Claire Osmundsen-LIttle

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RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

### 2 SITUATION/BACKGROUND

- 2.1 Our Annual Audit Report summarises the findings from the Auditor General's 2022 audit work at DHCW undertaken to fulfil his responsibilities under the Public Audit (Wales) Act 2004.
- 2.2 The report summarises the Auditor General's overall findings under the following headings:
  - Audit of Accounts; and
  - Arrangements for securing economy, efficiency, and effectiveness in the use of resources.

### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The key messages arising from our work during 2022 are summarised as follows:
  - In relation to the audit of accounts, the Auditor General issued unqualified audit opinions on the preparation, accuracy, and the regularity of the financial transactions within DHCWs 2021-22 accounts.
  - The review of the IT environment and application controls applied to national financial systems hosted by DHCW and used by other NHS organisations in Wales provided assurance that financial values produced by the systems for 2021-22 were likely to be free from material misstatement, although some controls could be strengthened.
  - In relation to the programme of performance audit work, the Audit General concluded that DHCW is embedding good governance arrangements and must now seek to further develop its role as a trusted digital partner to exploit digitally enabled service opportunities across Wales.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No matters for escalation to the committee.

### 5 **RECOMMENDATION**

5.1 The Committee is being asked to **RECEIVE** the report for **ASSURANCE**.

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Author: Nathan Couch Approver: Claire Osmundsen-LIttle

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### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME

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# Annual Audit Report 2022 – Digital Health and Care Wales

Audit year: 2021-22 Date issued: January 2023 Document reference: 3347A2023



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This document is also available in Welsh.

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# Summary report

### About this report

- 1 This report summarises the findings from my 2022 audit work at Digital Health and Care Wales Special Health Authority (the Authority) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - examine and certify the accounts submitted to me by the Authority, and to lay them before the Senedd;
  - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
  - satisfy myself that the Authority has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
  - Audit of accounts
  - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services.
- I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 As was the case in the previous two years, the delivery of my audit of accounts work has continued mostly remotely. The success in delivering it reflects a great collective effort by both my staff and the Authority's officers.
- 6 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery.
- 7 This report is a summary of the issues presented in more detailed reports to the Authority this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2022 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2022 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Assurance Committee on 14 February 2023. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Authority to arrange its wider publication. We will make the report available to the public on the <u>Audit</u> <u>Wales website</u> after the Board have considered it.
- 11 I would like to thank the Authority's staff and members for their help and cooperation throughout my audit.

### Key messages

### Audit of accounts

- 12 I concluded that the Authority's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Authority's internal controls (as relevant to my audit).
- 13 I made one recommendation in the Audit of Accounts Report. I will review the actions taken by the Authority to implement this as part of my audit of the 2022-23 accounts.
- 14 I identified no material financial transactions within the Authority's 2021-22 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Authority's 2021-22 accounts.
- 15 The Authority met its financial duty to break even against its Revenue and Capital Resource Limit for the year ending 31 March 2022.
- 16 My review of the IT environment and application controls applied to the national financial systems hosted by the Authority and used by other NHS organisations in Wales assured me that financial values produced by the systems for 2021-22 were likely to be free from material misstatement, although some controls could be strengthened.

# Arrangements for securing efficiency, effectiveness, and economy in the use of resources

17 My programme of performance audit work has led me to conclude that the Authority is making positive progress in embedding good governance arrangements, and must now seek to further develop its role as a trusted digital partner to exploit digitally enabled service opportunities across Wales.

18 These findings are considered further in the following sections.

# **Detailed report**

### Audit of accounts

- 19 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 20 My 2022 Audit Plan set out the key risks for audit of the accounts for 2021-22 and these are detailed along with how they were addressed in **Appendix 3 Exhibit 4**.
- 21 My responsibilities in auditing the accounts are described in my <u>Statement of</u> <u>Responsibilities</u> publications, which are available on the <u>Audit Wales website</u>.

### Accuracy and preparation of the 2021-22 accounts

- 22 I concluded that the Authority's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit and Assurance Committee for improvement.
- 23 The accounts were the first accounts prepared by the Authority and were submitted by the required deadline. The working papers provided were comprehensive and of good quality, and officers promptly responded to audit queries and requests for further information.
- I must report issues arising from my work to those charged with governance (the Audit and Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 14 June 2022. Exhibit 1 summarises the key issues set out in that report.

#### Exhibit 1: issues reported to the Audit and Assurance Committee

Issue	Auditors' comments
Uncorrected misstatements	There were no misstatements identified in the accounts which remained uncorrected.
Corrected misstatements	There were initially misstatements in the accounts that were corrected by management.

Other significant issues	There were no other significant issues identified during the audit. We made one recommendation in the Audit of Accounts Report:
	<ul> <li>Useful lives of existing assets that are not fully depreciated should be subject to an annual review and with any lives adjusted as deemed necessary.</li> </ul>

25 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Authority's financial position on 31 March 2022 and the return was prepared in accordance with the Treasury's instructions.

### **Regularity of financial transactions**

- 26 The Authority's financial transactions must be in accordance with authorities that govern them. The Authority must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Authority does not have the powers to receive or incur.
- 27 Where an Authority does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 28 The Authority achieved financial balance for the year ending 31 March 2022, with an underspend of £366,000 against its Revenue Resource Limit and an underspend of £10,000 against its Capital Resource Limit. All other material financial transactions were in accordance with authorities and used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Authority's 2021-22 accounts.
- 29 I have the power to place a substantive report on the Authority's accounts alongside my opinions where I want to highlight issues. As the Authority met both of its financial duties and there were no other issues warranting report, I did not issue a substantive report on the accounts.

### **Review of nationally hosted IT systems**

- 30 The Authority hosts a number of national financial systems which are used by other NHS organisations in Wales. These IT systems include the:
  - National Health Application and Infrastructure Services system, used for NHS patient demographics and the payments engine for calculating primary care General Medical Services contractor payments by NHS Wales Shared Services Partnership;

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- Hospital Pharmacy system, provided by the Authority to NHS organisations and used for ordering, stock receipting and invoicing of Hospital dispensed pharmaceutical items and drugs for payment via Oracle Accounts Payable;
- Losses and Special Payments Register system, provided by the Authority to NHS organisations for the recording, payments processing and provisioning from Welsh Legal and Risk reports arising on claims for clinical negligence and personal injury from patients and staff; and
- NHS national ICT infrastructure and Wales wide area network, the communication links between all NHS organisations in Wales, provided by the Authority.
- 31 My IM&T auditors reviewed the IT environment and application controls that are applied to these systems for the purposes of providing assurance for NHS financial audit opinions in 2021-22. My IM&T auditors also considered progress made by the Authority in addressing my 2020-21 audit recommendations as well as any outstanding recommendations made in previous years.
- 32 My IM&T auditors found that the IT controls we examined assured us that financial values produced by the systems for 2021-22 were likely to be free from material misstatement, although some controls could be strengthened. I have made a small number of IT recommendations in the 2021-22 work that should be addressed by the Authority in order to minimise the potential for future application and infrastructure system risks. My IM&T auditors also found that some good progress has been made in addressing prior year IT recommendations.

### Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 33 I have a statutory requirement to satisfy myself that the Authority has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. To help me discharge that responsibility, I have undertaken a structured assessment of the Authority's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- 34 My conclusions based on this work are set out below.

### **Structured assessment**

- 35 My 2022 structured assessment work took place at a time when NHS bodies were not only continuing to tackle the challenges presented by COVID-19 but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health.
- 36 My team focussed on the Authority's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus

on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets.

#### **Governance arrangements**

- 37 My work considered the Authority's governance arrangements, with a particular focus on:
  - Board and committee effectiveness;
  - the extent to which organisational design supports good governance; and
  - key systems of assurance.
- 38 My work found that **overall, the Authority is well led and has made positive** progress in establishing and embedding appropriate arrangements to support good governance.
- 39 The Authority's governance arrangements enable the Board and its committees to conduct their business effectively and transparently. Board and committee meetings are well chaired, and demonstrate an open and transparent culture. The quality and timeliness of the information presented to the Board and its committees enable decision-making and support effective scrutiny and challenge from Independent Members. The Authority has plans in place to make greater use of patient and staff stories, where possible, to highlight learning and support improvement.
- 40 The Board is beginning to stabilise following several key appointments to the Executive Team and Independent Member cadre. However, the time taken to make these appointments has had an impact on the Authority's pace in delivering some key organisational objectives, such as progressing work on its long-term strategy. The Authority has commissioned an external provider to support Board development and cohesion following these changes.
- 41 The Authority has developed and embedded appropriate systems of assurance, which continue to strengthen. The Authority has a detailed, compressive, and highquality Board Assurance Framework (BAF) which is underpinned by effective risk management arrangements and adequate performance management arrangements. There is a good approach to self-review and improvement by the Board and its committees, and the Authority's arrangements for supporting Independent Member development are strengthening.

### Strategic planning arrangements

- 42 My work considered the Authority's strategic planning arrangements, with a particular focus on the organisation's:
  - vision and strategic objectives;
  - Integrated Medium-term Plan;
  - planning arrangements; and

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- arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 43 My work found that the Authority has effective planning approaches, but further work is required to develop its longer-term strategy and to include milestones and targets in some plans to enable effective progress monitoring.
- 44 The Authority's vision and strategic objectives over the short- to medium-term are clearly set out in its 2022-25 Integrated Medium-Term Plan (IMTP). However, the Authority has made slow progress in developing its long-term strategy partly due to the time it has taken to appoint an Executive Director of Strategy. The Authority has also decided to wait for the publication of the Welsh Government national digital strategy before preparing its own long-term strategy. The Board was actively involved in overseeing and shaping the 2022-25 IMTP. The 2022-25 IMTP was formally accepted by Welsh Government, and the feedback provided to the Authority was broadly positive.
- 45 The Authority has effective arrangements in place to oversee the development of corporate strategies and plans, such as the 2022-25 IMTP, the Research and Innovation Strategy, the People and Organisational Development Strategy, and the Estates Plan. The Authority engages well with internal and external stakeholders when developing corporate strategies and plans in line with its Stakeholder Engagement Strategy. Corporate strategies and plans approved by the Board during 2022 have clear Executive Director ownership and contain clear and understandable strategic objectives, which are underpinned by outcome measures or actions for achievement. They are also supported by appropriate governance, delivery, and reporting arrangements. However, a lack of target dates and milestones in some corporate plans and strategies, such as the Estates Plan and Research and Innovation Strategy, inhibits effective progress monitoring and reporting.

### Managing financial resources

- 46 My work considered the Authority's arrangements for managing its financial resources, with a particular focus on the organisation's:
  - arrangements for meeting key financial objectives;
  - financial controls; and
  - arrangements for reporting and monitoring financial performance.
- 47 My work found that whilst the Authority has a generally effective approach to financial planning, monitoring, and reporting, the organisation's funding model presents risks that need to be actively managed in the medium- to long-term.
- 48 The Authority's arrangements for securing financial balance are good. The Authority met its financial objectives to break even for both revenue and capital expenditure in 2021-22, and is forecasting an overall breakeven position for 2022-

23. Whilst the Authority has good financial planning arrangements in place, the BAF does not clearly identify how the medium- to long-term risks associated with the sustainability of the of the digital priorities investment fund will be managed.

49 The Authority has generally effective financial controls in place, with good reporting to the Audit and Assurance Committee on single tender actions, special payments, losses, and counter-fraud. The Authority has effective arrangements in place for monitoring and reporting financial performance, with evidence of proportionate scrutiny and challenge from Independent Members. However, the Board should seek greater assurances on the development and delivery of recurrent savings in the medium-to long-term.

# Managing the workforce, digital resources, the estate, and other physical assets

- 50 My work considered the Authority's arrangements for managing its wider resources, with a particular focus on the organisation's:
  - arrangements for supporting staff wellbeing;
  - arrangements for managing its digital resources; and
  - arrangements for managing its estate and other physical assets.
- 51 My work found that the Authority has a good commitment to supporting staff well-being and good strategic approaches in place for managing its digital resources and the estate. However, its arrangements for managing physical assets require strengthening.
- 52 Supporting staff well-being is a clear priority for the Authority. It has good arrangements in place for identifying, promoting, delivering, and evaluating innovative initiatives to improve staff health and well-being. Whilst reporting to the Board on health and well-being activity is good, the reports do not provide adequate assurance that initiatives are achieving their desired impact.
- 53 The Authority does not currently have a separate Digital Strategy, but its 2022-25 IMTP outlines the organisation's digital approach up to 2025. There is good reporting to the Board on the delivery of national products and programmes. But there is scope to enhance reporting by providing greater detail on challenges, risks, and the delivery of intended benefits to the Authority and the wider health and care system. The Authority is currently working with Welsh Government to review the governance arrangements around national programmes it hosts with a view to providing clarity around roles, responsibilities, and accountability arrangements.
- 54 The Authority has Board approved plans and strategies in place relating to the estates and decarbonisation, which are underpinned by appropriate delivery and oversight arrangements. The Authority has established a programme of health, safety, and environmental inspections, and there is good reporting to the Audit and Assurance Committee on these matters. Whilst the Authority has recently taken steps to strengthen its IT stock management arrangements, it needs to provide greater assurances to the Board that its physical assets are being managed well.

# Appendix 1

### Reports issued since my last annual audit report

#### Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Authority in 2022.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2022
Opinion on the Financial Statements	June 2022
Review of Nationally Hosted IT Systems	January 2023
Performance audit reports	
Structured Assessment 2022	December 2022
Other	
2022 Audit Plan	April 2022

My wider programme of national value for money studies in 2022 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

### Exhibit 3: performance audit work still underway

There are a number of performance audits that are still underway at the Authority. These are shown in the following table, with the estimated dates for completion of the work.

Report	Date
Review of workforce planning arrangements	March 2023
Review of primary care digital services governance	May 2023

# Appendix 2

## Audit fee

The 2022 Audit Plan set out the proposed audit fee of  $\pounds$ 171,338 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

In addition to the fee set out above, the audit work undertaken on the shared services provided to the Authority by the NHS Wales Shared Services Partnership cost £615.

# Appendix 3

### Audit of accounts risks

#### Exhibit 4: audit of accounts risks

My 2022 Audit Plan set out the risks for the audit of the Authority's 2021-22 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	<ul> <li>We will:</li> <li>test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>review accounting estimates for biases;</li> <li>evaluate the rationale for any significant transactions outside the normal course of business; and</li> <li>add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.</li> </ul>	On a sample basis my team tested both journal entries and accounting estimates and found no evidence of the management override of controls. My team were satisfied that the accounts were free from material error.
This is the first set of financial statements the SHA has had to prepare since its creation in December 2020. Consequently, the financial statements are inherently more susceptible to material misstatements.	<ul> <li>We will:</li> <li>test the completeness, classification and accuracy of balances transferred from Velindre University NHS Trust;</li> <li>complete verification procedures to ensure assets transferred still exist at year end or have been disposed of during the year;</li> <li>undertake analytical procedures to ensure completeness of income and expenditure; and</li> </ul>	The work was carried out as proposed. Amendments were agreed with the Authority to ensure the disclosure of balances transferred was consistent with that notified by Welsh Government, however there was a nil overall impact.

Audit risk	Proposed audit response	Work done and outcome
	<ul> <li>substantively test income, expenditure, and payroll to ensure no transactions from the predecessor body are incorrectly included.</li> </ul>	
Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resource and of remote working that may impact on the preparation, audit and publication of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.	We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.	The work was carried out as proposed. My team found the Authority had robust arrangements in place and my work did not identify any issues in this respect.
Introduction of IFRS 16 Leases has been deferred until 1 April 2022. There may be considerable work required to identify leases and the COVID- 19 national emergency may pose additional implementation risks. The 2021-22 accounts will need to disclose the potential impact of implementing the standard.	We will review the completeness and accuracy of the disclosures.	The work was carried out as proposed. My team did not identify any issues.

Audit risk	Proposed audit response	Work done and outcome
There is a risk that you will fail to meet your financial duty to break even. The position at month 10 shows a year-to-date surplus of £510,000 and a forecast year- end surplus of £350,000.	We will focus our testing on areas of the financial statements which could potentially contain reporting bias.	My team undertook a range of audit work to provide assurance over the risk of bias to ensure that the actual year end position was true and fair. This included: • detailed sample testing of transactions either side of the year- end to ensure that they were recorded in the correct accounting period. This was focussed on the areas of greatest risk. • ensuring that accounting estimates were prepared on a reasonable basis and were supported by appropriate accounting judgements. My team were satisfied that the accounts were free from material error
There is a risk that you will fail to meet your financial duty to not exceed the capital resource limit. The position at month 10 shows year-to-date capital expenditure of £5.855m against a capital resource limit of £11.153m, with a forecast capital expenditure for the year of £10.558m. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion	We will focus our testing on areas of the financial statements which could potentially contain reporting bias.	The work was carried out as set out above. My team did not identify any issues.

Audit risk	Proposed audit response	Work done and outcome
We audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a lower level of materiality. A number of changes have taken place to the senior management team and non-executive directors during the financial year. There is a risk that these changes are not correctly disclosed within the SHA's Remuneration Report.	We will review all entries in the Remuneration Report to verify that the SHA has reflected all known changes to senior positions, and that the disclosures are complete and accurate.	The work was carried out as proposed. Some amendments were agreed with the Authority to ensure the final remuneration report was accurate and disclosures complied with the requirements of the NHS Manual for Accounts.



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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.



## DIGITAL HEALTH AND CARE WALES AUDIT WALES UPDATE

Agenda	4.4
ltem	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Nathan Couch, Audit Wales
Presented By	Nathan Couch, Audit Wales

Purpose of the Report	For Assurance	
Recommendation		
The Committee is being asked to: RECEIVE the report for ASSURANCE.		

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Qı	uality Digital Services
CORPORATE RISK (ref if appro	opriate)	The audit work will specifically cover corporate risks where appropriate.

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not required for this report.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Audit Wales Update

Author: Nathan Couch Approver: Claire Osmundsen Little

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RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 2 SITUATION/BACKGROUND

2.1 The paper provides an update on financial audit work, performance audit work, details of good practice events and resources, and a list of NHS-related audit reports published by Audit Wales since our last update to the Audit and Assurance Committee in October 2022.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The financial statements audit work is now complete, and the Auditor General certified the Performance Report, Accountability Report, and Financial Statements on 15 June 2022. These were laid before the Senedd on 17 June 2022.
- 3.2 We have completed our review of the ICT environment and application controls applied to the national financial systems hosted by DHCW and used by other NHS organisations in Wales. We have also considered progress made by DHCW in addressing our 2021-22 audit recommendations, as well as any outstanding recommendations made in previous years. The key messages will be considered during the committee's private session.
- 3.3 Our 2022 Structured Assessment work has concluded. Our report, along with DHCW's management response, will be considered by the Audit and Assurance Committee at this meeting. Our Annual Audit Report summarises the findings from our 2022 audit work at DHCW and is also on the agenda for noting. Both reports will be presented to Board for consideration at its meeting in March 2023.
- 3.4 We have agreed with Executive Directors that the focus of our 2022 local work will be around the governance and budget arrangements for Digital Primary Care Services. We are currently scoping this work and will update the committee as work progresses.
- 3.5 Our all-Wales thematic review on workforce planning arrangements is now underway with fieldwork due to take place throughout February and March.
- 3.6 Two NHS-related reports have been published since we last provided an update to the Audit

Audit Wales Update

Author: Nathan Couch Approver: Claire Osmundsen Little

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and Assurance Committee in October 2022 – Learning from Cyber Attacks, and The National Fraud Initiative in Wales 2020-21.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No matters for escalation to the committee.

### 5 **RECOMMENDATION**

5.1 The Committee is being asked to **RECEIVE** the report for **ASSURANCE**.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP DATE OUTCOME		OUTCOME

Author: Nathan Couch Approver: Claire Osmundsen Little

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4/4



## Audit and Assurance Committee Update – **Digital Health and Care Wales**

Date issued: February 2023

Document reference: 2901A2022



This document has been prepared for the internal use of Digital Health and Care Wales 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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## Audit and Assurance Committee Update

## About this document

1 This document provides the Audit and Assurance Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value for money examinations and the work of our Good Practice Exchange (GPX).

## Financial audit update

2 **Exhibit 1** summarises the status of our key accounts audit work currently underway.

### Exhibit 1 – Accounts audit work

Area of work	Current status
Audit of financial balances transferred from Velindre University NHS Trust to DHCW	Completed.
Audit of the 2021-22 Performance Report, Accountability Report and Financial Statements	Completed. The Auditor General certified the Performance Report, Accountability Report, and Financial Statements on 15 June 2022. They were laid before the <u>Senedd</u> on 17 June 2022.
Review of Nationally Hosted IT Systems	Completed.

3 Our review of the ICT environment and application controls applied to the national financial systems hosted by DHCW and used by other NHS organisations in Wales found that financial values produced by the systems for 2021-22 were likely to be free from material misstatement, although some controls could be strengthened. The full report and recommendations will be considered by the Audit and Assurance Committee at its private meeting on 14 February 2023.

## Performance audit update

- 4 The following tables set out the performance audit work included in our current and previous Audit Plans, summarising:
  - completed work since the last Audit and Assurance Committee update (Exhibit 2);
  - work that is currently underway (Exhibit 3); and
  - planned work not yet started or revised (**Exhibit 4**).

### Exhibit 2 – Work completed

Area of work	Considered by Audit and Assurance Committee
Structured Assessment 2022	This report and DHCW's management response will be considered by the Audit and Assurance Committee on 14 February 2023.
Annual Audit Report 2022	This report will be considered by the Audit and Assurance Committee on 14 February 2023.

#### Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
All-Wales thematic on workforce planning arrangements Executive Lead - Sarah-Jane Taylor	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	Current Status: Fieldwork underway Planned date for consideration: TBC

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Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
	needs. The work will be tailored to align to the responsibilities of individual NHS bodies in respect of workforce planning.	

#### Exhibit 4 – Planned work not yet started or revised

Topic and relevant Executive L	ead	Focus of the work	Current status and Audit and Assurance Committee consideration
Local Audit \ 2022	Work	We have agreed with the Executive Management Team that the focus of our 2022 local work will be on the governance and budget arrangements of Digital Primary Care Services within DHCW.	We are currently scoping this work. We will update the Audit and Assurance Committee as the work progresses.

## Good Practice events and products

5 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design, and good practice research. Details of future events are available on the <u>GPX Website.</u>

# NHS-related national studies and related products

- 6 The Audit and Assurance Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure.
- 7 **Exhibit 5** provides information on the NHS-related or relevant national studies published since our last Committee Update. It also includes all-Wales summaries of work undertaken locally in the NHS.

Title	Publication Date
<u>A missed opportunity – Social Enterprises</u>	December 2022
Time for change – Poverty in Wales report and <u>Poverty in Wales data tool</u>	November 2022
<b>Learning from Cyber Attacks</b> The key messages will be summarised in a separate paper to be considered by the Audit and Assurance Committee at its private meeting on 14 February 2023.	October 2022
The National Fraud Initiative in Wales 2020-21 Please refer to Appendix 1	October 2022

Exhibit 5 – NHS-related or relevant studies and all-Wales summary reports

8 The Audit and Assurance Committee might also be interested to know that we have recently published our **Fee Scheme for 2023-24**. The document is available on our <u>website</u>.

# Appendix 1 – Key messages from recent national publications

#### The National Fraud Initiative 2020-21

- 9 Since we last reported on the National Fraud Initiative (NFI) in Wales in October 2020, outcomes valued at £6.5 million have been recorded. The cumulative total of outcomes from the NFI in Wales since NFI started in 1996 are now £49.4 million. Across the UK, the cumulative total of NFI outcomes is now £2.37 billion. NFI outcomes in Wales decreased by £1.5 million to £6.5 million in the 2020-21 exercise. This was primarily because fewer ineligible claims for Council Tax Single Persons Discount and Housing Benefit claims were detected, reflecting the fact that some local authorities started review of NFI matches later than normal due to Covid-19 pressures.
- 10 Data sharing enables matches to be made between bodies and across national borders. Data submitted by Welsh bodies for the 2020-21 NFI exercise helped organisations in other parts of the UK to identify 153 cases of fraud and error with outcomes of £183,045.
- 11 While the majority of Welsh NFI participants display a strong commitment to counter fraud, 13 of the 22 Welsh local authorities identified 95% of the fraud and error outcomes achieved by the sector. This suggests that some local authorities have either failed to recognise the importance of the exercise or are unwilling to allocate adequate, skilled counter-fraud resources to investigate the NFI matches.
- 12 One Welsh local authority, Cardiff Council, agreed to participate in an exercise designed to identify fraud and error in applications for COVID-19 business support grants by verifying applicant bank details and trading status. These checks helped to identify outcomes of just under £0.6 million relating to 41 fraudulent or erroneous applications.
- 13 The report includes three recommendations for Welsh NFI participants to address.



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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.



# The National Fraud Initiative in Wales 2020-21

Report of the Auditor General for Wales

## This is an interactive pdf

To navigate through the document please use the buttons on the left side of the page and the links marked with underlined text









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Outcomes

Process

Since we last reported on the National Fraud Initiative (NFI) in Wales in October 2020, outcomes valued at £6.5 million have been recorded. The cumulative total of outcomes from the NFI in Wales since NFI started in 1996 are now £49.4 million. Across the UK, the cumulative total of NFI outcomes is now £2.37 billion.

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One Welsh local authority, Cardiff Council, agreed to participate in an exercise designed to identify fraud and error in applications for COVID-19 business support grants by verifying applicant bank details and trading status. These checks helped to identify outcomes of just under £0.6 million relating to 41 fraudulent or erroneous applications.



**Recommendations** 

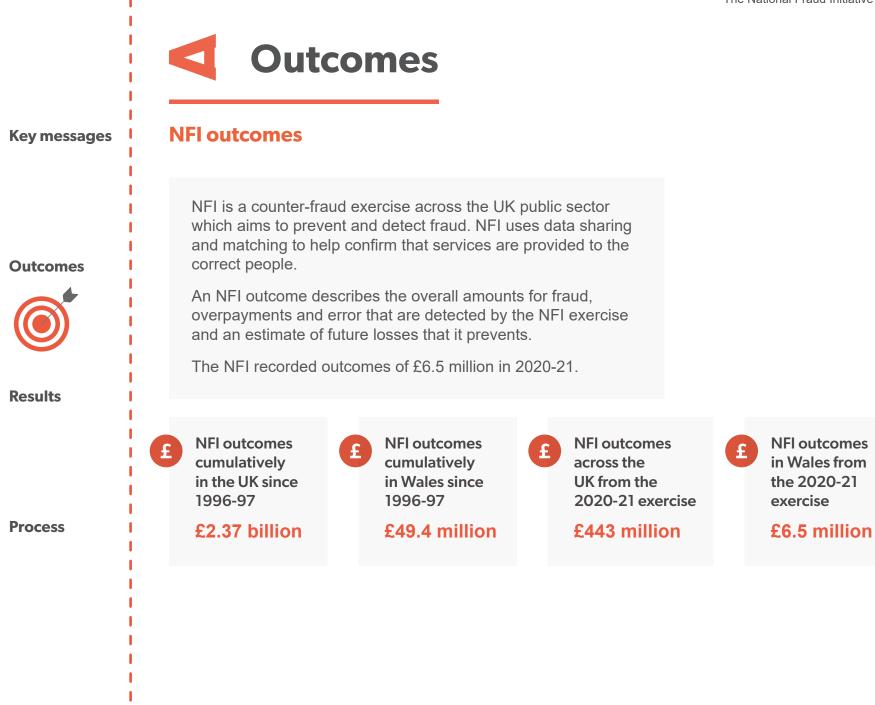
**Outcomes** 

Results

**Process** 

All participants in the NFI exercise should ensure that they maximise the benefits of their participation. They should consider whether it is possible to work more efficiently on the NFI matches by reviewing the guidance section within the NFI secure web application.

Where local auditors recommend improving the timeliness and rigour with which NFI matches are reviewed, NFI participants should take appropriate action. Audit committees, or equivalent, and officers leading the NFI should review <u>the NFI self-appraisal</u> <u>checklist</u>. This will ensure they are fully informed of their organisation's planning and progress in the 2022-23 NFI exercise.



**Outcomes** 

Results

Process

## **Trends in outcomes**

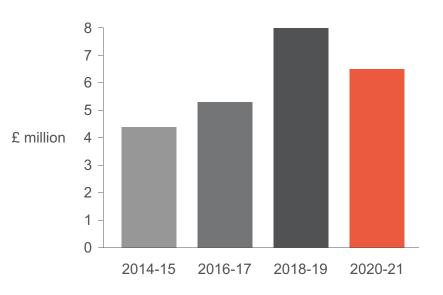
Outcomes in Wales have decreased by  $\pounds 1.5$  million to  $\pounds 6.5$  million in the 2020-21 exercise. Reasons for the decrease in outcomes include:

- the number of fraudulent or erroneous claims for Council Tax Single Persons Discount detected fell from 3,939 in the 2018-19 exercise to 1,987 in the 2020-21 exercise, resulting in outcomes in this area reducing by £2 million; and
- the number of fraudulent or erroneous claims for Housing Benefit detected fell from 179 in the 2018-19 exercise to 82 cases in the 2020-21 exercise, resulting in outcomes in this area reducing by £0.6 million.

The above fall in outcomes was offset in part by:

- an increase in the number of fraudulent or erroneous applications for social housing detected from 74 in the 2018-19 exercise to 237 in the 2020-21 exercise, resulting in increased outcomes of £0.6 million; and
- the detection of 43 fraudulent or erroneous claims for COVID-19 business support grants resulting in cumulative outcomes of £0.6 million.

## Outcomes of £6.5 million were identified in the 2020-21 exercise

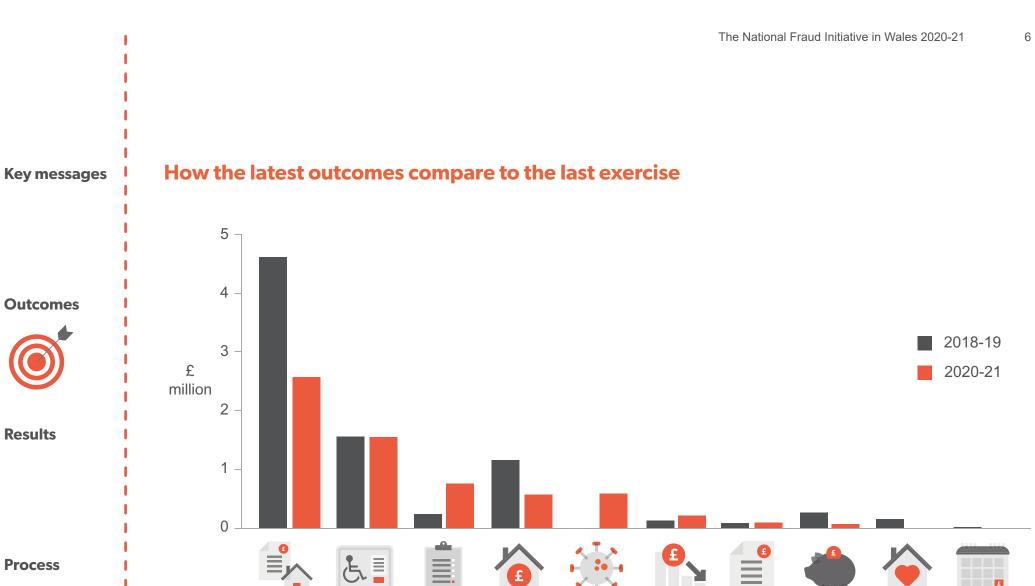


While overall outcomes have fallen, this is in part because many NFI participants started review of NFI matches later than normal due to work pressures arising from the COVID-19 pandemic.

The only UK nation which saw an increase in 2020-21 NFI outcomes was England. This increase was due to a significant increase in pension outcomes from matching UK-wide pension scheme data.

Late savings arising from NFI 2020-21 will be reported as part of the NFI 2022-23 exercise.

5/25



COVID-19

business

support

grants

Housing

benefit

Council

tax

reduction

scheme

Creditors

Pensions Residential

care

homes

Council

tax

discounts

Blue

badges

Housing

waiting

lists

£

Payroll

## Seven areas generated almost 98% of outcomes

The areas which generated the most outcomes from the current exercise are as follows:

Outcomes



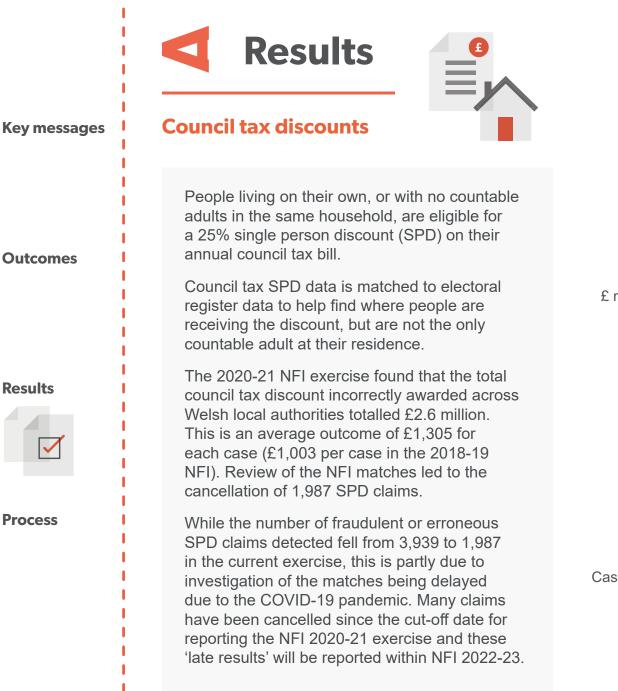
**Results** 

**Process** 

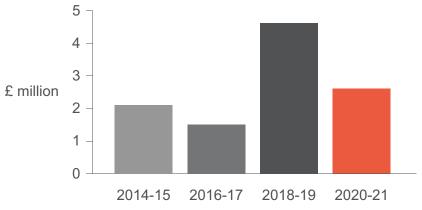
Category	£	Cases
Council tax discounts	£2.6m	1,987
Blue badges	£1.4m	2,717
Housing waiting lists	£0.8m	237
Housing benefit	£0.6m	84
COVID-19 business support grants	£0.6m	43
Council tax reduction scheme	£0.2m	214
Creditor payments	£0.1m	9

Once overpayments have been identified, public bodies can take appropriate action to recover the money. As at 31 March 2022, 81% of overpayments had been recovered or were in the process of being recovered.

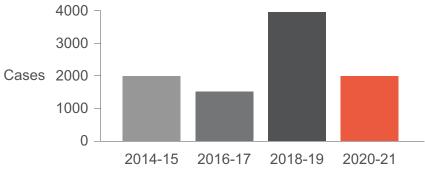
7/25



### Outcomes of £2.6 million in 2020-21









## **Pensions**

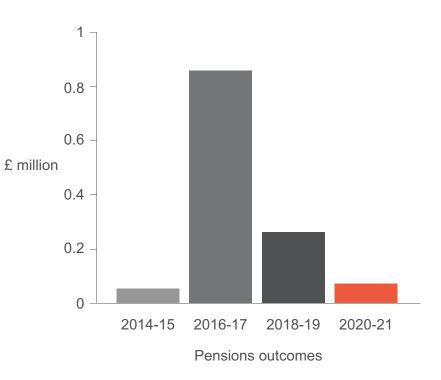
The NFI provides local authorities that administer pensions with an efficient and effective way of checking that they are only paying people who are alive.

The exercise found nine instances where pensions had remained in payment after pensioners had died compared to ten cases in NFI 2018-19.

In total, pensions outcomes for the 2020-21 NFI exercise are  $\pounds 0.073$  million.

This is a reduction of £0.26 million from the 2018-19 NFI exercise, and reflects the continuing impact of the 'tell us once' reporting process which is ensuring that local authorities become aware of the decease of pensioners earlier. While the number of cases detected by NFI has remained almost unchanged from NFI 2018-19, the average value of each case has fallen from £26,396 to £8,160, because the period of time pensions remained in payment after pensioners' death was shorter.

Outcomes of £0.073 million in 2020-21



Results



**Process** 



## Housing benefit

Key messages

Outcomes

Results

Process

The NFI provides local authorities and the Department for Work and Pensions (DWP) with the opportunity to identify a wide range of benefit frauds and errors.

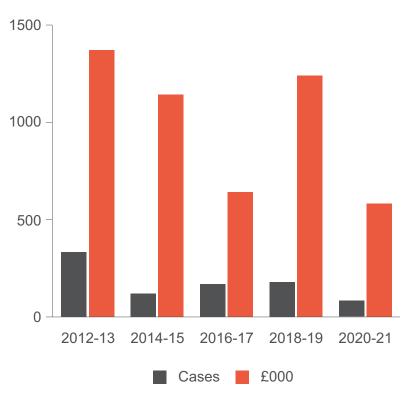
Housing benefit data is matched to student loans, payroll, pensions, housing benefit, housing tenants, licences, deceased person and Amberhill\* data to help identify ineligible claims.

The value and number of housing benefit cases recorded with overpayments has reduced from  $\pounds$ 1.2 million (179 cases) in the 2018-19 exercise to  $\pounds$ 0.6 million (82 cases) in the 2020-21 exercise.

The fall in housing benefit cases outcomes is mainly due to matches between housing benefit and payroll and pension payments not being included in the 2020-21 exercise. These matches historically identified significant outcomes. These matches were not included as similar data matching is undertaking by the DWP's Verify Earnings and Pensions (VEP) Alerts service which identifies discrepancies between payroll and pension details held by HM Revenue & Customs and council benefits services. Alerts from VEP are sent to local authorities to investigate discrepancies.

\*Amberhill is a system used by the Metropolitan Police to authenticate documents presented for identity.

### Outcomes of £0.6 million in 2020-21



The majority of fraudulent and erroneous claims for housing benefit detected by local authorities in the 2020-21 exercise related to students who were in receipt of housing benefit when not entitled.

## 10/25

Outcomes

**Case Study: Housing benefit** 

### **Carmarthenshire County Council**

The Council continues to recognise the value of NFI in protecting the public purse against the threat of fraud risks and considers NFI as being invaluable in the detection and prevention of fraud. The NFI 2020-21 exercise identified 33 housing benefit to student loan matches and of these 13 were high risk matches. Historically the Council has achieved significant results from this specific report and, as in previous exercises, extended the checking process to all matches. Review of the report identified fraud in 30% of the matches, where it was established that benefit customers had failed to declare they were in receipt of student finance/loans. These ten investigations identified overpayments of benefits in excess of £33,000. The Council has recovered the overpayments or remains in the process of full recovery.

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**Process** 

**Outcomes** 

Results

Process

**Blue badges** 

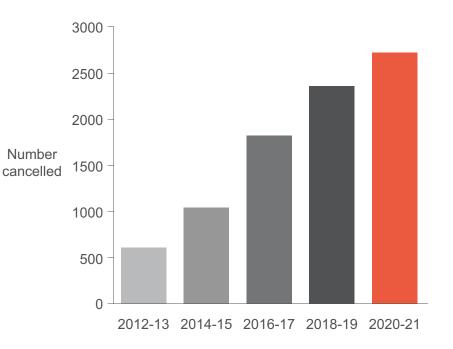
The blue badge parking scheme allows people with mobility problems to park for free at onstreet parking meters, in pay and display bays, in designated blue badge spaces, and on single or double yellow lines in certain circumstances.

Blue badge data is matched to deceased persons and Amberhill data.

Badges are sometimes used or renewed improperly by people after the badge holder has died. It is an offence for an unauthorised person to use a blue badge.

NFI 2020-21 resulted in the cancellation of 2,717 blue badges in Wales. The number of badges cancelled has increased in each NFI exercise since NFI 2012-13. The estimated value of these cases is £1.4 million based on a calculation of the annual estimated cost of lost parking revenue and the likelihood of these blue badges being misused.

The increase in outcomes is due to a growing recognition of the need to prevent misuse of blue badges. Not only does such misuse reduce parking revenues, it also limits the parking facilities available to genuine blue badge holders. 2,717 outcomes in NFI 2020-21





## Housing waiting lists

Key messages

**Outcomes** 

**Results** 

Process

NFI uses housing waiting list data to identify possible cases of waiting list fraud. This happens when an individual has registered on the waiting list but there are possible undisclosed changes in circumstances or false information has been provided. This was a new data set for the 2016-17 NFI exercise.

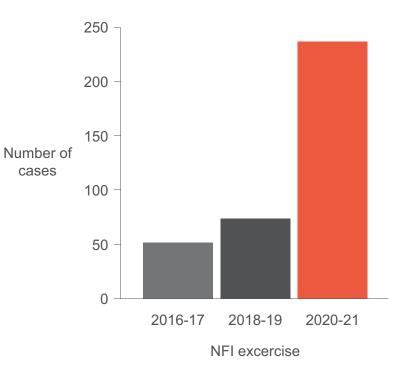
Housing waiting list data is matched to waiting list, housing benefit, housing tenants, deceased persons and Amberhill data.

Local authorities identified 237 cases where applicants were removed from waiting lists compared to 74 cases in 2018-19.

The estimated value of these cases is just under £0.8 million based on a calculation of the annual estimated cost of housing a family in temporary accommodation and the likelihood a waiting list applicant would be provided with a property.

The increase in the number of applications cancelled is due to increased efforts by local authorities to review the NFI matches thereby helping ensure that social housing is only provided to eligible persons.

## Number of applicants removed from housing waiting lists





**Outcomes** 

**Results** 

**Process** 

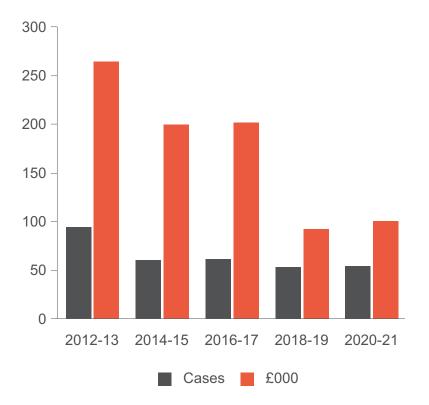
## **Creditor payments**

The NFI provides an efficient way to check for duplicate payments and that payments are only made to appropriate creditors.

Creditor payment data is also matched to payroll and Companies House data to help identify undisclosed staff interests in suppliers.

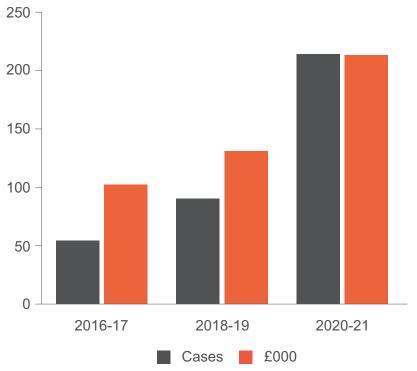
NFI 2020-21 resulted in 54 creditor payment outcomes totalling just over £0.1 million compared to 53 outcomes totalling just under £0.1 million in NFI 2018-19. Recovery action has already taken place or is in process for all of these overpayments.

Creditor payment outcomes have reduced over NFI exercises as participating bodies have improved their internal control systems. Outcomes of £0.1 million in 2020-21









**Outcomes** 

**Results** 

**Process** 

**Outcomes** 

Results



**Process** 

### **Case study: Vale of Glamorgan Council**

The Council has a proactive and comprehensive approach to reviewing all NFI matches. All council tax reduction matches are reviewed by the Investigation Officer against the Council's internal systems to try and establish the current household status of claimants. One such match appeared to show the claimant had not declared an occupational pension that had been in payment since 2018. The Investigation Officer advised the Benefits Team that further investigation was required. The Benefits Team liaised with the Revenues Team and found there was another person residing at the address who was also in receipt of an undeclared occupational pension and who had received a substantial lump sum pension payment in 2018. Despite numerous attempts to verify the current situation with the claimant, the claimant failed to respond. The Council has cancelled the claim and the claimant has agreed to repay an overclaim of £4,775 in monthly instalments.



## i i i

**Outcomes** 

Results



**Process** 

## **Use of HMRC Data in NFI**

In NFI 2020-21, for the first time, Welsh NFI matches were enriched by HMRC data provided under the provisions of the Digital Economy Act 2017. The HMRC data is proving highly effective in helping to identify applicants who have claimed means-tested benefits and discounts but have not declared income that should have been declared on their applications.



### Case Study: Denbighshire County Council

The Council proactively reviewed matches between Council Tax Reduction Scheme (CTRS) and HMRC's household composition. One match suggested there was an undeclared non-dependant in the household from 2017, so benefit payments were suspended. The Benefits Team had previously been notified that the person had left the household in March 2017. On investigation, the customer confirmed the failure to declare the non-dependant since May 2017. The NFI match showed the earnings of the non-dependant to be around the threshold at which the highest deduction to the claimant's benefits would apply, so in the absence of further evidence of the non-dependent's income, the is highest deduction was applied. This resulted in an overclaim totalling £20,782. The Council is in the process of recovering the overclaim.

17/25



## **COVID-19 business support grants**

**Outcomes** 

Results



**Process** 

In response to the COVID-19 pandemic, the Welsh Government put in place a package of measures to support businesses through the crisis. One of these measures included providing grant funding through Welsh local authorities to some retail, hospitality and leisure businesses and to businesses classified as small businesses for business rate purposes. NFI matched these grants to ensure that businesses were not inappropriately claiming multiple grants and that grants were not being awarded to known fraudsters. These checks only identified two cases of fraud and error amounting to £20,000, providing assurance that these practices were not common.

NFI also made optional tools available to local authorities to confirm that grant applicants were actively trading before the COVID-19 pandemic, and that bank account details provided by applicants related to legitimate business accounts. One Welsh local authority, Cardiff Council, used these tools in conjunction with other internal controls to identify 41 cases of fraud and error with a value of £575,000.

## **Case Study: Cardiff Council**

Following the use of various upfront application and payment controls, the Council used a multi-layered approach to post payment verification and assurance processes for COVID-19 business support grants. NFI provided a useful source of intelligence as part of these post payment checks. The Corporate Fraud Investigation Team and colleagues in Business Rates used a range of investigative techniques and identified £575,000 of payments for recovery. For example, one NFI match indicated that a company had ceased trading, online enquiries suggested the business had closed and a Companies House check showed the company had dissolved prior to the grant eligibility date. The company had not notified the Council that they had ceased trading and were not eligible for the grant. The Council has recovered, or is is seeking to recover the overclaims wherever there is a realistic chance of doing so.



**Outcomes** 

Results



**Process** 

## Payments to residential care homes

In previous NFI exercises, NFI has matched residential care home data to deceased persons to identify cases where a care home resident has died, but the local authority has not been notified and so has continued to make payments to the care home.

In NFI 2018-19, 11 cases of overpayments were identified where Welsh local authorities were continuing to pay care homes for residents who had died. The average value of these cases was £14,545.

Due to the unintended consequence of a change to legislation affecting Wales, Scotland and England, it was not possible to undertake matching in this area as part of NFI 2020-21. The Auditor General is working with the Cabinet Office and Audit Scotland to find a legislative solution that will allow this matching to be undertaken in future NFI exercises.

**Outcomes** 

**Results** 

**Process** 

## Matches benefiting other public bodies

One key benefit of a UK-wide data matching exercise is that it enables matches to be made between bodies and across national borders. Data provided by Welsh participants for the 2020-21 NFI exercise helped other public bodies outside Wales identify outcomes worth just over £183,000.

Sector of source data	£	Number of outcomes
Local authorities	162,776	135
NHS	15,811	17
Fire	4,458	1
Total	183,045	153

Most of these outcomes relate to housing benefits, housing waiting lists, and council tax reductions. For example, payroll data from a health board may allow a local authority to identify a housing benefit overpayment.

For those public bodies taking part in the NFI which may not always identify significant outcomes from their own matches, it is important to appreciate that providing their data can help other bodies and sectors identify frauds and overpayments.

20/25

# **Process**

### **Key messages**

Outcomes

Results

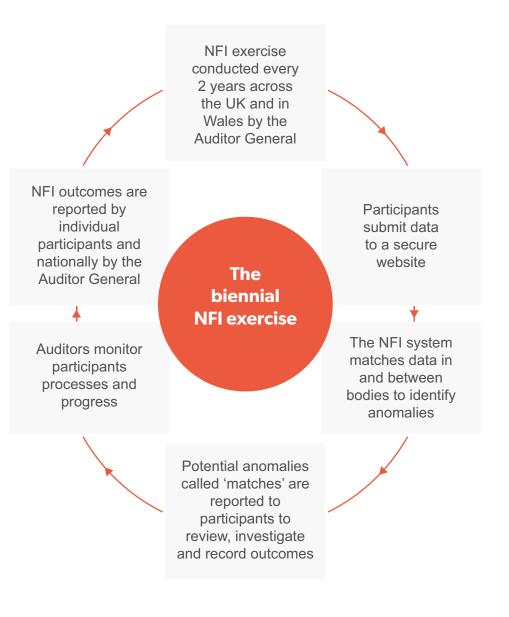
Process

The NFI is a counter-fraud exercise across the UK public sector which aims to prevent and detect fraud. The Auditor General, Cabinet Office, Audit Scotland, and the Northern Ireland Audit Office lead the exercise in Wales, England, Scotland, and Northern Ireland, respectively. The NFI takes place biennially and enables public bodies to use computer data matching techniques to detect fraud and error.

The main purpose of the NFI is to ensure funds and services are provided to the correct people, but the NFI can also identify individuals entitled to additional services or payments eg housing benefit matches may identify customers entitled to council tax discount or reduction.

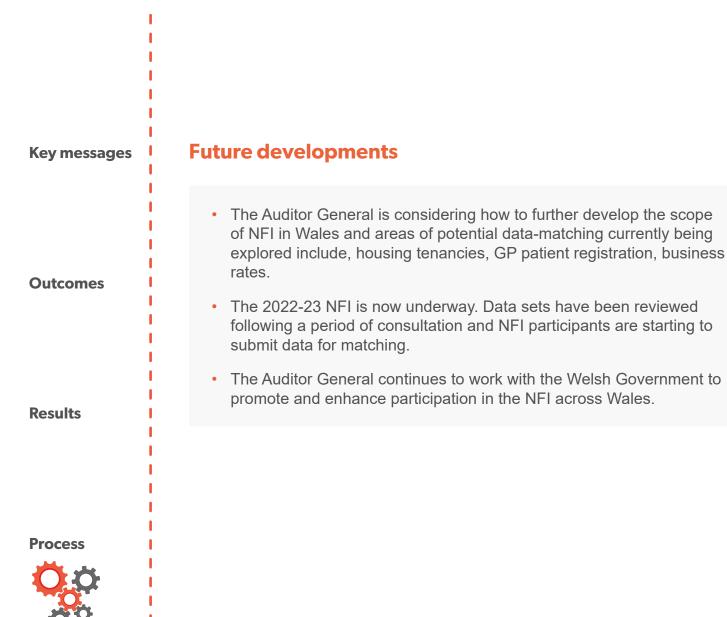
We carry out the NFI process under powers in the Public Audit (Wales) Act 2004. It is important for all parties involved that this exercise is properly controlled and data handled in accordance with the law. The Auditor General's <u>Code of Data</u> <u>Matching Practice</u> summarises the key legislation, and controls governing the NFI data matching exercise.

In Wales, the Auditor General has mandated unitary local authorities and NHS bodies to participate in the NFI. The Welsh Government, some Welsh Government Sponsored Bodies, and Audit Wales participate on a voluntary basis.



Key messages	How bodies work with the NFI
	The success of the NFI is dependent on the proactivity and effectiveness of participant bodies in investigating the data matches.
Outcomes	Most participating Welsh public bodies managed their roles in the 2020-21 NFI exercise well.
Results	However, some bodies could be far more pro-active in their approach to the NFI. In particular, some local authorities reviewed very few of the matches they received, and as a consequence did not do sufficient work to address potential frauds. This was due to some participants failing to recognise the importance of the exercise and/or an unwillingness to allocate adequate, skilled counter-fraud resources to investigate the NFI matches.
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The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes the National Fraud Initiative in Wales under Part 3A of the Public Audit (Wales) Act 2004 which empowers him to conduct data matching exercises for the purpose of assisting in the prevention and detection of fraud in or with respect to Wales and to publish the results of any such exercise.

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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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.



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# Management response

Report title:

Completion date:

Document reference:

Ref	Recommendation	High priority yes / no	Accepted yes/no	Management response	Completion date	Responsible officer
	All participants in the NFI exercise should ensure that they maximise the benefits of their participation. They should consider whether it is possible to work more efficiently on the NFI matches by reviewing the guidance section within the NFI secure web application.	Yes	Yes	<ul> <li>DHCW will implement a monitoring and engagement process in order to: <ol> <li>Ensure active participation/review</li> <li>Explore efficiency opportunities</li> </ol> </li> <li>This will be a standing item within the Capital &amp; Non Pay Delivery Group with escalations as appropriate to Weekly Directors/Management Board.</li> </ul>	March 2023	Associate Director of Finance
	Where local auditors recommend improving the timeliness and rigour with which NFI matches are reviewed, NFI participants should take appropriate action.	Yes	Yes	A full action plan will be drafted to implement accepted recommendations with delivery and compliance to be managed via the established Capital & Non-Pay Delivery Group.	March 2023	Associate Director of Finance
	Audit committees, or equivalent, and officers leading the NFI should review the NFI self-appraisal checklist. This will ensure they are fully informed of their organisation's planning and progress in the 2022-23 NFI exercise.	Yes	Yes	DHCW will review and complete the self- appraisal checklist which will be shared at the April 2023 meeting of the Audit and Assurance Committee.	April 2023	Associate Director of Finance

Page 2 of 2 - Management response



# DIGITAL HEALTH AND CARE WALES AUDIT WALES 2022 STRUCTURED ASSESSMENT

		Agenda Item	4.4ii	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Nathan Couch, Audit Wales
Presented By	Nathan Couch, Audit Wales

Purpose of the Report	For Assurance	
Recommendation		
The committee is being asked to: RECEIVE the report for ASSURANCE.		

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Qı	uality Digital Services
CORPORATE RISK (ref if appropriate)		The audit work will specifically cover corporate risks where appropriate.

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement:	
Not required for this report.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Audit Wales 2022 Structured Assessment

Author: Nathan Couch Approver: Claire Osmundsen Little

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RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms				
DHCW	Digital Health and Care Wales	SHA	Special Health Authority	

## 2 SITUATION/BACKGROUND

- 2.1 The paper provides a summary of the key messages arising from our 2022 Structured Assessment work at DHCW. The work is designed to help discharge the Auditor General's statutory requirement to be satisfied that DHCW has made proper arrangements to secure economy, efficiency, and effectiveness in its use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2.2 The work specifically focussed on DHCW's arrangements in relation to governance; strategic planning; financial management; and managing the workforce, digital assets, the estate, and other physical assets.
- 2.3 The approach we adopted for delivering this work included observation of Board and Committee meetings, documentation reviews, and interviews with several Senior Officers and Independent Members.

# 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Overall, we concluded that DHCW is embedding good governance arrangements, and must now seek to further develop its role as a trusted digital partner to exploit digitally enabled service opportunities across Wales.
- 3.2 Supporting this conclusion, our work found that DHCW:
  - is well led and has made positive progress in establishing and embedding appropriate arrangements to support good governance;
  - has effective planning approaches, but further work is required to develop its longerterm strategy and to include milestones and targets in some plans to enable effective progress monitoring;
  - has a generally effective approach to financial planning, monitoring, and reporting, the organisation's funding model presents risks that need to be actively managed in the medium- to long-term; and
  - has a good commitment to supporting staff well-being and good strategic approaches in place for managing its digital resources and the estate. However, its arrangements for managing physical assets require strengthening.
- 3.3 The review identified a small number of areas for improvement, specifically around the lack of



target dates and milestones in some corporate plans and strategies; a lack of visibility at Boardlevel of the organisation's arrangements for managing medium- to long-term funding and savings risks; and Board-level oversight of the management of physical assets. We subsequently raised three recommendations, all of which have been accepted by management, with appropriate actions and implementation dates.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No matters for escalation to the committee.

#### 5 **RECOMMENDATION**

5.1 The committee is being asked to **RECEIVE** the report for **ASSURANCE**.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME

Author: Nathan Couch Approver: Claire Osmundsen Little

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# Structured Assessment 2022 – Digital Health and Care Wales

Audit year: 2022 Date issued: December 2022 Document reference: 3274A2022



This document has been prepared for the internal use of Digital Health and Care Wales as part of work performed/to be performed in accordance with statutory functions.

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

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# About this report

- 1 This report sets out the findings from the Auditor General's 2022 structured assessment work at Digital Health and Care Wales (DHCW). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2 Our 2022 Structured Assessment work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to the public and key stakeholders that the necessary action is being taken to deliver high quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on DHCW's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. The approach we adopted to deliver our work is detailed in summarised in **Appendix 1**.

# Key messages

- 4 Overall, we found that **DHCW is embedding good governance arrangements**, and must now seek to further develop its role as a trusted digital partner to exploit digitally enabled service opportunities across Wales.
- 5 DHCW's arrangements enable the Board and its committees to conduct their business effectively and transparently. Meetings are well chaired, with the quality of information presented supporting effective scrutiny and challenge from Independent Members. DHCW has plans in place to increasingly make use of patient and staff stories to highlight learning and support improvement.
- 6 The Board is beginning to stabilise following several key appointments to the Executive Team and Independent Member cadre. DHCW has commissioned an external provider to support Board development and cohesion following these changes. DHCW has developed and embedded appropriate systems of assurance, particularly around its board assurance, risk, and performance management frameworks. There is a good approach to self-review and improvement by the

Board and its committees, and arrangements for supporting Independent Member development are strengthening.

- 7 DHCW's Integrated Medium-Term Plan (IMTP) 2022-25 clearly outlines its vision and strategic objectives over the short- to medium-term. However, there has been slow progress in developing the organisation's long-term strategy. The organisation has a good approach to planning, and arrangements for engaging with stakeholders on corporate plans and strategies are improving. Corporate strategies and plans clearly outline strategic objectives and outcomes, supported by appropriate arrangements to maintain oversight of plan delivery. However, a lack of target dates and milestones in some corporate plans and strategies inhibits effective progress monitoring.
- 8 DHCW's arrangements for securing financial balance are good. Whilst it has good financial planning arrangements, the funding model for its digital priorities investment and reliance on non-recurrent savings are a concern. In general, DHCW has effective financial controls, and effective monitoring and reporting arrangements, with proportionate scrutiny and challenge of financial information from Independent Members. However, the Board should seek greater assurances that risks to financial sustainability in the medium- to longer-term are being managed effectively.
- 9 DHCW prioritises staff well-being and provides some assurance to the Board that it is being adequately supported. However, risks around staff vacancies and recruitment will need to be managed appropriately to ensure there is no adverse impact on the current workforce. The IMTP outlines DHCW's digital approach up to 2025, and the quality of reporting provides sufficient assurance on the progress the organisation is making on its national, infrastructure and delivery of national products and programmes. The Board has an agreed Estates Plan and Decarbonisation Strategy in place with appropriate governance arrangements to oversee them, but it needs to strengthen its oversight on the management and control of physical assets.

# Recommendations

10 Recommendations arising from this audit are detailed in **Exhibit 1**. DHCW's management response to these recommendations is summarised in **Appendix 2**.

#### Exhibit 1: 2022 recommendations

#### Target dates and milestones in corporate plans and strategies

R1 Whilst the IMTP 2022-25 and associated Business Plan are supported by clear target dates and milestones, this information is not available for other corporate plans and strategies. DHCW, therefore, should ensure that all corporate plans and strategies are underpinned by detailed delivery plans that include target dates and milestone to facilitate effective progress monitoring and ensure appropriate Board-level assurance and scrutiny.

#### **Financial sustainability**

- R2 Arrangements for managing medium- to long-term funding and savings risks need to be more visible at Board-level. DHCW, therefore, should put arrangements in place to:
  - a. demonstrate, via its Board Assurance Framework, that it is actively managing the medium- and long-term risks associated with the sustainability of the Digital Priorities Investment Funding model; and
  - b. provide greater assurance to the Board on the development and delivery of recurrent savings in the medium- to long-term to strengthen the future financial sustainability of the organisation.

#### Management of physical assets

R3 Aside from Internal Audit reports in this area, the Board or its committees do not receive other assurances over the management of DHCW's physical assets. DHCW, therefore, should periodically provide assurance reports to the Board or the relevant committee that its physical assets (over a certain value and / or at risk of misappropriation) are being well managed.

# Governance arrangements

- 11 In this section of the report, we provide our views on DHCW's governance arrangements, with a particular focus on:
  - Board and committee effectiveness;
  - the extent to which organisational design supports good governance; and
  - key systems of assurance.
- 12 We found that **overall**, **DHCW** is well led and has made positive progress in establishing and embedding appropriate arrangements to support good governance.

# **Board and committee effectiveness**

- 13 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
  - the Board and its committees demonstrate appropriate levels of public transparency;
  - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
  - there is an appropriate and well-functioning committee structure below the Board;
  - the Board and its committees receive the right information, including views from staff and service users; and
  - there is evidence of sufficient self-review by the Board and its committees.
- 14 We found that **DHCW is embedding good and transparent governance** arrangements, and has plans in place to strengthen its use of staff and patient feedback to support learning and improvement.
- 15 DHCW demonstrates good levels of public transparency. Whilst all Board, committee, and advisory group meetings continue to be held virtually, only public Board meetings are livestreamed. However, recordings of Board and committee meetings are published on DHCW's website within two days, with the exception of Local Partnership Forum and Renumeration and Terms of Service Committee meetings due to the sensitive and confidential nature of the information they discuss.
- 16 Independent Members provide effective challenge on the use of private meetings to ensure as much business as possible is considered in public. As a result, private meetings are limited to sensitive and confidential matters only. We found that all private meetings held to date were appropriate, with good evidence of DHCW publishing abridged minutes on its website to enable transparency. To enhance

transparency further, DHCW may wish to consider including matters to be discussed in private on public Board and committee agendas.

- 17 Papers for all meetings are published on DHCW's website a week in advance in line with Standing Orders. Since July 2022, DHCW has started to make innovative use of QR codes to enable the public and other stakeholders to gain immediate access to Board papers from a digital device. DHCW intends to roll-out this functionality to committee and advisory group meetings in 2023.
- DHCW's arrangements support the effective conduct of Board business. Standing Orders, Reservation and Delegation of Powers, and Standing Financial Instructions are all up-to-date and reviewed annually by the Management Board, Audit and Assurance Committee, and Board. Declarations of interest are taken at the start of every Board and committee meeting. Appropriate arrangements are also in place for declaring, handling, and recording declarations of interest from Board members and staff in Band 8a posts and above. The registers are available on DHCW's website. This information is routinely presented to the Audit and Assurance Committee for review as part of the standards and behaviours report, which also includes details on gifts, hospitality, honoraria, and sponsorship.
- 19 DHCW's Board is beginning to stabilise following a number of changes during the year. Substantive appointments have now been made to the following key senior positions:
  - Executive Director of Strategy (started in April 2022);
  - Director of People and Organisational Development (started in May 2022);
  - Director of Primary, Community Care and Mental Health Digital Services (started in November 2022); and
  - Executive Director of Operations (starting in January 2023).

Whilst this is a positive development, the time taken to make appointments to these key positions have impacted the pace of delivering some organisational objectives, such as progressing work on DHCW's long-term strategy. Two new Independent Members also joined the Board in September 2022. DHCW has commissioned Deloitte to undertake work to support Board development and cohesion.

- 20 The Board and committees are working effectively. They have up-to-date terms of reference, and maintain comprehensive actions logs and annual cycles of business. Board and committee chairs are actively involved in agenda setting, and the agendas prepared for meetings are well-balanced and appropriately focussed on relevant business.
- 21 Board and committee meetings are managed well by their respective chairs, who enable discussion on key issues and encourage contributions from all members. Board and committee members adhere well to DHCW's guidance on virtual meeting etiquette. There are also good simultaneous interpretation arrangements in place to enable members and others to contribute to Board meetings in Welsh

should they wish to do so. An English transcription is provided on DHCW's website following each meeting.

- 22 Meetings demonstrate an open and transparent culture, which is evidence of the positive working relationships that exists between Board members. Independent Members make good use of their previous experiences in both the public and commercial sectors to provide robust scrutiny and challenge. Overall, the scrutiny provided is appropriately strategic in nature. However, we identified a small number of instances where it appeared to stray slightly too much into operational detail.
- 23 DHCW has established good arrangements to ensure the quality and timeliness of information presented to the Board and committees. Papers are generally well structured and of sufficient length. They are not overly detailed or technical, and clearly direct the reader to key risks and matters requiring consideration which, in turn, supports effective scrutiny, assurance, and decision-making. Cover reports follow an SBAR<sup>1</sup> format, and impact assessments are routinely completed, covering a range of criteria including strategic objectives, the five-ways of working under the Well-being of Future Generations (Wales) Act 2015<sup>2</sup>, DHCW quality standards, and equality.
- 24 There are effective arrangements in place to support flows of assurance and the referral of information and risks between committees, and from committees up to the Board. Committees discuss items for escalation to the Board at the end of each meeting and submit regular highlight reports summarising the key matters discussed, decisions made, keys risks, matters of concern, and any delegated action taken. Whilst these reports appear last on the Board agenda, they receive appropriate attention and Board members are afforded sufficient opportunities to ask questions or make comments.
- 25 Whilst DHCW has established listening and learning arrangements, they do not always give Board members sufficient insights into the experiences of staff, service-users, and patients. Instead, they tend to focus on service or programme delivery. As a result, opportunities to highlight valuable learning and improve the quality of services are being missed. Work to address this is ongoing, however we do recognise the challenges this presents for DHCW as an organisation that does not provide direct patient care.
- 26 Whilst there is limited use of staff stories in Board meetings, there are good mechanisms in place for sharing information across the organisation including the 'insider' staff newsletters, 'board insights' articles, and TenTalks<sup>3</sup> meetings which

<sup>&</sup>lt;sup>1</sup> Situation, Background, Assessment, and Recommendation.

<sup>&</sup>lt;sup>2</sup> The five ways of working as set out in the Well-being of Future Generations (Wales) Act 2015 are prevention, integration, collaboration, involvement, and long-term.

<sup>&</sup>lt;sup>3</sup> TenTalks are thirty minute live organisational communication events held on specific topics, for example counter fraud, organisational behaviour, and Board member introductions.

are well attended. The Corporate Governance Team has arranged a pilot Independent Member walkabout session focussing on the 'service desk' which could provide a good model going forward.

- 27 There are effective arrangements in place to support Board and committee selfreview and evaluation. The Board, committees, and advisory groups have assessed and discussed their effectiveness, and an action plan has been developed to address the areas requiring improvement. Good progress has been made to date in delivering the identified improvements, with all but one of the actions complete.
- 28 DHCW has effective local induction arrangements in place for Executive Directors and Independent Members. There is a formal appraisal process in place for Independent Members and plans to introduce 360-degree Board member assessments. Whilst DHCW has established and delivered Board Development Sessions, covering a range of topics, they have received a mixed response from Board members. A supplementary Board Development Programme focussing on Board OD is currently being developed by Deloitte, as noted in paragraph 19.

## **Organisational design**

- 29 We considered the extent to which DHCW's organisational structure supports effective governance. In examining this, we have looked at whether:
  - the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work;
  - there is clarity on the role of the Board Secretary, and there are adequate resources in place to support the work of the Board and its committees; and
  - the organisational structure supports effective governance and facilitates whole-system working.
- 30 We found that despite delays in appointing to key senior posts, the evolving structure is supporting good governance and effective joint-working.
- 31 DHCW has been unable to finalise its corporate and operational structures due to the delays in filling key senior officer vacancies on a substantive basis. The delays have also had an impact on the portfolios of the Chief Executive and some Executive Directors, who have been required to shoulder additional responsibilities whilst recruitment was underway. The organisation intends to stabilise portfolios and finalise structures as soon as the full Executive Team is in place. However, despite these delays, the evolving structure appears to be laying good foundations to support effective governance and enable joint-working.
- 32 The Corporate Governance Team, led by the Board Secretary, provides good support to the Board and its committees. The Board Secretary is completely independent from operational delivery and has clear lines of accountability to the Chair for Board, Committee, and Advisory Group business. There is currently only one vacancy within the team - the Head of Corporate Governance role. The responsibilities of this role have temporarily been split between by the Corporate

Governance Manager and Head of Corporate Services for Risk and Welsh Language. Whilst this arrangement has not had a negative impact on service quality, it may not be sustainable in the medium- to long-term.

## Systems of assurance

- 33 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:
  - there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
  - the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and
  - effective action is taken to address audit and review findings and recommendations.
- 34 We found that **DHCW has generally effective systems of assurance in place**, which continue to strengthen and evolve.
- 35 DHCW has a detailed, comprehensive, and high-quality Board Assurance Framework (BAF), which was approved by the Board in May 2022. The Board intends to review the BAF twice yearly, in May and November. This approach appears to be reasonable given the size and risk profile of the organisations. However, there is scope to strengthen the role of committees in monitoring areas of the BAF that are not progressing adequately to compliment the Board's six monthly review of strategic risks. Furthermore, as the BAF evolves and matures over time, DHCW will need to ensure it is actively used to inform and shape Board and committee business and ensure a continued focus on DHCW's strategic objectives and the potential threats and opportunities to achieving them.
- 36 DHCW has effective risk management arrangements that underpin its BAF, supported by a comprehensive suite of policies, procedures, templates, and training for staff at all organisational levels. The Corporate Risk Register (CRR) clearly articulates the organisation's corporate risks. Whilst it outlines actions to mitigate risks, there is scope to articulate controls more clearly. All corporate risks are reviewed monthly by the Management Board, allocated to the relevant risk owner and assurance committee, and actively reviewed and challenged by members. These arrangements are supported by operational Risk Management Groups.
- 37 The organisation effectively demonstrates that its risk management arrangements are helping to reduce the level of risks that the organisation is facing. We observed good scrutiny, challenge, and discussion during 'deep-dive' exercises on corporate risks undertaken by individual committees. Regular Board and committee risk management reports provide a good overview of risks escalated, removed, changes to risk scores, and risk trending analysis. For the period April 2021 to

September 2022, a total of 52 risks were escalated to the CRR. By September 2022, half of the risks had either been de-escalated or closed, with only seven remaining active throughout the 18-month period, demonstrating the effectiveness of the organisation's risk management arrangements.

- 38 DHCW has reasonably effective performance management arrangements in place. Performance is reported to the Board via the Integrated Organisational Performance Report (IOPR), which provides an overview of performance against a range of key indicators relating to finance, workforce, service-delivery, quality, governance, engagement, and information management. Whilst service availability is reported in DHCW's annual report it is not included in the IOPR. Therefore, DHCW may wish to consider routinely including this key organisational metric in its performance report. On a quarterly basis, the IOPR also includes an update on the organisation's progress and impact in achieving its strategic objectives. Overall, the report provides a clear assessment of performance supported by good quantitative and qualitative information. However, there is scope to strengthen the IOPR, with clearer narrative on DHCW's performance position and actions being taken to address under-performance or unwanted variation.
- 39 DHCW has made improvements to its quality governance framework to ensure compliance with the new duties of quality and candour<sup>4</sup> when they comes into force. It has established a quality assurance and regulatory compliance department, introduced quality groups, and developed a programme of risk-based audits on quality management standards. There is regular and effective reporting on compliance with quality standards to the Management Board and Audit and Assurance Committee.
- 40 DHCW's arrangements for providing assurance on cyber security and information governance are reasonably effective. The organisation has established a set of cyber security objectives for 2022-23 and the Board is well sighted on cyber security risks. Our observations of a private session of the Digital Governance and Safety (DGS) Committee found good scrutiny, challenge, and discussion amongst members on a recent cyber resilience report received by the organisation.
- 41 DHCW appears to be making good use of pan-Wales groups and networks, such as the All Wales Independent Member Digital Network, and its broader engagement with NHS bodies to raise the profile of cyber security risks. However, there is scope to strengthen arrangements for managing and / or mitigating cyber security and other complex and interdependent strategic risks on a multi-agency basis. To achieve this, there will need to be clarity of roles and responsibilities amongst DHCW and its partner organisations such as the Cyber Resilience Unit, Welsh Government, and other health bodies. There is also an opportunity for DHCW to take a system leadership role in driving the cyber security agenda across the health and care system as a trusted digital partner.

<sup>4</sup> The new duties of quality and candour are being introduced under Health and Social Care (Quality and Engagement) (Wales) Act 2020 and come into force on 1 April 2023.

- 42 DHCW's information governance arrangements continue to evolve. The organisation's Information Governance Strategy is being updated to reflect the visions, aims, and objectives of the Information and Patient Safety Teams. However, as a new body, DHCW's role and responsibilities in respect of the National Information Governance Framework lack clarity and require formal agreement to reduce ambiguity when leading national information governance work. Information Governance Reports presented to the DGS Committee outline key information governance developments and performance. DHCW's performance against Freedom of Information and Subject Access Request targets for the period June 2021 to July 2022 has been reasonably good, with only a limited number of breaches. DHCW has also achieved a high level of compliance with the Welsh Information Governance Toolkit (98% overall), and action is underway to address areas requiring improvement.
- 43 DHCW has reasonably effective arrangements in place for monitoring and tracking progress against internal and external audit recommendations. Progress is regularly reported to the Audit and Assurance Committee, with reports providing a good overview of the implementation status of all recommendations. The October 2022 Audit Action Log report indicates DHCW's good progress in closing audit recommendations, with 11 out of 21 actions closed during the period July 2022 to October 2022. A six-month extension was granted to fully implement one action and the remaining 9 actions are all on target for completion by their target date. Positively, DHCW is also tracking and reporting the opportunities for improvement arising from our <u>Baseline Review of Governance Arrangements</u>. A recent Internal Audit review of the recommendation's tracker provided reasonable assurance overall and identified opportunities to improve the consistency and effectiveness of the tracking process.

# Strategic planning arrangements

- 44 In this section of the report, we provide our views on DHCW's strategic planning arrangements, with a particular focus on the organisation's:
  - vision and strategic objectives;
  - Integrated Medium-term Plan;
  - planning arrangements; and
  - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 45 We found that **DHCW has effective planning approaches, but further work is** required to develop its longer-term strategy and to include milestones and targets in some plans to enable effective progress monitoring.

# Vision, strategic objectives, and Integrated Medium-Term Plan

- 46 We considered the extent to which there is a clear vision and long-term strategy in place for the organisation. In examining this, we have looked at whether:
  - the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
  - the vision and strategic objectives have been developed and adopted by the Board; and
  - the IMTP was reviewed by the Board and submitted within the required timeframes in line with Welsh Government guidance.
- 47 We found that the Integrated Medium-Term Plan for 2022-25 clearly outlines DHCW's vision and strategic objectives over the short- to medium-term. However, it now needs to accelerate work on developing the organisation's long-term strategy.
- 48 DHCW's Integrated Medium-Term Plan (IMTP) 2022-25 clearly outlines its vision and strategic objectives over the short- to medium-term. The vision and strategic objectives focus on enabling and supporting the achievement of wider NHS strategic objectives as well as supporting the broader population health agenda. The IMTP also outlines the organisation's own priorities around digital innovation and national data standardisation. DHCW's strategic objectives are underpinned by four national objectives and 12 enabling portfolios outlining the work required to support its vision. Its fifth over-arching strategic objective of 'becoming a trusted strategic partner' is supported by a further six enablers.
- 49 The draft IMTP was discussed and approved by the Board in March 2022 and submitted to Welsh Government within the required timeframe. The plan was formally accepted by the Minister for Health and Social Services, and feedback was broadly positive.
- 50 However, DHCW's progress in developing its long-term strategy has been slow partly due to the time taken to appoint an Executive Director of Strategy. DHCW has also decided to wait for the publication of the Welsh Government national Health and Care Digital Strategy before preparing its own. Some Board members have expressed concern around the pace of this work, indicating that it will be some time before a long-term strategy is in place. Nevertheless, one of the objectives within the IMTP is to develop the organisation's long-term strategy, and the appointment of the Executive Director of Strategy should ensure that its development remains a key area of focus.

# **Planning arrangements**

- 51 We considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:
  - prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans; and

- corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders.
- 52 We found that **DHCW has a good approach to planning, and arrangements for** engaging with stakeholders continue to strengthen.
- 53 DHCW has effective arrangements to oversee the development of corporate strategies and plans. There is a comprehensive internal business planning process in place, which is led by the Planning and Performance Management Group and supported by the Planning Team. We found evidence of good internal and external stakeholder engagement, as well as good use of data evaluation and analysis to understand and define priorities. DHCW has prepared a detailed Business Plan, which is based on the IMTP, and the Planning Team has engaged well with all operational areas to identify detailed objectives, milestones, and accountable officers. It has also assessed resource and capacity requirements to ensure the Business Plan is realistic and achievable.
- 54 DHCW engages well with stakeholders when developing corporate strategies and plans. The IMTP 2022-25, Research and Innovation Strategy 2022-25, and People and Organisational Development Strategy 2022-25 were developed in liaison with key internal stakeholders, including senior management and staff through a series of workshops. Board members were also given opportunities to comment on these strategies and plans through several Board Development Sessions. Board members were positive about their collective engagement in developing the IMTP, indicating there was constructive scrutiny, challenge, and discussion throughout which helped to strengthen the plan prior to its formal approval by the Board. DHCW also actively engaged with wider NHS organisations during the IMTP 2022-25 development process, both directly and through its membership of various pan-Wales groups. However, the Board will need to seek greater assurances that the organisation is managing the increasing number of digital priorities across NHS Wales.
- 55 Stakeholder engagement appears to be improving, and relationships between DHCW and NHS bodies are strengthening. Stakeholder engagement is identified as a key strategic driver in the IMTP. The organisation's Stakeholder Engagement Strategy outlines its intended approach to engagement and details several strategic principles and objectives to enable the organisation to be considered as a 'trusted digital partner'. DHCW monitors and reports its stakeholder engagement activity via the IOPR. The September 2022 report to the Board demonstrates high levels of activity in this area, particularly around service level review meetings, and strategic engagement meetings. However, there is scope to increase reporting on the extent to which external partners and stakeholders regard DHCW as a 'trusted digital partner'. The recent appointment of a Head of Engagement will ensure a proactive strategic focus on the Stakeholder Engagement Plan and the organisations interface with its key partners and stakeholders.
- 56 DHCW recognises its critical role in supporting the delivery of value-based healthcare. The National Data Resource platform, which is hosted by DHCW and

aims to deliver a more joined-up approach to health and care data in Wales, is imperative to this approach. The organisation's IMTP includes a 'Value from Data' portfolio which aligns to value-based healthcare principles and provides examples on how the organisation is helping to drive value from data for better patient outcomes and service planning. DHCW also works closely with the Welsh Value in Health Centre to enable Health Boards and Trusts to implement value-based healthcare approaches within their own organisations.

## Implementation and monitoring arrangements

- 57 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:
  - corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board receives regular reports on progress to deliver corporate strategies and plans.
- 58 We found that while corporate strategies and plans include clear objectives, a lack of target milestones in some is inhibiting effective monitoring.
- 59 Corporate strategies and plans approved by the Board during 2022 have clear Executive Director ownership. They contain clear and understandable strategic objectives, which are underpinned by outcome measures or actions for achievement. They are also supported by appropriate governance, delivery, and reporting arrangements. Whilst the IMTP 2022-25 is underpinned by a clear Business Plan containing target dates and milestones, this level of information does not appear to be available for other corporate strategies and plans, such as the Estates Plan, Research and Innovation Strategy, and the People and Organisational Development Strategy. This is inhibiting effective progress monitoring and limits opportunities for the Board and its committees to adequately oversee and scrutinise delivery **(Recommendation 1)**.
- 60 DHCW's Integrated Organisational Performance Report (IOPR) provides a quarterly overview of progress against delivery of the organisation's strategic objectives. The report's 'plan on a page' provides a useful overview of progress against each portfolio aligned to DHCW's four strategic missions. This is supported by a more detailed narrative update commenting on delivery, intended impact, and situations of note. The report also provides an assessment of risk to delivering the organisation's strategic objectives and includes commentary around current and future mitigating actions. However, there is scope to enhance the organisation's arrangements for providing assurance to the Board that corporate strategies and plans are achieving the desired impact and benefits.

# Managing financial resources

- 61 In this section of the report, we provide our views on DHCW's arrangements for managing its financial resources, with a particular focus on the organisation's:
  - arrangements for meeting key financial objectives;
  - financial controls; and
  - arrangements for reporting and monitoring financial performance.
- 62 We found that **DHCW has a generally effective approach to financial planning,** monitoring, and reporting; however, the organisation's funding model presents risks that need to be actively managed in the medium- to long-term.

# **Financial objectives**

- 63 We considered the extent to which DHCW has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether DHCW:
  - met its financial objectives for 2021-22, and is on course to meet its financial duties in 2022-23; and
  - has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.
- 64 We found that **DHCW achieved its financial objectives for 2021-22 and is** forecasting a breakeven position for 2022-23. Whilst it generally has effective financial planning arrangements in place, the funding model for its digital priorities investment and reliance on non-recurrent savings pose a risk.
- 65 DHCW met its financial objectives to break even for both revenue and capital expenditure in 2021-22. Whilst DHCW is forecasting an overall breakeven position for 2022-23, it has identified several key issues that may negatively impact on the year-end position, including: core vacancy position and recruitment; increased cyber security requirements; improvements initiatives (e.g. cloud adoption and product centred approach); and exceptional costs pressures including digital inflation.
- 66 DHCW's Financial Plan for 2022-23 was approved by the Board in March 2022 and supports the organisation's service and investment strategy which is outlined in the IMTP. The organisation has received a total of £152.257m in revenue funding of which:
  - £110.463m was received from Welsh Government, NHS Wales Service Level Agreements, all-Wales Digital Licensing, and other miscellaneous income';
  - £10.258m received from Welsh Government for its COVID-19 response; and
  - £21.356m received as part of the Digital Priorities Investment Fund (DPIF)<sup>5</sup>.

<sup>5</sup> DPIF is a Welsh Government fund which is used to drive digital improvement across the following key themes: transforming digital services for patients, public and professionals, investing in data and intelligent information, modernising devices, moving to cloud services, cyber security, and resilience.

- 67 However, we found several issues around the complexity of the DPIF model which present challenges to the timely and efficient delivery of DHCW's plans. For example:
  - the annual allocation of funding makes it difficult for DHCW to recruit into posts for multi-year programmes and projects;
  - delays in receiving funding letters from Welsh Government have resulted in DHCW funding programmes at risk; and
  - Welsh Government's recent DPIF budget review concluded that around £0.977m was identified for reprofiling or return, which directly affected three projects.

The risks relating to DPIF were removed from the Corporate Risk Register during October 2022 upon receipt of the funding from Welsh Government. However, the Board Assurance Framework does not clearly identify the arrangements for managing the medium- to long-term risks associated with the sustainability of the funding model. **(Recommendation 2a)**. The lack of a sustainable funding model and certainty of investment will impact on the organisation's ambitions to become a trusted digital partner. However, we understand that Welsh Government have now committed to reviewing the funding model by the end of March 2023.

68 DHCW's Financial Plan articulates a savings target of £2.457m of which £1.139m is recurrent and £1.318m is non-recurrent. In November 2022, DHCW reported an overachievement on its savings target mainly due to vacancies within the organisation. Whilst this appears to be positive in terms of in-year savings performance, there is a risk to achieving savings targets in future years should the organisation recruit to these vacancies. The resulting shortfall in savings, coupled with unfunded growth areas such as cyber security and cloud storage, could therefore negatively impact on DHCW's future financial sustainability (Recommendation 2b).

# **Financial controls**

- 69 We considered the extent to which DHCW has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
  - there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
  - the Audit Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - there are effective financial management arrangements in place; and
  - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 70 We found that **DHCW has generally effective financial controls in place.**

- 71 During 2022-23, the Internal Audit service completed a review of core financial systems which gave a reasonable assurance rating. We found appropriate reporting to the Audit and Assurance Committee on losses and special payments; high value and cumulative purchase orders; procurement; and compliance with Schemes of Delegation and Standing Financial Instructions. We observed appropriate scrutiny and oversight of the information presented.
- 72 The Audit and Assurance Committee also receives regular progress reports from the Local Counter Fraud Team. The October 2022 report highlights a range of activity underway to achieve the Counter Fraud Plan for 2022-23. However, it also indicates that there is a vacancy within the team. Whilst recruitment to this post is underway, the temporary reduction in staffing may have an impact on the remaining planned work for 2022-23.
- 73 DHCW's financial statements were prepared to a good standard and submitted for audit by the Welsh Government imposed deadline of 29 April 2022. These were considered by the Audit and Assurance Committee on 24 May 2022. Our audit identified no material misstatements, and we issued an unqualified audit opinion.

## Monitoring and reporting arrangements

- 74 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:
  - reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and
  - Board members sufficiently challenge ongoing assessments of the financial position.
- 75 We found that **financial scrutiny is good, but reporting on medium- to longterm savings programmes needs to be strengthened.**
- Financial performance is regularly reported to the Board. Finance reports provide sufficient information to enable scrutiny and challenge and include some detail in respect of progress against savings schemes. However, we found instances where the finance report and accompanying financial briefing duplicates information. We note that DHCW has started to use the finance report to summarise and synthesise the financial briefing and highlight key matters for consideration by the Board since November. This is a positive development which should continue into the future.
- 77 Whilst scrutiny and challenge on financial performance is relatively brief in Board meetings, Board members appear to have a good understanding of DHCW's financial objectives, risks, challenges, and the impact of non-recurrent savings on the organisation's future financial sustainability. However, given these financial risks, there are opportunities for Board members to seek greater assurances on the development and delivery of recurrent savings in the medium- to long- term (**Recommendation 2b).** DHCW is not required to appoint an Independent Member

with financial expertise to its Board. Whilst this is not currently impacting on the quality of financial oversight, DHCW may wish to keep this under review should the opportunity arise in future to recruit an Independent Member with specific skills in this area.

# Managing the workforce, digital resources, the estate, and other physical assets

- 78 In this section of the report, we provide our high-level views on DHCW's arrangements for managing its wider resources, with a particular focus on the organisation's:
  - arrangements for supporting staff wellbeing (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
  - arrangements for managing its digital resources; and
  - arrangements for managing its estate and other physical assets.
- 79 We found that **DHCW has a good commitment to supporting staff well-being** and good strategic approaches in place for managing its digital resources and the estate. However, its arrangements for managing physical assets require strengthening.

# Supporting staff well-being

- 80 We considered the extent to which DHCW has appropriate and effective arrangements in place for supporting staff well-being. In examining this, we have looked at whether:
  - mechanisms to seek staff views about their well-being needs are effective, and appropriate action is taken to respond to findings; and
  - actions to support and improve staff well-being are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff well-being during the COVID-19 pandemic<sup>6</sup>.
- 81 We found that DHCW's arrangements give the Board some assurance that staff well-being is being adequately supported. However, risks around staff vacancies need to be well managed to ensure that this does not negatively impact the well-being of existing staff and impede service delivery to the wider NHS.
- 82 DHCW's IMTP and People and Organisational Development Strategy clearly identify staff well-being and engagement as a key organisational priority. DHCW aims to help staff develop emotional intelligence, well-being, and personal skills

<sup>6</sup> Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic.

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alongside their technical competence to deliver a best-in-class service. The People and Organisational Development Strategy identifies several key deliverables to achieve this, building on initiatives introduced during the pandemic.

- 83 DHCW has good arrangements in place for identifying, promoting, delivering, and evaluating innovative initiatives to improve staff health and well-being. Whilst reporting on health and well-being activity is good, reports do not provide adequate assurance that they are achieving the desired impact. This could be addressed by putting arrangements in place to enable Independent Members to engage directly with staff to gauge their morale, and better understand the day-to-day issues affecting them.
- 84 Our Taking Care of the Carers report made several recommendations to health bodies around staff well-being. DHCW is making good progress in implementing these recommendations - four have been completed to date, and the remaining two are ongoing or partially complete.
- 85 DHCW is experiencing significant recruitment challenges in a highly competitive market. The Corporate Risk Register (CRR) articulates staff vacancies as a key / high risk, and outlines the potential negative impacts on staff well-being, as well as on service deliverables and timescales which may ultimately result in delays to system support and new functionality for NHS Wales users. Whilst the CRR identifies a range of current and forward actions to mitigate the risk, the trend in risk score has remained the same since January 2022. Whilst staff headcount has increased, and will continue to do so during 2022-23, there has been a small but steady increase in staff turnover, which stood at 8.35% in August 2022 against a target of 7.5%. DHCW, therefore, will need to monitor its vacancies and staff turnover closely as the organisation continues to grow, and more demands are placed on its services to ensure that this situation does not adversely impact on the well-being of existing staff and service delivery to the wider NHS in Wales.

# Managing digital resources

- 86 We considered the extent to which DHCW has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
  - there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
  - benefits arising from investments in digital technology are actively monitored by the Board.
- 87 We found that DHCW's short- to medium-term digital strategy is clearly captured in the IMTP. Whilst there is good reporting on the delivery of digital project portfolios, there needs to be a greater focus on monitoring and reporting benefits realisation.

- 88 Whilst DHCW does not currently have a separate Digital Strategy, its IMTP clearly sets out the Board approved strategic approach which outlines five strategic missions underpinned by twelve portfolios. There is clear alignment between strategic and operational goals and the identification of enablers to deliver the clinical services priorities of wider NHS bodies. Plans contain detailed milestones for 2022-23 and broader annual ones for 2023-24 and 2024-25. DHCW is currently working on a separate longer-term digital strategy that will follow the publication of Welsh Government's Health and Care Digital Strategy in early 2023.
- 89 DHCW's strategic intent supports findings from the all-Wales IT Infrastructure Review 2020, highlighting the need for change to aging NHS Wales digital systems. It articulates the need for long term investment in modern, reliable infrastructure and the need to embrace the use of cloud services and an open architecture approach. Accompanying investment is emphasised over short-term, quick fixes for software and hardware, that carry their own risks.
- 90 The benefits of digital are set out in DHCW's 'Road Maps'. However, realising those benefits requires secure, reliable infrastructure which ultimately makes data available. DHCW has identified the case for more long-term investment to keep pace with demand and mitigate risks of failure from software updates, support issues and cyber-related threats
- 91 The organisation's Cloud Strategy sets out the case for continuing to build scalable, innovative, and elastic infrastructure and technology platforms to support future requirements within DHCW and across the NHS in Wales. The plan entails a cloud-first approach with an overview of timelines for adoption of both new and existing workloads by 2024, underpinned by the goals of DHCW's Business Plan. DHCW are also establishing an internal cloud governance group - the Cloud Council - to oversee the shift to Cloud.
- 92 A regular Digital Programme Overview Update is provided to the Management Board, and the Digital Governance and Safety Committee. The reports highlights progress against national digital programmes such as National Data Resource (NDR), Welsh Nursing Care Record, and Welsh Emergency Department System (WEDS). The Corporate Planning Project Portfolio Update appended to the report provides a useful overview of the progress for each programme which includes information on the status of each project, actions, responsible officers, and mitigating actions. The latest report presented in November 2022 identifies two of the 19 programmes were categorised as green (good may require refinement), 16 amber (requires attention) and 1 red (highly problematic). However, there is scope to enhance these reports to provide greater detail on challenges, risks, and the delivery of intended benefits to DHCW and the wider health and care system.
- 93 In January 2023, DHCW will acquire two digital programmes from Public Health Wales, the Laboratory Information Network Cymru (LINC) and Radiology Informatics System (RISP). The organisation will then be required to manage the implementation and associated risks of these programmes.

- 94 Many of the national programmes hosted by DHCW have external programme governance arrangements leading to some ambiguity and lack of clarity around accountability and responsibility for their delivery. As a result, both Welsh Government and DHCW commissioned an independent governance review in November 2022 to simplify and provide greater clarity around these arrangements.
- 95 DHCW hosts a number of national financial systems which are used by other NHS organisations in Wales. We review the ICT environment and application controls that are applied to these systems on an annual basis for the purposes of providing assurance for NHS financial audit opinions. The controls we examined in 2020-21 assured us that financial values produced by the systems were likely to be free from material misstatement, although some controls could be strengthened. Our findings were considered by the Audit and Assurance Committee in private in October 2021, and DHCW has prepared an action plan to address the areas requiring improvement. We have recently concluded our 2021-22 review and will be presented our findings to the Audit and Assurance Committee in February 2023.

## Managing the estate and other physical assets

- 96 We considered the extent to which DHCW has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:
  - there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
  - there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
  - there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.
- 97 We found that whilst DHCW has a good strategic approach to estates management and decarbonisation, action is required to strengthen Board assurance on the management of physical assets.
- 98 DHCW has developed a 3-year Estates Plan, which was presented to the Board in November 2022. The plan identifies the need to review and define future estate requirement in terms of location, required area / space, and suitability in light of several factors including: the decarbonisation agenda, the impact of the COVID-19 pandemic on working practices, opportunities for estates rationalisation, current lease arrangements, and creating suitable spaces to support collaborative working with partner organisations. In paragraph 59, we comment on the lack of clear milestones and targets in some corporate strategies including the Estates Plan which inhibits effective monitoring of progress.
- 99 DHCW has also developed a Decarbonisation Strategy and Delivery Plan in response to the 2021 NHS Wales Decarbonisation Strategic Delivery Plan. The delivery plan is designed to enable DHCW to achieve the NHS Wales targets of 16% and 34% emissions reductions in 2025 and 2030 respectively. DHCW has

established a Decarbonisation Group, which includes representatives from Estates, Infrastructure, Commercial Services, Finance and People and Organisational Development.

- 100 The Audit and Assurance Committee receives a regular Decarbonisation, Estates and Compliance Report, which clearly outlines estates information, progress against the DHCW Decarbonisation Plan, ISO 14001 certification, compliance statistics and health and safety statistics. We found that DHCW's performance in these areas is broadly positive.
- 101 DHCW has established a programme of inspections to verify its compliance with health, safety, and environmental legislation, reduce and eliminate risks that may cause an incident, and ensure audit compliance with environmental management standards. Inspection reports provide a summary of the inspection alongside a checklist identifying the assessment criteria and actions required to address issues or risks identified. The findings from Inspection reports are summarised in the Decarbonisation, Estates and Compliance reports provided to Audit and Assurance Committee.
- 102 During our review, the Local Counter Fraud Team was investigating a suspected theft of DHCW IT equipment. As part of its response to the incident, DHCW commissioned the Internal Audit service to complete an advisory review around IT stock management which made several recommendations for improvement. The Audit and Assurance Committee considered the report during a private meeting in October 2022. Aside from Internal Audit reports in this area, the Board or its Committees do not currently receive other assurances that DHCW's physical assets are being managed well (**Recommendation 3**).

# Audit approach

Exhibit 2 sets out the approach we adopted for delivering our structured assessment work at DHCW.

#### Exhibit 2: audit approach

Element of audit approach	Description
Observations	<ul> <li>We observed Board meetings as well as meetings of the following committees:</li> <li>Digital Governance and Safety Committee;</li> <li>Audit and Assurance Committee; and</li> <li>Local Partnership Forum.</li> </ul>

Element of audit approach	Description
Documents	<ul> <li>We reviewed a range of documents, including:</li> <li>Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li> <li>Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality;</li> <li>Key organisational strategies and plans, including the IMTP;</li> <li>Key risk management documents, including the Board Assurance Framework and Corporate Risk Register;</li> <li>Key reports relating to organisational performance and finances;</li> <li>Annual Report, including the Annual Governance Statement;</li> <li>Relevant policies and procedures; and</li> <li>Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li> </ul>
Interviews	<ul> <li>We interviewed the following Senior Officers and Independent Members:</li> <li>Chair of Digital Health and Care Wales;</li> <li>Chief Executive;</li> <li>Executive Director of Strategy;</li> <li>Executive Director of Finance;</li> <li>Chair of the Digital Governance and Safety Committee;</li> <li>Chair of the Audit and Assurance Committee;</li> <li>Board Secretary; and</li> <li>Corporate Governance Manager.</li> </ul>



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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.



## Organisational response

Report title: Structured Assessment 2022 Completion date: January 2023 Document reference: 3274A2022

Ref	Recommendation	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Whilst the IMTP 2022-25 and associated Business Plan are supported by clear target dates and milestones, this information is not available for other corporate plans and strategies. DHCW, therefore, should ensure that all corporate plans and strategies are underpinned by detailed delivery plans that include target dates and milestone to facilitate effective progress monitoring and ensure appropriate Board-level assurance and scrutiny.	DHCW will ensure corporate plans and strategies being presented to the SHA Board have target dates and milestones to ensure progress monitoring can take place by Board members. If a plan or strategy is approved by the SHA Board, we will ensure an associated implementation plan is included on the SHA Board forward work plan over oversight.	December 2023	Board Secretary

Ref	Recommendation	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	Responsible officer (title)
R2	<ul> <li>Arrangements for managing medium- to long-term funding and savings risks need to be more visible at Board-level. DHCW, therefore, should put arrangements in place to:</li> <li>a. demonstrate, via its Board Assurance Framework, that it is actively managing the medium-and long-term risks associated with the sustainability of the Digital Priorities Investment Funding model; and</li> <li>b. provide greater assurance to the Board on the development and delivery of recurrent savings in the medium- to long-term to strengthen the future financial sustainability of the organisation.</li> </ul>	<ul> <li>a. Sustainable funding model has been included within the Board Assurance Framework under strategic mission 5. Progress against key control and assurance gaps and required actions will be monitored by the SHA Board through the BAF reporting.</li> <li>b. DHCW will report to the board on the medium and longer-term savings plans options and delivery as part of the financial report.</li> </ul>	January 2023 March 2023	Executive Director of Finance

Ref	Recommendation	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	Responsible officer (title)
R3	Aside from Internal Audit reports in this area, the Board or its committees do not receive other assurances over the management of DHCW's physical assets. DHCW, therefore, should periodically provide assurance reports to the Board or the relevant committee that its physical assets (over a certain value and / or at risk of misappropriation) are being well managed.	DHCW will ensure that Estates and Compliance reports continue to be a standing item at the Audit and Assurance Committee meeting. In addition to ensuring DHCW continue to undertake an annual validation of all current capital assets. We will also look to provide twice yearly reports to the Audit & Assurance Committee highlighting additions and disposals assets.	January 2023	Executive Director of Finance / Executive Director of Operations



# DIGITAL HEALTH AND CARE WALES AUDIT WALES BASELINE GOVERNANCE REVIEW REPORT UPDATE

		Agenda Item	4.5	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting	
Recommendation		
The Audit & Assurance Comm NOTE the content of the repo	C	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	riate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 20000
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	Governance, leadership and acccountability	
If more than one standard applies, please list below:		
Staff and Resources		

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)	Outcome: N/A	
Statement:		
N/A		

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	Good governance practices are integral to quality and safety across the organisation.
LEGAL	Yes, please see detail below
IMPLICATIONS/IMPACT	There could be legal implications should the baseline governance review highlight any serious areas of improvement for the organisation.
FINANCIAL	Yes, please see detail below
IMPLICATION/IMPACT	Non-compliance with good governance could have a financial impact for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

Audit Wales Baseline Governance Review Report Update

Author: Laura Tolley

Approver: Chris Darling



SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AG	Auditor General		

#### 2 SITUATION/BACKGROUND

- 2.1 The Auditor General (AG) has a statutory requirement to satisfy himself that NHS bodies have proper arrangements in place to secure economy, efficiency, and effectiveness in the use of their resources as set out in Section 61 of the Public Audit Wales Act 2004. To help in the discharge of this responsibility, the AG undertakes annual Structured Assessment work at each NHS body that examines arrangements relating to corporate governance, financial management, strategic planning, and other factors affecting the way in which NHS bodies use their resources.
- 2.2 As Digital Health and Care Wales is a newly established statutory organisation, it was identified that a baseline assessment via a Baseline Governance Review would be undertaken for 2021/22.
- 2.3 DHCW have just completed its first formal Structured Assessment, undertaken by Audit Wales which is included at item 4.4, the report will be reviewed in detail, with learning and opportunities for improvement identified and incorporated into a Structured Assessment Review Action Plan and presented at future Audit and Assurance Committee meeting going forward for information.

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The aim of undertaking a Baseline Governance Review was to aid organisational learning and development whilst still ensuring the AG undertakes the statutory duties charged to him under

Audit Wales Baseline Governance Review Report Update Page 3 of 5

Author: Laura Tolley

Approver: Chris Darling



Section 61 of the Public Audit Wales Act 2004. The work aims to answer the overall question: *is DHCW making good progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources?* 

- 3.2 The Baseline Governance Review overall finding was "DHCW is making positive progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources under challenging operating circumstances".
- 3.3 The findings were considered by the Audit and Assurance Committee on the 18 January 2022 and the report and associated action plan were received by the SHA Board on the 27 January 2022.
- 3.4 The following updates to the two remaining open actions are as follows:

#### Innovation in engagement and communication with stakeholders and partners:

- The Head of Engagement has been in post and is currently revising the Stakeholder Engagement Strategy and Plan. This will be shared during a Board Development session in April 2023 and then at the public SHA Board meeting in May 2023.
- The Assistant Director of Communications post has been successfully recruited to and takes up post in mid-February 2023

#### Co-design and feedback:

- Delivery of stakeholder engagement plan and appointment of new Head of Engagement, the plan is currently being revised and will be shared during a Board Development session in April 2023 and then at the SHA public Board meeting in May 2023.
- Develop plan for DHCW Digital Programmes Office to strengthen programme design and benefits tracking.

#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The updated action plan is included at item 4.5i Appendix A.
- 4.2 DHCW's first Structured Assessment report will be reviewed in detail, learning and opportunities for improvement and will be incorporated into a Structured Assessment Review Action Plan and presented at future Audit & Assurance Committee meeting going forward.

#### 5 **RECOMMENDATION**

Audit Wales Baseline Governance Review Report Update Page 4 of 5

Author: Laura Tolley

Approver: Chris Darling



5.1 The Audit & Assurance Committee is being asked to **NOTE** the content of the report.

### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting				
PERSON, COMMITTEE OR GROUP DATE OUTCOME				
Board Development	06/01/2022	Discussed		
Audit and Assurance 03/05/2022 Progress noted				

Approver: Chris Darling

	Кеу	Complete Underwa	y Not started		
Opportunity	Detail	Planned Activity	Owner(s)	Due Date	Update
Becoming a trusted digital partner	DHCW has an opportunity to extend its brand as a Trusted Digital Partner; capitalising on a diverse range of experienced public and commercial sector independent members to bring new thinking and a fresh leadership approach	<ul> <li>IM Digital Network - LIVE</li> <li>Strategic Exec to Exec engagement sessions</li> <li>Board Intelligence Approach – IN DEVELOPMENT</li> </ul>	Simon Jones, Chair / Helen Thomas, CEO	June 2022 for the agreed approach to Board soft intelligence gathering	<ul> <li>A pilot approach has been defined and will be undertaken in July with evaluation and reflection to take place after.</li> <li>COMPLETE         <ul> <li>Board Intelligence (Engagement) session took place in July 2022 with the service desk, this has been evaluated and a planned approach to these for the remainder of 2022/23 is currently being considered.</li> </ul> </li> </ul>
Innovation in engagement and communication with stakeholders and partners	<ul> <li>The Board could exploit the opportunities to lead innovation in new areas, for example:</li> <li>Communication and engagement;</li> <li>Digitally enabling health and care; and</li> <li>Decision support tools</li> </ul>	<ul> <li>Stakeholder engagement strategy plan implementation</li> <li>Implementation the DHCW communications strategy</li> <li>Explore decision support tool options</li> </ul>	Ifan Evans, Executive Director of Strategy, Rhidian Hurle, Executive Medical Director Chris Darling, Board Secretary	December 2022	<ul> <li>The stakeholder engagement implementation plan was agreed by the Board in January 2022 and is currently being implemented</li> <li>The Head of Engagement post has closed and interviews are taking place in early July – this post has now been recruited to and starts in October 2022</li> <li>A new Assistant Director of Communications post has closed and interviews are taking place in early October 2022.</li> <li>The DHCW communication strategy is currently being re- drafted with planned sign off for January 2023.</li> <li>The Head of Engagement has been in post and is currently revising the Stakeholder</li> </ul>

					<ul> <li>Engagement Strategy and Plan. This will be shared during a Board Development session in April and then at the public SHA Board meeting in May 2023.</li> <li>The Assistant Director of Communications post has been successfully recruited to takes up post in mid-February 2023</li> </ul>
Effective reporting and documentation	DHCW is developing a distinctive house style for digestible, easy read reports and documents. This could be further tested and extended.	Marian Wyn Jones, David Selway, and Rowan Gardner have agreed to work with the organisational performance team on the next iteration of the SHA Integrated Performance Report	Ifan Evans, Executive Director of Strategy, Michelle Sell, Director of Planning and Performance	July 2022	<ul> <li>Initial work has begun on the next iteration of the SHA Integrated Performance Report to be presented to the July SHA Board</li> <li>COMPLETE         <ul> <li>The revised IOPR has been presented to the SHA Board in September 2022</li> </ul> </li> </ul>
Openness and transparency	DHCW may want to consider opportunities to further enhance public transparency of Board business by making recordings of Committee meetings available on its website.	Begin to record the Committee meetings from the new financial year and publish to the website	Chris Darling, Board Secretary	April 2022	<ul><li>COMPLETE</li><li>Virtual Etiquette training has now been provided</li></ul>
Board membership expansion	<ul> <li>Keep under review the fact that there isn't a qualified accountant amongst the Independent Members.</li> <li>Maximise the benefit of the diversity of Board members experiences</li> </ul>	Utilise the Board member vacancy to proactively recruit to skills gaps and promote diversity	Simon Jones, Chair	September 2022 in collaboration with the Public Appointments Unit in Welsh Government	<ul> <li>COMPLETE</li> <li>The recruitment process has been completed and an Independent Member appointed – we are awaiting an announcement from the minister.</li> </ul>
Long term strategy	DHCW needs to progress work on the organisation's strategy to provide further clarity on its long-term vision and objectives	Production of DHCW long term strategy Board Development sessions on the LT strategy	Ifan Evans, Executive Director of Strategy	November 2022	<ul> <li>COMPLETE</li> <li>The development of the long- term strategy is planned into the Board development programme within 22/23 – 23/34</li> </ul>

Co-design and feedback	As DCHW develops its external partnerships there is an opportunity for systematic capture and use of narrative data to support programme co-design and delivery; increasing value creation and benefits realisation as a 'trusted digital partner' and leader of the new digital culture in Wales.	•	Implementation of the stakeholder engagement plan – customer relationship management element Development of DHCW Feedback portal currently limited to service desk but expanding content feeds	Ifan Evans, Executive Director of Strategy	December 2022	•	Delivery of stakeholder engagement plan and appointment of new Head of Engagement. Develop plan for DHCW Digital Programmes Office to strengthen programme design and benefits tracking. The roll out of the feedback portal across the organisation continues
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#### ONGOING ACTIVITY IDENTIFIED FOR FURTHER DISCUSSION AND OVERSIGHT

Opportunity	Detail	Planned Activity	Owner(s)	Monitoring
Board behaviours	Ensure the importance of maintaining a fresh outlook and culture is retained by the Board	Board Behaviours workshop including effective challenge and strengths and preferences	Chris Darling, Board Secretary	Workshop outcomes and actions – Board Development
Committee effectiveness	Maintain the progress and momentum of the DG&S Committee with the changeover of Committee Chair	Agenda setting sessions, Committee pre-meets and regular catch ups scheduled with the new Chair	Chris Darling, Board Secretary	Regular check in meetings and effectiveness self- assessment
Leadership and accountability	Ensure clarity on leadership and accountability for critical areas e.g. cyber security, Information Governance etc., with all of DHCW's partners is vital to ensure a coordinated and timely response	Implementation of Executive Structure Development of Directorate sub- structures	Helen Thomas, Chief Executive Officer	Directorate Performance Reviews
Vision and Strategy	Ensure the vision and strategy have the right balance between national consistency and local flexibility. Ensure there is sufficient focus on care as well as health.	Long term vision work will make these considerations to strengthen existing relationships and forge new organisational relationships to widen the breadth of input.	Ifan Evans, Executive Director of Strategy	Board development sessions and SHA Board meetings
Stakeholder Engagement	Monitor the implementation of the stakeholder engagement plan	Bi-monthly reporting to Board via progress report	Ifan Evans, Director of Strategy	SHA Board meetings

Financial oversight	Monitor the draw-down of programme funds and use of single tenders	<ul> <li>Bi-monthly financial reporting to the SHA Board</li> <li>Bi-monthly strategic procurement report to the Board</li> </ul>	Claire Osmundsen-Little, Executive Director of Finance, Michelle Sell, Director of Planning, Performance and Commercial	SHA Board meeting
Recruitment and Retention	Focus on the workforce challenges facing the organisation including: timely recruitment, staff retention, and succession planning	Quarterly reporting to the Audit and Assurance Committee on activity focused on recruitment and retention	Director of People and Organisational Development	Audit and Assurance Committee Meeting
Workforce Strategy	Enact key aspects of the Draft People Strategy at pace building on key strategic alliances including Wales Institute of Digital Information (WIDI) to further building capacity and capability.	Bi-monthly progress reporting to the Board	Director of People and Organisational Development	SHA Board meetings



# DIGITAL HEALTH AND CARE WALES AUDIT ACTION LOG

Agenda	4.6
ltem	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

Purpose of the Report	For Noting		
Recommendation			
The Committee is being asked to <b>NOTE</b> the Audit Action Log			

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	riate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001		
If more than one standard applies, please list below:			

HEALTH CARE STANDARD	Governance, leadership and acccountability	
If more than one standard applies, please list below:		

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not applicable	

Workforce EQIA page

IMPACT ASSESSMENT			
QUALITY AND SAFETY	Yes, please see detail below		
IMPLICATIONS/IMPACT	Audit findings contribute towards the improvements of processes and procedures leading to better quality services		
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.		
FINANCIAL	No, there are no specific financial implication related to the		
IMPLICATION/IMPACT	activity outlined in this report		
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.		
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report		

Author: Julie Ash Approver: Claire Osmundsen-Litlle



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report	

Acronyms			
DHCW	Digital Health and Care Wales	NHAIS	National Health Application and Infrastructure Service
DR	Disaster Recovery	IT	Information Technology
SMT	Senior Management Team	IMTP	Integrated Medium Term Plan
NWSSP	NHS Wales Shared Services Partnership	SFI	Standing Financial Instructions
BAF	Board Assurance Framework	FBP	Finance Business Partner
PADR	Personal Appraisal and Development Review	SMB	Service Management Board
WPAS	Welsh Patient Administration System	BI	Business Intelligence

#### 2 SITUATION/BACKGROUND

2.1 This paper details the current position with respect to audit recommendations that have been made, including those that have been completed during the period, those that are on schedule, those that are overdue and those anticipated to not meet target dates. The audit recommendation analysis (3.3) shows how progress is being made against the recommendations and illustrates the on-going movement and change of status.

### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The audit log shows the current reported status against recommendations received. The analysis below shows all recommendations giving the current status of each recommendation which remained open at the last Digital Health & Care Wales (DHCW) Audit and Assurance Committee and also those presented in report form to the Committee since submission of the last log.
- **3.2** Following advice from Internal Audit, one action dependent on a third party is being managed via a separate log for tracking.
- 3.3 There were 21 actions reviewed at the last meeting where 11 were closed leaving a total of 10 open actions. The Committee received two reports at the last meeting (listed below) which contained a total of 6 new actions. These have been added to the log which now contains a total of 16 actions.

Decarbonisation (Advisory – managed via the Quality Improvements Action Log) Audit Recommendations Tracker

Page 3 of 5

Author: Julie Ash Approver: Claire Osmundsen-Litlle



The status of the 16 open actions is shown in the table below:

Number	RAG	Status
15	GREEN	Complete
1	YELLOW	Indicates that the action is on target for completion by the agreed date
0	AMBER	Indicates that the action is not on target for completion by the agreed
		date
0	RED	Indicates that the implementation date has passed and management
		action is not complete

- 3.4 In particular, the Committee are requested to note:
  - The completion of the following actions:
    - DHCW 2122-10 3.2 Update of WPAS documentation to include compliance with secure coding standards
    - DHCW 2122-13 1.1 People and Organisational Development, Finance and Planning are now updating the Resource Plan on a monthly basis
    - > DHCW 2122-13 1.2 Pre-employment check tracker now in use
    - > DHCW 2122-13 1.3 Scrutiny Panel Process documentation now complete
    - DHCW 2122-03 1.1 All attendances at DHCW Corporate Inductions are now recorded on ESR
    - > DHCW 2122-03 2.1i PADR recording methodology now agreed
    - DHCW 2122-03 2.1ii Appraisal and Development Policy updated and audit programme agreed
    - DHCW 2122-03 3.1 The Appraisal and Development Policy has been reviewed and approved by the Director of People and Organisational Development
    - AB 2223-09 1.1 Audit Recommendations SOP now available
    - AB 2223-09 2.1 Follow-up audit recommendations are now reconciled with status shown on the audit tracker
    - > AB 2223-09 3.1 A central record of all completed audit recommendations is now available
    - AB 2223-09 3.2 The requirement to record an interim risk exposure from partially completed actions is included in the new SOP
    - AB 2223-09 4.1 The Audit Tracker has been updated and now includes original source unique reference numbers
    - AB 2223-09 4.2 The new Audit Tracker includes all recommendations, including those agreed as closed by the Committee
    - 2604A2021-22 2021.9 IT Disaster Recovery Testing between Data Centres All services have now competed testing and provided assurance (although one did fall outside of the specified target of within 12 months of the data centre move).
  - The remaining action is on target for completion by the agreed target date:

DHCW-2122-10 3.2 Use of standardised code management – WRIS Senior Project Specialist Support & Business Analyses to review and plan the implementation of the following Software Development



guidelines – CS-ADS-004 Managing Source Control, section 7.1 and CS-ADS-003 T-SQL Coding Standards – due by March 2023.

#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Excellent progress has been made over the period with a total of 15 actions completed. Progress against remaining actions will continue to be monitored by the Head of Corporate Services in conjunction with Lead Directors on a regular basis.

#### 5 **RECOMMENDATION**

5.1 The Committee is being asked to **NOTE** the Audit Action Log.

#### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting				
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME		
Claire Osmundsen Little	13/01/23			

DHCW AUDIT / Jan-23	ACTION TRACKER									Action Complete Action on Target Action not on Target Action Overdue
Audit Committee Date	Audit Title	Reference	Assurance Rating	Priority	Recommendation(s)	Lead	Target Date	Status	Outcome	Themes
Oct-21	Nationally Hosted IT Systems		None (Audit Wales)	Medium	Test the IT DR plans including arrangements testing the new national data centre in Church Village.	Jamie Graham	Oct-22	Action Complete	Our resilience programme ensures that all systems complete a full test of their geographic resilience annually. 100% of services completed a fail-over before the migration, in preparation for the move. A full DR test of each service was planned to have happened within 12 months of the move. All services have now been tested and assurance provided (one outside of the 12 month window but now complete)	
Мау-22	System Development	DHCW- 2122-10 2.1	Reasonable	Medium	All code management should be in TFS.	Amanda Carter	Mar-23	Action on Target	S&BA SQL code (stored procedures, etc) will be migrated to TFS as part of release 2.5. A significant loss of resource in the WRIS development team and the inability to identify Test resource has delayed development. Extension to March 23 approved by Committee.	Software Development
May-22	System Development	DHCW- 2122-10 3.2	Reasonable	Medium	The requirement for checking compliance with secure coding standards should be added to the WPAS code review document.	Carl Davies	Dec-22	Action Complete	Requirement for checking compliance with secure coding standards to WPAS review document is complete. All other actions completed on target by end of December 2022.	Software Development
Jul-22	Workforce	DHCW- 2122-13 1.1	Reasonable	Medium	DHCW develop a three year resource plan, which details the number of vacancies within the organisation and across each directorate/project planned. The vacancies should be clearly linked to the funding available	Shikala Mansfield	Oct-22	Action Complete	POD, Planning and Finance are now working together on the organisational resource plan and updating on a monthly basis.	People and OD
Jul-22	Workforce	DHCW- 2122-13 1.2	Reasonable	Medium		Shikala Mansfield	Sep-22	Action Complete	Tracker in use and fit for purpose.	People and OD
Jul-22	Workforce	DHCW- 2122-13 1.3	Reasonable	Low	DHCW should either develop the Scrutiny Panel process document or create a terms of reference for the Recruitment Scrutiny Panel, detailing the quoracy requirements for each meeting.	Shikala Mansfield	Oct-22	Action Complete	DHCW Finance have developed a Scrutiny Panel Procress document.	People and OD

Jul-22	Directorate Review	DHCW- 2122-03 1.1	Reasonable	Medium	We recommend that People and OD management ensures that: i) All line managers are reminded of their responsibilities to issue a Corporate Induction presentation invite to each new starter and update the ESR records detailing attendance records; ii) The mass upload of historic manual records of Corporate Inductions provided to new starters to ESR is actioned promptly; Medium Directorate Review Appendix A NWSSP Audit and Assurance Services 10. iii) A periodic process audit is performed to provide confidence that all new starters attend the Corporate Induction presentation within the four week target; iv) The date of each New Starter Review recorded by People and OD in ESR, evidencing the timeliness of the reviews performed; and v) Line Managers are instructed to save a copy of the completed local induction checklist on the new starters individual file, evidencing the process and enabling People and OD to perform a process audit review to gain confidence that the process is embedded across DHCW.		Nov-22	Action Complete	All new starters who have attended Corporate Induction since DHCW formed have been recorded on ESR.	People and OD
Jul-22	Directorate Review	2122-03 2.1i DHCW- 2122-03 2.1ii	Reasonable		We recommend that People and management instruct all line managers to place a copy of the PADR forms on each new starters personal file and ensure that they enter relevant dates in ESR promptly We recommend that People and management undertake a process audit review to gain confidence that line managers are completing the PADR forms by the due date and promptly updating ESR with accurate dates.	Shikala Mansfield	Sep-22	Action Complete Action Complete	agreed and is now in place. The Appraisal and development policy has been updated, and it is noted in the policy that forms need to saved in employees e-file, reminders to staff and managers will be put in the November insider as well as a general communication via coms team. The new policy was communicated at November Staff	People and OD People and OD
Jul-22	Directorate Review	DHCW- 2122-03 3.1	Reasonable	Medium	We recommend that People and OD ensures that the Appraisal Development and Review Policy is subject to review and that the updated Policy document be approved and communicated across DHCW as soon as possible, with any update considering the linkages with the requirements of the All Wales Pay Progression Policy	Shikala Mansfield	Oct-22	Action Complete	Briefing. Audit Programme agreed. The Appraisal and development policy has been updated, and it is noted in the policy that forms need to saved in employees e-file, reminders to staff and managers will be put in the November insider as well as a general communication via coms team. An Audit programme has been agreed	People and OD

Oct-22	Recommendations Tracker	AB-2223- 09 1.1	Reasonable	Medium	We recommend that guidance should be developed to provide managers and departments with clarity of the monitoring process to be followed, and evidence required to support the update assessments of progress in the implementation of agreed management actions.	Julie Ash	Nov-22	Action Complete	Complete, SOP produced and published in IMS.	Governance
Oct-22	Recommendations Tracker	AB-2223- 09 2.1	Reasonable	Medium	DHCW should ensure recommendations raised within follow-up audit reports are reviewed. Where the implementation status is different from the Recommendation Tracker this should be investigated and the Recommendation Tracker updated, if required.	Julie Ash	Oct-22	Action Complete	Complete, follow-up audit report recommendations are now reconciled with the status on the Tracker	Governance
Oct-22	Recommendations Tracker	AB-2223- 09 3.1	Reasonable	Medium	We recommend that a central classification of recommendations reported as complete, should be developed and communicated to all relevant managers.	Julie Ash	Nov-22	Action Complete	Complete, SOP produced and published in IMS.	Governance
Oct-22	Recommendations Tracker	AB-2223- 09 3.2	Reasonable	Medium	Any interim risk exposure from outstanding/partially completed recommendations should be referenced on the risk register.	Julie Ash	Nov-22	Action Complete	Complete, SOP produced and published in IMS.	Governance
Oct-22	Recommendations Tracker	AB-2223- 09 4.1	Reasonable	Low	The recommendation references to the source audit report in the Recommendation Tracker should include the audit report title and the unique reference number of the issued report, to improve clarity and ease of tracking back to underlying reports as and when required.	Julie Ash	Nov-22	Action Complete	Complete. New format designed and in use.	Governance
Oct-22	Recommendations Tracker	AB-2223- 09 4.2	Reasonable	Low	There should be a review of each completed recommendation to ensure the base data is correct. Once this has been completed, the cells within the spreadsheet should be protected.	Julie Ash	Nov-22	Action Complete	Complete. All closed actions now reviewed against the source report recommendation.	Governance

Audit Committee Date	Audit Title	Reference	Assurance Rating	Priority	Recommendation(s)	Lead	Target Date	Status	Outcome	Th
Velindre	Nationally Hosted IT Systems		N/A - Audit Wales report	Medium	DHCW (at the time NWIS) should, as they manage, support and develop the Welsh Demographic System (WDS) plan to provide the required functionality for NHS Wales in developing the WDS for patient demographic purposes.	Meirion George/ Ken Leake	Jul-22	Action Overdue	DHCW (then NWIS) met with NHS Digital in November 2020 where they confirmed they are still not in a position to give us revised dates for the start of decommissioning. NHS Digital are currently not in a position to provide dates for key Capita deliverables. The WDS Phase 3 development will be aligned with these timescales but more clarity is needed from England before substantive work can take place. We are advised that the implementation date is unlikely to be before early 2024 and may take up to 6 months to complete.	Systems Replace

#### Themes

ems acement

## 342/475



# DIGITAL HEALTH AND CARE WALES AUDIT THEMES REVIEW

Agenda	4.7
ltem	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting				
Recommendation					
The Audit and Assurance Committee is being asked to <b>NOTE</b> the contents of this report.					

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TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply		
CORPORATE RISK (ref if approp	oriate)	All Corporate Risks have been reviewed and this informed the final Audit Programme which identified the themes outlined in this report	

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A			
If more than one standard applies, please list below:				

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement:	
N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY	No, there are no specific quality and safety implications related to
IMPLICATIONS/IMPACT	the activity outlined in this report.
LEGAL	No, there are no specific legal implications related to the activity
IMPLICATIONS/IMPACT	outlined in this report.
FINANCIAL	No, there are no specific financial implications related to the
IMPLICATION/IMPACT	activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the
	activity outlined in this report.
SOCIO ECONOMIC	No, there are no specific socio-economic implications related to
IMPLICATION/IMPACT	the activity outlined in this report.

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RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms									
DHCW	Digital Health and Care Wales	SHA	Special Health Authority						
AW	Audit Wales	IA	Internal Audit						
SOP	Standard Operating Procedure	WRIS	Welsh Radiology Information System						
NDR	National Data Resource								

### 2 SITUATION/BACKGROUND

2.1 The Audit and Assurance Committee have a programme of Internal Audit work presented to it throughout the year. In addition, the work undertaken by Audit Wales (External Audit) is also presented to the Committee. The Committee approve both programmes of work at the start of each financial year.

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 At a meeting on 5 October 2021, the Committee requested that details of all audit themes undertaken as part of the Internal and External Audit Programmes be shared with them. The position including reports received by the Committee to January 2022 was presented to the Committee on 3<sup>rd</sup> May 2022. In addition, key themes from the audit outcomes and recommendations were incorporated into the report.
- 3.2 This report provides an update to the end of December 2022 (and contains the previous themes information for completeness).
- 3.3 The broad nature of the audits undertaken since the establishment of DHCW mean there are not significant themes from across all audits undertaken, however, there are a number of areas that can be identified from the audits undertaken as below:
  - A focus on ensuring DHCW systems/services are **secure**. Ensure **business continuity** and **disaster recovery plans** are in place and regularly tested.
  - Contract metrics in place for working with third party suppliers.
  - The **role of the NDR** should be clearly defined.

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- The **resourcing of development teams** should be reviewed to ensure that the needs of user organisations can be met.
- Focus on the **risk management and board assurance** milestone plan.
- Focus on DHCW's long term strategic direction, stakeholder engagement and work to become a trusted strategic partner.
- The need for **robust workforce planning**, jointly undertaken by People and Organisational Development and Finance.
- Reporting to Board on compliance with **Health and Care Standards**, inclusion of performance to the Standards in the IMTP and linking this to Organisational Performance Reporting, noting the transition to Quality Standards 2023 under the Duty of Quality Act.
- The importance of refreshing the **Board Assurance Framework** reporting process.
- The importance of reviewing and monitoring the **Corporate Induction Process** and compliance figures relating to **Personal Development Reviews**.
- A requirement to enhance documentation relating to the process for **managing Internal** and Audit Recommendations.

### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Details of all audits undertaken with their outcomes (ratings), the recommendations made and themes emerging from 1 April 2021 to 31 December 2022 can be found in Appendix A.

#### 5 **RECOMMENDATION**

5.1 The Audit and Assurance Committee is being asked to **NOTE** the contents of this report.

### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting									
PERSON, COMMITTEE OR GROUP DATE OUTCOME									



#### **APPENDIX A**

#### **REVIEW OF AUDIT ACTIVITY UNDERTAKEN SINCE 1 APRIL 2021**

Audit Committee Date	Audit Title	Assurance Rating	Reference	Priority	Recommendation(s)	Themes
May-21	Supplier Management Follow-up	Reasonable	NWIS-2021- 05 Finding 5	Medium	Implement process to ensure evaluation panel has signed off specifications.	Contract Management
			NWIS-2021- 05 Finding 3	Low	Develop contract metrics (KPIs)	Contract Management
May-21	Cyber Security	Substantial	NWIS-2021- 03 Finding 1	Medium	The organisation should carry out exercises to test response plans in accordance with its cyber incident response plan, using past incidents that affected both the organisation and the wider NHS Wales, and scenarios that draw on threat intelligence and risk assessment.	Testing/Response Plans
			NWIS-2021- 03 Finding 2	Medium	As business returns to usual the organisation should ensure that it regularly tests to fully understand the vulnerabilities of the networks and information systems that support the operation of the organisations key IT functions and verify this understanding with third-party testing.	Testing/Response Plans
Jul-21	No Reports Received					
Oct-21	Nationally Hosted IT Systems	None (Audit Wales)	2604A2021- 22 2021.1	Medium	DHCW will update and approve the NHAIS Disaster Recovery Plan and revision history and share with Audit Wales.	IT DR Plans System Security Back-ups
		,	2604A2021- 22 2021.2	Medium	DHCW will update the Hospital Pharmacy backup restore schedule and revision history.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.3	Medium	Document and agree national policy for the administration of user access accounts so accountabilities and responsibilities are well defined. This should cover the controls around the set up and authorisation of newWellSky Pharmacy IT system users, how changes to access are handled and leaver administration.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.4	Medium	Amend and update the Hospital Pharmacy backup restore schedule to include new WellSky system or document a separate backup schedule covering the new WellSky system.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.5	Medium	Approve the documented IT Disaster recovery (DR) plan for the new WellSky national pharmacy IT system and test plans to ensure these work as intended.	IT DR Plans System Security Back-ups

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			2604A2021- 22 2021.6	Medium	Strengthen the passwords required to access the Losses and Special Payments Register (LASPAR) System to a minimum length requirements of eight characters and a minimum of 60 days expiry.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.7	Medium	Test the IT DR Plan that covers the system recovery of the LASPAR IT system.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.8	Medium	Update the national NHS Infrastructure IT Disaster Recovery (DR) Policy as revision history has expired	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.9	Medium	Test the IT DR plans including arrangements testing the new national data centre in Church Village.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.1	Medium	Replace the Windows 7 desktop operating system used by DHCW to a higher supported version.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.11	Medium	Request the NADEX Service Management Board update the NADEX Management Policy which has expired and obtain formal approval.	IT DR Plans System Security Back-ups
			2604A2021- 22 2021.12	Medium	Request the NADEX Service Management Board update the NADEX leavers and mover Policy which has expired and obtain formal approval.	IT DR Plans System Security Back-ups
Oct-21	Oct-21 SHA Transition	ransition Reasonable	DHCW- 2122-11 1.1i	Medium	A meeting was held with the TTFG to review outstanding actions and an update will be shared with Management Board in October 2021.	Project Management
			DHCW- 2122-11 1.1i	Medium	ESR contract management arrangements will be raised through the Shared Services Partnership Committee.	Project Management
			DHCW- 2122-11 2.1	Low	Project Management guidance to be reviewed and updated to ensure learning is incorporated and learning recommendation to be shared with the Incident Review Learning Group to assess whether there are any wider applications for this learning.	Project Management
Oct-21	Data Analytics	Reasonable	DHCW- 2122-09 1.1	Medium	The agreement of user needs and of the output and specification by users should be captured within documentation.	Documentation
			DHCW- 2122-09 2.1	Medium	The role of the NDR and the Information Directorate should be clearly defined for the future. The ability of the Information Directorate to take some of the areas forward should be strengthened and an assessment of the required technologies against those in situ undertaken.	Documentation
			DHCW- 2122-09 3.1	Medium	A set of procedures should be developed to ensure that the process for maintenance of extracts from the primary care systems and loads into the data warehouse is documented so that the process can operate in the absence of key staff.	Documentation
			DHCW- 2122-09 4.1	Medium	The sign off of privacy assessments and quality checks should be recorded and retained.	Documentation

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			DHCW- 2122-09 5.1	Medium	The reporting process should be enhanced to include customer uptake and opinions of the products.	Documentation
Jan-22	WRIS	Reasonable	DHCW- 2122-08 1.1	Medium	There is no monitoring and reporting of system performance items such as response time, error rates, CPU and memory use. Consideration should be given to monitoring system performance items and reporting via SMB.	KPIs System Security
			DHCW- 2122-08 1.2	Medium	Consideration should be given to ensuring control of the database is within WRIS team, with the local management responsible for the hosting environment only. Should database control not be taken on board then the database maintenance and security tasks required should be clearly communicated to local managers.	KPIs System Security
			DHCW- 2122-08 1.3	Medium	The resourcing of the WRIS development team should be reviewed to ensure that the reasonable needs of user organisations can be met. A Senior Responsible Officer should be appointed for WRIS in order to ensure that the use of resource if effective and enforce the governance process and a consensus for developments.	KPIs System Security
			DHCW- 2122-08 1.4	Low	Consideration should be given to bringing the control over password settings into the central management function.	KPIs System Security
Jan-22	GP System Procurement	Substantial	DHCW- 2122-06 1.1	Medium	Risk management should be included as a standing agenda item for Programme Board meetings.	Risk Management
Jan-22	General Governance Part 1	Substantial	DHCW- 2122-02 1.1	Low	We recommend that the Board Secretary ensures that the radial button error on the DHCW public website is resolved to allow the public access to the Standing Orders adopted by DHCW.	Governance
			DHCW- 2122-02 2.1	Medium	We recommend that the Board Secretary ensures that; (a) The Board is provided with assurance on the level of implementation of Standing Orders and is able to request periodic reports on this subject until full implementation has been confirmed. (b) The Board considers any gaps or delays to full implementation, and whether additional measures are required to achieve the level of governance sought by the Board in the interim, until full implementation is achieved.	Governance
			DHCW- 2122-02 3.1	Medium	We recommend that the Board Secretary ensures that the Board establishes a target date for the delivery of a fully functioning revised Risk Management Framework and monitors DHCW management's progress in its delivery.	Governance
May-22	Data Centre Move	Substantial			No recommendations made	Not applicable
May-22	General Governance Part 2	Substantial	DHCW- 2122-01 1.1a	Medium	Once the Board has approved revised mission, vision and strategic objectives in March 2022, they should be provided with assurance that the current strategic objectives in the latest draft of the 2022-2025 IMTP remain valid or are amended as required.	Governance Performance Reporting

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			DHCW- 2122-01 1.1b	Medium	The status of the key supporting strategies, frameworks and programmes should be assessed, identifying what is in place and whether it remains fit for purpose for the agreed strategic objectives.	Governance Performance Reporting
			DHCW- 2122-01 1.1c	Medium	Once the Board has approved its revised mission, vision and strategic objectives, they should receive assurance that the current strategic objectives remain valid or are amended, as required.	Governance Performance Reporting
			DHCW- 2122-01 2.1a	Low	Ensure performance reporting and planned actions are more clearly linked to specific DHCW strategic objectives.	Governance Performance Reporting
			DHCW- 2122-01 2.1b	Low	Highlight key performance messages and issues of assurance, exceptions and actions required of the Board.	Governance Performance Reporting
			DHCW- 2122-01 2.1c	Low	Ensure performance reporting is linked to compliance with relevant Health and Care Standards.	Governance Performance Reporting
			DHCW- 2122-01 3.1a	Low	The Audit and Assurance Committee should provide the Board with assurance on compliance with the Health and Care Standards for the 2021-2022 period.	Governance Performance Reporting
			DHCW- 2122-01 3.1b	Low	Future IMTPs and annual plans should comment on planned compliance with the Health and Care Standards, linking to key evidence.	Governance Performance Reporting
			DHCW- 2122-01 4.1	Medium	We recommend that DHCW updates the Board as to the individual process steps still to be performed in support of the delivery of a fully effective BAF reporting process, together with key milestone dates. This should acknowledge agreed resource requirements from management to initially establish and then continue to refresh thereafter, the BAF reporting process.	Governance Performance Reporting
May-22	System Development	Reasonable	DHCW- 2122-10 1.1	Medium	An overall training plan should be developed that ensures that all identified training needs can be met.	Software Development
			DHCW- 2122-10 2.1	Medium	All code management should be in TFS.	Software Development
			DHCW- 2122-10 3.1	Medium	Work should continue to integrate security into the development process, with the production of the security toolkit and review of this by security. Higher risk projects should then include security representation into the project scrums.	Software Development
			DHCW- 2122-10 3.2	Medium	The requirement for checking compliance with secure coding standards should be added to the WPAS code review document.	Software Development
			DHCW- 2122-10 4.1	Low	DHCW should consider rolling out the use of Trello Boards or other Kanban style management products to other teams.	Software Development
May-22	Core Financial Systems	Reasonable	DHCW- 2122-05 1.1	Medium	The SHA should clearly set out how and when the SFI Board reporting requirements are met, ensuring this is also the case in practice.	Financial Governance Procurement

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DHCW- 2122-05 1.2	Medium	The Finance team should; (a) develop standard reporting templates - a checklist for Directorate SMT reports which align to the requirements of the SFI/FCPs; (b) ensure monthly meetings between budget holders and FBPs take place for all budget holders/cost centres on a timely basis through; i) scheduling all meetings in advance for the financial year and ii) holding the meetings as close to the month end close process as possible to allow timely response to variances; (c) ensure there is a robust mechanism to capture and monitor minutes, budget variances and actions, including; i) developing and implementing standard agendas and minutes to capture the discussions and actions arising from the monthly budget holder meetings; ii) ensure explanations for variances documented within Power BI provide adequate explanation of the reason and that actions (including owners and timescales) are identified. A guidance on minimum requirements could be developed to support this; and iii) develop, implement and monitor a standard action log (including action owners and timescales) to ensure actions are implemented and are effective. This could be achieved through further development Power BI to incorporate an actions page, allowing Finance Business Partners to log, drill down on and monitor implementation of actions.	Financial Governance Procurement
DHCW- 2122-05 2.1	Medium	The Finance Team should identify existing budget holders who require further support in the use of Power BI. Support should be provided through formal training or one-to-one support from Finance Business Partners, as appropriate; and i) utilise the inbuilt functionality to monitor budget holder access and usage of Power BI. This should be undertaken formally, e.g. through quarterly reporting to the Directorate SMT meetings. Action should be taken to address any budget holders who do not regularly use Power BI.	Financial Governance Procurement
DHCW- 2122-05 3.1a	Medium	The Finance team should ensure: i) approval of budget virements is formally evidenced for all virements - e-mail approval would be acceptable, provided the audit trail is retained in an appropriate central location, (i.e. not individual in-boxes) and ii) there is robust supporting evidence for all budget virements, including clear explanations as to how documentation supports the virement.	Financial Governance Procurement
DHCW- 2122-05 3.1b	Medium	The Head of Financial Services and Reporting should evidence their monthly reconciliation and review of budget journals.	Financial Governance Procurement
DHCW- 2122-05 3.1c	Medium	The Finance Team should consider reviewing and updating the virements section of the FCPs to ensure clarity in the authorisation and supporting evidence requirements.	Financial Governance Procurement
DHCW- 2122-05 4.1a	Medium	The review of bank reconciliations should be formally evidenced in line with best practice.	Financial Governance Procurement
DHCW- 2122-05 4.1b	Medium	The FCP should be updated to specify who should perform the review and how this should be evidenced.	Financial Governance Procurement
DHCW- 2122-05 5.1a	Medium	The Commercial Services team should ensure the pre-employment check forms are completed and approved by the Frameworks and implemented in practice as a matter of urgency.	Financial Governance Procurement
DHCW- 2122-05 5.1b	Medium	Commercial Services should update the operational guidance for the procurement and contract management of agency contract staff to reflect the new forms.	Financial Governance Procurement

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-22 Workforce Reasonable	Reasonable	DHCW- 2122-13 1.1	Medium	DHCW develop a three year resource plan, which details the number of vacancies within the organisation and across each directorate/project planned. The vacancies should be clearly linked to the funding available.	People and OD Workforce Planning
		DHCW- 2122-13 1.2	Medium	The DHCW People and OD team should: i) Determine if the spreadsheet utilised for the tracking of pre-employment checks of staff recruited via agencies or apprenticeships is still required - if it is required, each of the exceptions highlighted should be reviewed further, to determine if additional checks are required.	People and OD Recruitment
		DHCW- 2122-13 1.3	Low	DHCW should either develop the Scrutiny Panel process document or create a terms of reference for the Recruitment Scrutiny Panel, detailing the quoracy requirements for each meeting.	People and OD Recruitment
Directorate Review	Reasonable	DHCW- 2122-03 1.1	Medium	We recommend that People and OD management ensures that: i) All line managers are reminded of their responsibilities to issue a Corporate Induction presentation invite to each new starter and update the ESR records detailing attendance records; ii) The mass upload of historic manual records of Corporate Inductions provided to new starters to ESR is actioned promptly; Medium Directorate Review Appendix A NWSSP Audit and Assurance Services 10. iii) A periodic process audit is performed to provide confidence that all new starters attend the Corporate Induction presentation within the four week target; iv) The date of each New Starter Review recorded by People and OD in ESR, evidencing the timeliness of the reviews performed; and v) Line Managers are instructed to save a copy of the completed local induction checklist on the new starters individual file, evidencing the process and enabling People and OD to perform a process audit review to gain confidence that the process is embedded across DHCW.	People and OD Corporate Induction
		DHCW- 2122-03 2.1	Medium	We recommend that People and management instruct all line managers to place a copy of the PADR forms on each new starters personal file and ensure that they enter relevant dates in ESR promptly	People and OD PADR
		DHCW- 2122-03 2.1	Medium	We recommend that People and management undertake a process audit review to gain confidence that line managers are completing the PADR forms by the due date and promptly updating ESR with accurate dates.	People and OD PADR
		DHCW- 2122-03 3.1	Medium	We recommend that People and OD ensures that the Appraisal Development and Review Policy is subject to review and that the updated Policy document be approved and communicated across DHCW as soon as possible, with any update considering the linkages with the requirements of the All Wales Pay Progression Policy.	People and OD PADR
Recommendations Tracker	Reasonable	AB-2223-09 1.1	Medium	We recommend that guidance should be developed to provide managers and departments with clarity of the monitoring process to be followed, and evidence required to support the update assessments of progress in the implementation of agreed management actions.	Governance
		AB-2223-09 2.1	Medium	DHCW should ensure recommendations raised within follow-up audit reports are reviewed. Where the implementation status is different from the Recommendation Tracker this should be investigated and the Recommendation Tracker updated, if required.	Governance
	Directorate Review	Directorate       Reasonable         Review       Reasonable         Image: state sta	Recommendations       Reasonable       DHCW- 2122-13 1.2         Directorate       Reasonable       DHCW- 2122-13 1.3         Directorate       Reasonable       DHCW- 2122-03 1.1         Directorate       Reasonable       DHCW- 2122-03 1.1         Directorate       Reasonable       DHCW- 2122-03 1.1         Recommendations       Reasonable       AB-2223-09 1.1	Recommendations TrackerReasonable Easonable2122-13 1.1 DHCW- 2122-13 1.2Medium MediumDirectorate ReviewReasonable DHCW- 2122-03 1.1Medium Medium DHCW- 2122-03 2.1Medium Medium DHCW- 2122-03 2.1Recommendations TrackerReasonable AB-2223-09Medium Medium Medium Medium Medium Medium	Image: Problem in the second discrete set of the second discrete discrete discrete set of the second discr

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Author: Julie Ash Approver: Chris Darling



AB-2223-09 3.1	Medium	We recommend that a central classification of recommendations reported as complete, should be developed and communicated to all relevant managers.	Governance
AB-2223-09 3.2	Medium	Any interim risk exposure from outstanding/partially completed recommendations should be referenced on the risk register.	Governance
AB-2223-09 4.1	Low	The recommendation references to the source audit report in the Recommendation Tracker should include the audit report title and the unique reference number of the issued report, to improve clarity and ease of tracking back to underlying reports as and when required.	Governance
AB-2223-09 4.2	Low	There should be a review of each completed recommendation to ensure the base data is correct. Once this has been completed, the cells within the spreadsheet should be protected.	Governance

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Author: Julie Ash



# DIGITAL HEALTH AND CARE WALES COUNTER FRAUD PROGRESS REPORT

Agenda Item	4.8	
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Gareth Lavington – Head Counter Fraud
Presented By	Gareth Lavington – Head Counter Fraud

Purpose of the Report	For Noting		
Recommendation			
The Committee is being asked to <b>NOTE</b> the contents of the report that relate to the Counter Fraud work carried out in period three of the financial year 2022-2023.			

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: /2023
No, (detail included below as to reasoning)	Outcome: NA
Statement: NA	

#### Workforce EQIA page

IMPACT ASSESSMENT	IMPACT ASSESSMENT		
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.		
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below All referrals of fraud related activity have legal implications for the organization – in relation to criminal investigation and civil recovery.		
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Financial loss in relation to theft by employee over a protracted period of time.		
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.		
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report		

Counter Fraud Progress Report

Author: Gareth Lavington Approver: Claire Osmundsen Little



RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 2 SITUATION/BACKGROUND

2.1 Quarterly reports required to appraise AAC and provide assurance that the organisation has a robust Counter Fraud Bribery and Corruption provision.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The progress made in the Counter Fraud Provision for DHCW during the third quarter of 2022-2023

#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no matters within the report for escalation.

#### 5 **RECOMMENDATION**

5.1 The Committee is being asked to **NOTE** the contents of the report that relate to the Counter Fraud work carried out in period one of the financial year 2022-2023

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen Little	30 <sup>th</sup> January 2023	Reviewed



# NHS WALES Digital Health Care Wales (DHCW)

# Counter Fraud Progress Report 01/10/2022 – 31/12/2022

GARETH LAVINGTON COUNTER FRAUD MANAGER CARDIFF & VALE UNIVERSITY HEALTH BOARD

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- 2. Progress

Staffing

Activity -

Infrastructure/Annual Plan

FPN/IBURN

Alerts/Bulletins

Awareness sessions

Referrals/Enquiries

Investigations

Other

3. Appendices (Supplied Separately)

## 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 Digital Health and Care Wales in relation to the second period of reporting for the year 2022-2023. The report covers the period from 20<sup>th</sup> June 2022 to 30<sup>th</sup> September 2022.

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

At 31<sup>st</sup> December 2022, 69 days of Counter Fraud work have been completed against the agreed 40 days in the Counter Fraud Annual Work-Plan for the 2022/23 financial year. The days have been used strategically in preparing quarterly and annual reports for, and attending, the organisation's audit committee meetings; and the creation and planning for renewed infrastructure in relation to the organisation's counter fraud response, staff awareness, and investigating referrals in relation to fraud and financial crime.

This report builds upon the previous counter fraud progress reports for this financial year.

TYPE	Days P1	Days P2	Days P3	Days P4
Proactive	15	12 (27)	12 (39)	
Reactive	0	22 (22)	8 (30)	
TOTAL	15	34 (49)	20 (69)	

The breakdown	of these day	e is as follows.	(P=Period) () =	= Running Total
	or these day	5 15 45 10110 105.		running roui

#### 2. Progress

#### Staffing

For the duration of this reporting period the team has been understaffed by 25%. The recruitment campaign that was carried out has seen a conditional offer made to the successful candidate. This person will commence in their new role in the team on 3<sup>rd</sup> January 2023. The successful applicant will be joining from their current role at the Counter Fraud Service Wales and will bring with them a wealth of experience of the NHS and Counter Fraud. They are an existing accredited Counter Fraud Specialist (ACFS).

#### Activity

#### Infrastructure/Annual Plan

During this reporting period, work has continued in developing the infrastructure that will allow successful compliance with the Counter Fraud Plan for 2022-2023. In this period the below activity has taken place in relation to this area of work -

- a. The maintenance of a comprehensive activity database which is already assisting in maintaining a detailed and accurate record of work undertaken.
- b. Review of the Counter Fraud Bribery and Corruption Policy DHCW currently use the All Wales Counter Fraud Bribery and Corruption Policy that is out of date. The LCFS at NHSWSSP is in the process of updating this policy.
- c. Review of CF digital presence Fully functional, modern, Counter Fraud Intranet site has now been further updated and maintained. This is hosted by the Cardiff and Vale University Health Board Share point site but is available to all members of DHCW staff via the link below. This link is publicised and signposted via the DHCW intranet site and through ongoing publications and messaging such newsletters bulletins and surveys.

(Link to the site for reference : <u>Counter Fraud - Home (sharepoint.com</u>))

- d. Counter Fraud e-Learning arrangements the Counter Fraud learning site on the All Wales Learning @ Wales Platform has been completed. It awaits the new All Wales eLearning package to be finalised and distributed by the Counter Fraud Service Wales. And as such is not yet live. An update from the Counter Fraud Service Wales anticipates this package will go live in April 2023.
- e. New awareness materials have been produced in relation to general fraud awareness training and mandate fraud awareness training and these have been launched during the course of international fraud awareness week in October on the Fraud Team intranet site.

#### Fraud Prevention Notices and IBURN notices

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

During this reporting period two fraud prevention notices issued by the NHS Counter Fraud Authority.

(1) This FPN was issued in relation to Mandate fraud and foreign payments following a successful fraud being perpetrated in NHS England. The methodology involved the impersonation of the Chief Finance Officer via email requesting staff to make a payment to a foreign supplier. There have been no issues internally and the organisation's financial staffing cohort alerted to the MO being used to ensure vigilance. FPN inclusive of advice and mitigating actions issued to relevant staffing cohorts within the distribution list.

(2) This FPN was issued to raise awareness as to the possible fraud risks in relation to fraudulent attempts for payment of office supplies/consumables concentrating mainly on printer toners and printer drums. Liaison made with NHSWSSP accounts payable team and assurance provided that the risk to the organisation is extremely low. FPN, along with advice and mitigating actions forwarded to the relevant staffing cohorts in line with the distribution list restrictions. DHCW cyber security team alerted to the rogue supplier email and IP details. |They carried out enquiries into these and provided assurance that no NHS Wales organisations targeted. The rogue details subject to prevention methods of cyber blocking.

#### Local Alerts/Bulletins

During this reporting period there have been no further fraud alerts issued.

#### Awareness Sessions

During this reporting period one fraud awareness session has been delivered to DHCW staff via the Ten TALK platform.

#### Referrals/Enquiries

During this reporting period no further referrals have been received in respect of Digital Health and Care Wales.

#### Investigations

The investigation into Theft of IT equipment from DHCW Offices at Mamhilad Park Estate has now been closed. Due to the circumstances regarding the suspect involved in this investigation no further investigative action will be taken by the Counter Fraud Team. A post investigation report and findings have been provided to the Executive Director of Finance.

#### Other

#### Fraud Awareness Week

International fraud awareness week took place between 14<sup>th</sup> November and 18<sup>th</sup> November. A number of digital support materials were issued and made

available to all staff within the organisation via emails shots, notices and via the intranet site. This included a new SWAY newsletter which can be found at this link <u>Sway (office.com)</u>

#### Fraud Risk Profile

A fraud risk profile has now been developed for the organisation. This profile aims to assist in achieving compliance with the Government Functional Standard GovS 013: Counter Fraud NHS requirement 3 – Risk Assessment. This profile is included at **Appendix 1.** The profile lists the inherent risks to NHS organisations provided by the NHS Counter Fraud Authority that are relevant to DHCW. These areas will now be subject to fraud risk assessment work by the counter fraud team. This profile will be added to as necessary when further risks are identified as a result of investigation or information received from other sources. The first risk assessment into staff expenses fraud has been completed and forwarded to the organisation for review and recording in order to comply with the organisation's Risk Management Policy. This assessment is included at **Appendix 2.** 

## Counter Fraud Arrangements NHS Wales

A report has been produced in relation to the current and future NHS Wales Counter Fraud provision. This report has been shared among Directors of Finance and at the Counter Fraud steering group at their most recent meetings. Local Counter Fraud Managers and teams have not been involved in this consultation. The report has been commissioned by NHS Wales Shared Services Partnership and has been produced by the Head of the Counter Fraud Service Wales. The report is focussed on the current situation and presents different options for the future of the provision. The options for the future of the service have been described as follows:

#### Option 1

No change – continue with the current three tier service provided via CFS Wales, LCFS and NHSCFA.

#### Option 2

Hybrid system – all health bodies have the option to opt into a NWSSP led

service. LCFS services provided by NWSSP would retain a local presence at the health bodies they represent, maintaining a strong operational relationship with the relevant Finance Directors. LCFS would report directly to the Finance Director of each Health Body, but staff would be part of a Counter Fraud Division within the NWSSP Finance Directorate and led by the Head of Counter Fraud Wales.

## Option 3

Centralised Model – CFS Wales and all LCFSs move across to an NHS Wales Shared Service Model which retains a strong local presence at the relevant health bodies, similar to the current NWSSP procurement provision. LCFS would report directly to the Finance Director of each Health Body, but staff would be part of a Counter Fraud Division within the NWSSP Finance Directorate and led by the Head of Counter Fraud Wales.

It is understood that these options will now be further explored within a working group.



# DIGITAL HEALTH AND CARE WALES RISK MANAGEMENT REPORT

Agenda	5.1
ltem	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Risk and Regulation Officer
Presented By	Chris Darling, Board Secretary

Recommendation	Recommendation				
The Audit and Assurance C	ommittee is being asked to:				
NOTE the status of the Corporate Risk Register.					
DISCUSS The Corporate Risks assigned to the Audit and Assurance Committee, particularly the Staff					
Vacancy risk where a deep d	live discussion will take place.				

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply			
<b>CORPORATE RISK</b> (ref if appropriate)		All are relevant to the report		
WELL-BEING OF FUTURE GENE	RATIONS ACT		A Healthier Wales	
If more than one standard applies, please list below:				
DHCW QUALITY STANDARDS ISO 900		ISO 9001		
If more than one standard app ISO 14001, ISO 20000, ISO 270	· •	low:		
HEALTH CARE STANDARD	Governance, leadership and acccountability			
If more than one standard app Safe Care, Effective Care	olies, please list be	low:		

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement:	

Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	Additional scrutiny and clear guidance as to how the organisation
	manages risk has a positive impact on quality and safety.
LEGAL	Yes, please see detail below
IMPLICATIONS/IMPACT	Should effective risk management not take place, there could be legal
	implications
FINANCIAL	Yes, please see detail below
IMPLICATION/IMPACT	Should effective risk management not take place, there could be
	financial implications
WORKFORCE	No, there is no direct impact on resources as a result of the activity
IMPLICATION/IMPACT	outlined in this report.
SOCIO ECONOMIC	No. there are no specific socio-economic implications related to the
IMPLICATION/IMPACT	activity outlined in this report
RESEARCH AND	No, there is no specific research and innovation implications relating to
INNOVATION	the activity outlined within this report
IMPLICATION/IMPACT	

Author: Bethan Walters Approver: Chris Darling



Acronyms						
DHCW	Digital Health and Care Wales	SHA	Special Health Authority			
BAF	Board Assurance Framework					

## 2 SITUATION/BACKGROUND

- 2.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee and Digital Governance Committee and Safety and approved formally at the SHA Board on the 26 May 2021. This outlined the approach the organisation takes to managing risk and Board assurance.
- 2.2 Work across the year on the Board Assurance Report has resulted in the final BAF dashboard report being approved at the SHA Board Meeting on 26 May 2022.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 12 months) and in the longer term (12 36 months)'.
- 3.2 The committee is asked to note and discuss the deep dive report into DHCW0259 Staff Vacancies 5.2i Appendix A.
- 3.3 DHCW's Corporate Risk Register currently has 23 risks on Register, 7 of which are allocated to the Audit and Assurance Committee. 5 are detailed at item 5.2ii Appendix B for consideration by this Committee, 2 are private and will be reviewed during the private session. The remaining 16 are assigned to the Digital Governance and Safety Committee in public/private session as per the Committee assignment approach.
- 3.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores) since the last report:

#### NEW (5) O Private, 5 Public

A number of risks have been escalated to the Corporate risk register since the last meeting, these are as below:

			Primary Impact
Risk Ref	Risk Title	Risk Description	Domain and
			Committee
			Assigned

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Author: Bethan Walters Approver: Chris Darling

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DHCW0296	Allergies/Adverse Reactions - Single Source	IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED- coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN Potential patient harm due to missing or outdated information being presented in the system being used by the clinician.	Safety and Wellbeing. Digital Governance & Safety
DHCW0297	Power Outages	IF power outages occur at DHCW premises due to interruptions to the supply THEN there could be interruption to services run or delivered from DHCW premises RESULTING in loss of service for NHS organisations, Patients and the Public	Service Delivery Audit & Assurance Committee
DHCW0298	Delay in the Implementation of LINC (WLIMS 2)	IF there is a delay to the LINC implementation THEN this could cause WLIMS service being out of 3rd party support beyond 2025. RESULTING in an unsupported/'unqualified' laboratory system (i.e., Health boards being unable to meet their regulatory requirements) and/or unknown financial burden to DHCW	Service Delivery Audit & Assurance Committee
DHCW0299	Supplier capacity to support Electronic Prescription Service readiness activities	IF: key stakeholders and suppliers are not able to support Electronic Prescription Service readiness activities and implementation due to resourcing pressures THEN: configuration, assurance, general set up activities during the readiness phase and business change/implementation activities will be delayed RESULTING IN: delay to the Primary Care Electronic Prescription Service Programme delivery timetable	Development of Services Digital Governance & Safety Committee
DHCW0300	Canisc (Screening and Palliative Care)	IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	Service Delivery Digital Governance & Safety Committee

## REMOVED (8) 1 Private, 7 Public

Risk Ref	Risk Title	Risk Description	Statement	Committee
DHCW0257	**PRIVATE RISK	Redacted due to sensitive nature	Downgraded	Digital

Author: Bethan Walters Approver: Chris Darling

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			for management at Directorate level	Governance & Safety Committee
DHCW0208	Welsh Language Compliance	IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage	Risk closed and will be replaced by specific risks that remain	Audit and Assurance
DHCW0295	Lack of resources to implement key IMTP Milestones	IF additional resources are not made available to the 3rd Party Applications team in the Integration & Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties. RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.	Executive Directors have approved the Corporate cost pressures which has reduced impact downgraded to Directorate level	Digital Governance & Safety Committee
DHCW0204	Canisc System	IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	Closed and replaced by risk remaining to specific systems	Digital Governance & Safety Committee
DHCW0291	Network Equipment delays in relation Data Centre 2 move	IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement network required will not be implemented prior to the end of the current contract with our current supplier RESULTING IN extension of the existing contract, and an elongated project plan.	All the equipment will arrive by the end of February 2023 risk downgraded for management at Directorate level.	Digital Governance & Safety Committee
DHCW0294	DHCW Service Ownership and resource commitment not agreed for the NHS Wales App.	If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a	Reduced to Directorate level for period whilst further work is ongoing with	Digital Governance & Safety Committee

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		Public-facing service (both short- term and long-term) to handle both early volumes and increased take-up Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line & 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing. Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing Service Support Models, risk that the externally provisioned service support will	the Private Beta	
		not meet regulatory standards and compliance, and risk of reputational damage as an insufficiently tested and under- developed service model may still be perceived as a DHCW provided service.		
DHCW0285	Unfunded NI increase	IF the additional 1.25% employer NI contributions are unfunded centrally THEN DHCW will have a cost pressure of £319k in 22/23 RESULTING IN DHCW's ability to breakeven.	Downgraded to Directorate level and score reduced. Monitor in light of political changes.	Audit and Assurance
DHCW0297	Power Outages	IF power outages occur at DHCW premises due to interruptions to the supply THEN there could be interruption to services run or delivered from DHCW premises RESULTING in loss of service for NHS organisations, Patients and the Public	Downgraded for management at Directorate level. A disaster recovery exercise was undertaken to provide assurance in the event of a power outage and inform forward actions.	Audit and Assurance

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Author: Bethan Walters Approver: Chris Darling



#### SCORE CHANGES

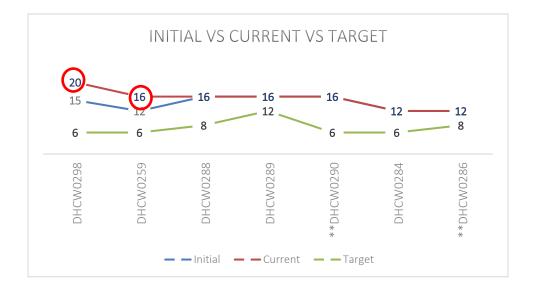
No changes in scoring were reported during the period.

3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

		LIKELIHOOD					
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)	
	CATASTROPHIC (5)			**DHCW0277 ↔ **DHCW0278 ↔ **DHCW0279 ↔ **DHCW0280 ↔ **DHCW0281 ↔			
CONSEQUENCES	MAJOR (4)			DHCW0228: Fault Domains ↔ DHCW0263: DHCW Functions ↔ DHCW0264: Data Promise ↔ **DHCW0286 ↔ DHCW0296 - Allergies/Adverse Reactions - Single ★ Source DHCW0299 - Supplier capacity to support ★ EPS	DHCW0237: Covid-19 Resource Impact DHCW0259: Staff Vacancies DHCW0259: Staff Vacancies DHCW0288 – Data Centre Migration Revenue Funding DHCW0289 – Digital Inflation **DHCW0290 DHCW0290 - Insufficient human resource capacity DHCW0300: Canisc (Screening and Palliative Care)	DHCW0298 – ★ Delay in Implementatio n of LINC (WLIMS 2)	
	MODERATE (3)				**DHCW0229 ↔ DHCW0269 – Switching Service ↔ DHCW0284 – Increased Utility Costs Financial Pressure ↔		
	MINOR (2)						
	NEGLIGIBLE (1)						
			🖈 Nev	v Risk 🗪 Non-Mover 🌷		Private risks	

3.6 The Committee are also asked to consider the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those in green have reduced their current score below initial scoring, the remainder are the same as their initial score.





## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The Committee is asked to note the changes in the risk profile during the reporting period (since the last Audit and Assurance Committee meeting) as a result of five new risks being added and eight risks being removed from the Corporate Register

## 5 **RECOMMENDATION**

5.1 The Audit and Assurance Committee is being asked to:
 NOTE the status of the Corporate Risk Register.
 DISCUSS the Corporate Risks assigned to the Audit and Assurance Committee, particularly the Staff Vacancy risk where a deep dive discussion will take place.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who meeting	have received or cor	nsidered this paper prior to this
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	3 January 2023	Discussed and verified
Management Board	16 January 2023	Discussed and verified

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## DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner

Date of Report:	23 <sup>rd</sup> December 2022				
Orginator:	Joanne Jamieson	Risk Name:	Vacancies		
Likelihood/Probability Rating (1-5):	4	Impact/Consequence Rating (1-5):	4		
Risk Reference ID:	DHCW0259	Initial Score:	12		
Target Score:	6	Current Score:	16		
Background:					

Since DHCW became a SHA, there has been high a level of recruitment activity to enable the organisation to achieve the business goals and strategy as set out within the IMTP and Business Plan. The head count has increased from 800 as at 1<sup>st</sup> April 2021 to 1075 as at 31<sup>st</sup> December 2022.

**Risk Description (IF....THEN.....RESULTING IN.....)** (Risk descriptions to include details of the associated impact)

IF DHCW are unable to recruit to vacancies due to unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.



Mitigating Action Taken to Date: (Detail the actions already undertaken to mitigate the risk impact)

Since April 2022 the Recruitment Team have continued to support the Directorate to fill the vacancies. Since this time we have made 175 external appointments and 125 internal appointments (as at 31<sup>st</sup> December 2023).

As at 27<sup>th</sup> January 2023 there are 47 offers of employment of which 43 have confirmed start dates. Starting between December and February of which 15 internal applicants and 21 external.

There are currently 116 vacancies (as at 27<sup>th</sup> January 2023) that are within recruitment process and are likely to start in Quarter 4 of 2022/23.

We have attended 13 Careers Fairs since April 2022 and as a consequence have approximately 80 undergraduate and graduates in a holding place for potential placements. We hosted a Career Open day on 31<sup>st</sup> January 2023 where representatives from the Directorates met potential new talent.

We are planning to participate in the Apprenticeship week in March, to improve the sustainability of our pipeline of future talent. Also representatives from DHCW will be atttending "Apprenticeships Work" Careers Fair at City Hall in Cardiff on Thursday the 9th March 2023, to inform students from Years 10, 11, 12 and 13 as well as FE Colleges about careers in a variety sectors, raising awareness of Apprenticeships and career pathways.

For hard to fill vacancies of which we currently have 10, we are using CV Library and agencies to attract a wider pool of candidates.



## Further Mitigation to Achieve Target Risk Score with timeframe for completion: (Detail the further actions required to achieve the target risk score and associated timeframes if known)

A Strategic Resource Group has been created which is chaired by the Director of People & OD. The group has a senior membership of Programme leads and Senior Managers which meets on a bi-weekly basis.

The trajectory tool created by Finance will be used to predict the vacancy and recruitment needs and will allow the group to resource plan, not only through recruitment but also through a third-party contracts. The Commercial Team have created a framework which will allow for the drawdown of resource packages and will be available from April 2023.

The Strategic Workforce Planning Templates have been sent out to all Directorates and are expected to be completed and returned by 16<sup>th</sup> February 2023 so that the People & OD Team can analyze and plan for future requirements in a timely manner, which could include any upskilling requirements of the existing workforce.

A number of Careers Fairs have been agreed for 2023 to continue to ensure we are connected to the future talent pipeline.

Recommendation from the risk owner:

(Should the risk score be increased, decreased, remain the same)

Given that vacancies have a significant impact on organisational performance, even though we have been successful in achieving many of the vacancy requirements, there is still a need for an improvement in workforce planning to meet future needs in a timely and cost-effective manner. It is recommended that the risk level remains the same until a greater level of maturity with workforce planning is achieved.

**Meeting Comments/Feedback** 

(To be included after the meeting where the review is taking place)

Focus and further definition of the requirements is needed with Planning and P&OD

The tool only has basic information feeding into it at present. Further engagement is needed for future mitigation actions to make the most of the tool's value.

Engagement is needed from the Leads of Services and Heads of Department

Query on engagement of new schemes, P&OD will send this information out in the next week.

Planning of funding requests into the next year would need to be included in requests, there is no central funding source at present.

#### Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
	CATASTROPHIC (5)	5	10	15	20	25
INCES	MAJOR (4)	4	8	12	16	20
CONSEQUENCES	MODERATE (3)	3	6	9	12	15
CON	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

## Key-Risk Type:

Critical	Significant	Moderate	Low

Ref	Risk Type	Description	Opened date	Review date	Rati ng (init ial)	Action Status	Rating (current)	Rating (Target )	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0298	Business & Organisational	Delay in the Implementation of LINC (WLIMS 2) IF there is a delay to the LINC implementation THEN this could cause WLIMS service being out of 3rd party support beyond 2025. RESULTING in an unsupported/'unqualified ' laboratory system (i.e., Health boards being unable to meet their regulatory requirements) and/or unknown financial burden to DHCW	05/05/2021	05/12/2022	15	<ul> <li>AIM - Reduce Impact</li> <li>FORWARD ACTIONS</li> <li>21/10/22 [GE] - DHCW will be taking control of this project on 1st January 2023</li> <li>ACTIONS TO DATE</li> <li>05/12/22 [NB] - Review of the Citadel Implementation plan took place on the 30th of November 2022. Formal Feedback to the gathered from the service.</li> <li>01/11/22 Escalated to Corporate register</li> <li>05/10/22 [GE] - Review with SMB following update from LINC programme on the move of staff and the likely impact to project timescales. Score to stay at 20 but risk to be escalated to the Corporate Risk register.</li> <li>14/06/22 - The supplier has proposed a 6-month delay against the plan. The Supplier plan has still not been agreed with the authority. Options workshop has been arranged with the Service for the 14th of June 2022.</li> <li>13/05/22 - MK reassigned to ADS after discussion with NB.</li> <li>02/02/22 - LINC added as a standard agenda item at the SMB, JB to attend and provide an update and checkpoint report.</li> <li>LINC is currently in the "design phase" which was scheduled to be completed by March 2022. After discussions with the</li> </ul>	20 (5x4)	6 (3x2)	Interim Executive Director of Digital Operations	Non mover	Audit & Assurance Committee	Service Delivery	Mission 2 - Delivering high quality technology

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					Rati			Dating					
ef	Risk Type	Description	Opened date	Review date	ng (init ial)	Action Status	Rating (current)	Rating (Target )	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						supplier the Design and Build phases have been joined with expected completion of September 2022.							
	Business & Organisational	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.	11/12/2020	03/01/2023	12			6 (2x3)	Director of People and OD	Non-Mover	Audit and Assurance Committee and Local Partnership Forum	Financial	Mission 5 - Trusted Partner

Risk Type				Rati								
	Description	Opened date	Review date	ng (init ial)	Action Status	Rating (current)	Rating (Target )	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
					The team is currently mapping applications from CV library to the potential vacancies to conduct group interviews in a format of assessment centres to speed up the interview process. This will be completed by early September 2022. An SLA is being agreed with NWSSP to allow DHCW to appoint resource via the bank system to allow flexibility within the workforce work completed 23/08/2022 A strategic action group has been formed and the initial meeting will take place on 06/09/2022							
					AIM: Reduce Likelihood FORWARD ACTIONS: Business Case identifying all resource requirements and timing constructed. DHCW Finance to meet with Welsh Government capital & estates team on 23/01/23 and work with DPIE team to explore possible							
Finance	Data Centre Migration Revenue Funding IF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.	16/05/2022	03/01/2023	16	23/01/23 and work with DPIF team to explore possible funding options. ACTIONS UNDERTAKEN: Project Group established. Full plan developed. MC 04/01/23: - Business Case approved by DHCW Management Board on 21/12/22 and submitted to Welsh Government on 30/12/22, discussion held with DPIF on 03/01/22 who will liaise with WG Finance and Capital & Estates Department for a funding decision. MC 011222: - Draft Business Case available for review MC 261022:- Meeting held with DPIF leads on 24/10/22 outlining funding requirements for 2023/24.To be incorporated within final formal bid to DPIF.	16 (4x4)	8 (4x2)	Executive Director of Finance	Non- Mover	Audit & Assurance Committee	Financial	Mission 5 - Trusted Partner
Finance	Digital Inflation IF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.	16/05/2022	03/01/2023	16	<ul> <li>"AIM: Reduce Likelihood</li> <li>FORWARD ACTIONS: To research and construct cost avoidance actions. For specific contract issues DHCW will continue to look by negotiation, competitive procurement and changing in requirements where appropriate.</li> <li>ACTIONS UNDERTAKEN: Engaged with sector specialists to ascertain potential impact and future trends. Negotiations held with suppliers. Internal Audit report into Financial Sustainability is focussed heavily on Digital Cost Pressures and mitigating actions/processes - this will help inform future actions.</li> </ul>	16 (4x4)	12 (4x3)	Executive Director of Finance	Non- Mover	Audit & Assurance Committee	Financial	Mission 2 - Delivering Technology
		FinanceRevenue FundingFinanceIF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.Digital InflationDigital InflationIF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance	FinanceRevenue FundingIF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.16/05/2022Digital InflationIf supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance16/05/2022	Revenue FundingIF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.16/05/202203/01/2023Digital InflationIf supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance16/05/202203/01/2023O3/01/202303/01/202303/01/202303/01/2023	Revenue FundingIF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.16/05/202203/01/202316Digital InflationIF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance16/05/202203/01/202316	FinanceData Centre Migration Revenue Funding16/05/2022org/01/2023ATM: Reduce LikelihoodFinanceDigital Inflation16/05/202203/01/2023ATM: Reduce LikelihoodFinanceDigital Inflation16/05/202203/01/2023Stategic action 20/12/22 and solution 21/12/22 and soluti	Finance       Job La Centre Migration Revenue Funding       16/05/2022       Goldnig       AMX: Reduce Likelihood       FORWARD ACTIONS: Business Case identifying all resource appoint resource via the bank system to allow DHCW to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to appoint resource via the bank system to allow DHCM to the statuse team on 23/01/23 and work with DHF team to explore possible funding options.       AMX: Reduce Likelihood       FORWARD ACTIONS: Business Case identifying all resource requirements and timing options.       ACTIONS UNDERTAKEN: Project Group established. Full plan developed. MC04/01/23: Business Case approved by DHCW MC04/01/23: Business Case available for review MC 261022: Adv off liabs with WDF Finance and Capital & Estates Department for a funding decision.       ALI (44)         Finance       Digital Inflation If supply chain issues funding requirements for 2023/24: To be incorporated within thai formal bit to DPIF.       FORWARD ACTIONS: To research and construct cost and changing in requirements for 2023/24: To be incorporated within the reparameter appropriate.       FORWARD ACTIONS: To research and construct cost and changing in requirements for 2023/24: To be incorporated within the reparapropriate.       <	FinanceDigital Inflation IF supply chain issues (supplict) functions in supplict indices is supplict)16/05/2022is being agreed with NWSSF to allow OHCW to appoint resource with the bank system to allow flow fluctuation appoint resource with the bank system to allow flow fluctuation appoint resource with the bank system to allow flow fluctuation appoint resource with the bank system to allow flow fluctuation appoint resource with the bank system to allow flow fluctuation appoint resource with the bank system to allow flow fluctuation appoint resource with bank system to appoint fluctuation resource with bank system to appoint fluctuation resource with bank fluctuation appoint resource with bank system to appoint fluctuation appoint resource with bank fluctuation resource with bank fluctuation appoint resource with bank fluctuation fluctuation appoint fluctuation appoint resource with bank fluctuation additional fluctuation fluctuation all fluctuation all fluctuation additional fluctuation all fluctuation additional fluctuation fluctuation all fluctuation all fluctuation all fluctuation all fluctuation additional fluctuation all fluctuation all fluctuation all fluctuation all fluctua	FinanceDigital Inflation16/05/202203/01/2023888	Finance       Data Centre Migration       Law       Law <t< td=""><td>Image: biologic biologi</td><td>Image: biological biological</td></t<>	Image: biologic biologi	Image: biological

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Ref	Risk Type	Description	Opened date	Review date	Rati ng (init ial)	Action Status	Rating (current)	Rating (Target )	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						Audit Committee on 18/10/22. As part of the recommendations offered was to spit the risk into individual elements which may have different mitigating actions or closure thresholds. The finance department will await the recommendations of the Internal Audit Financial Sustainability Review prior to making any amendments to ensure all actions are consistent with the report advice. MC 01/12/22 - Updated schedule compiled for IMTP planning							
						MC 26/10/22 - Database and pressure estimation methodology constructed and shared with internal audit for review. Once Validated mitigating actions to be considered by capital and non-pay delivery group with recommendations made to director of finance and directors for action."							
DHCW0284	Finance	Increased Utility Costs Financial Pressure IF utility costs increase significantly as expected THEN costs will exceed those normally budgeted for RESULTING IN increased facilities costs and a financial pressure	21/10/2021	03/01/2023	12	<ul> <li>"AIM: REDUCE Impact</li> <li>FORWARD ACTION: Build potential cost pressures into IMTP assumptions. 2023/24 Budget Setting underway. Continue to report to Welsh Government to ensure DHCW pressure is incorporated within the central risk management and any future consequential funding is secured.</li> <li>ACTIONS TO DATE:</li> <li>040223: Exceptional Costs Management Group Established with briefing paper identifying potential pressures of £987K for 2023/24 with an ""Datacentre Energy Cost Reduction Appraisal"" paper drafted and currently with the Director of ICT for review &amp; comment prior to circulation to Directors.</li> <li>011222: MC- Risk increased to £982K after Exceptional cost group review</li> <li>Established an Exceptional Cost Pressures Group who are developing mitigation plans and will report to Executive Directors regularly</li> <li>Risk increased to £620k to represent both potential increases to Office and Data centre costs</li> <li>Engagement with NWSSP Procurement to confirm All Wales NHS Utilities contract terms</li> <li>Communication with Landlords to understand timing and impact of any change</li> </ul>		6 (2x3)	Executive Director of Finance	Non- Mover	Audit & Assurance Committee	Service Delivery	Mission 2 - Delivering Technology

Ref	Risk Type	Description	Opened date	Review date	Rati ng (init ial)	Action Status	Rating (current)	Rating (Target )	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						Discussed with Associate Finance Directors and Finance Business Partner"							



# DIGITAL HEALTH AND CARE WALES MAKING EQUALITY IMPACT ASSESSMENTS MORE THAN JUST A TICK BOX EXERCISE

		Agenda Item	5.2		
Name of Meeting	Audit and Assurance Committee				
Date of Meeting	14 February 2023				

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Sarah-Jane Taylor, Director of People and Organisational Development
Prepared By	Shikala Mansfield, Head of People & OD
Presented By	Shikala Mansfield, Head of People & OD

Purpose of the Report	For Assurance						
Recommendation							
The Committee is being asked to note the content of the report and receive <b>ASSURANCE</b> that DHCW are carrying out Equality Impact Assessments in line with Public Duty.							

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD



#### 1 IMPACT ASSESSMENT

	Mobilising digital transformation and ensuring high quality health and care data
CORPORATE RISK (ref if appro	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Prosperous Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	BS 76000:2015						
If more than one standard applies, please list below:							
BS 76005							

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N.A
Choose an item.	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Delivery of the actions in the action plan.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION	No, there are no specific research and innovation implications

Making Equality Impact Assessments More Thank Just a Tick Box Exercise Author: Shikala Mansfield Approver: Sarah-Jane Taylor



IMPLICATION/IMPACT	relating to the activity outlined within this report.	

Acronyr	ns		
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
EIA	Equality Impact Assessment	PSED	Public Sector Equality Duty
WIAG	The Wales Informatics Assurance Group	EHRC	Equality and Human Rights Commission

## 2 SITUATION/BACKGROUND

- 2.1 The purpose of this report is to provide assurance that DHCW meets the requirements in line with the Public Sector Equality Duty (PSED) on carrying Equality Impact Assessments, in response to the <u>Audit Wales report Equality Impact Assessments</u>: <u>More than Just a Tick Box</u><u>exercise</u>.
- 2.2 Equality Impact Assessment (EIA) is an important part of the approach to tackling discrimination and promoting equality in Wales. The Equality Act 2010 introduced the Public Sector Equality Duty (PSED) across the UK. The Welsh Government made its own regulations setting out some Wales specific duties that bodies listed in the Act need to follow to meet the PSED 'Public bodies subject to the Act must assess the likely impacts of proposed policies or practices or proposed changes to existing policies or practices on their ability to meet the PSED. In doing so, they must comply with specific requirements to engage with groups likely to be impacted and monitor actual impacts.'

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The DHCW EIA procedure states that Equality Impact Assessment is undertaken to assess the likely impacts of proposed policies or practices, including any changes to existing policies or practices, meet the PSED. The purpose of the procedure when identifying possible negative impact is to consider solutions to mitigate this where possible or provide an explanation in relation to any issues that could arise which cannot be mitigated at the point of introduction but will be subject to review.
- 3.2 It is the responsibility of the individual leading on the policy/service to complete the EIA paperwork and present the outcome of EIA to the DHCW EIA Group.
- 3.3 The DHCW EIA group consists of Senior member of the People & Organisation Development Team, Union Representative and the Welsh Language Lead. The purpose of the group is to

Making Equality Impact Assessments More Thank Just a Tick Box Exercise

Page 3 of 5

Author: Shikala Mansfield Approver: Sarah-Jane Taylor

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review the completed EIA and make recommendations to the individual leading on the policy or practice to make any amendments required. Feedback from the EIA Group would also include the assessment of risks and considerations to possible solutions to remove any negative impacts. The procedure and documents also require consideration of the socioeconomic duty as part of existing process.

- 3.4 Since April 2021, the group has reviewed 10 EIAs for various policies and services such as Disaster Recovery Policy, Change Ambassador Programme, Welsh Language Strategy and the Estate Strategy. The Wales Informatics Assurance Group (WIAG) which reconvened in October 2022, also requires input from the Equality Lead (Senior Workforce Business Partner) to ensure an EIA is carried out.
- 3.5 The purpose of the WIAG Group is to ensure Digital Health & Care Wales has the correct assurance process in place to enable the safe review and release of national informatics services, including the approval of process documentation, to ensure that there is a clear auditable assurance procedure that enables citizens, clinicians and Welsh organisations to be confident that the delivery of national informatics services are safe and effective and to include the EIA process when appropriate.
- 3.6 "The EIA More Than a Tick Box Exercise" report recommendation R4 states that while there are examples of good practice related to distinct stages of the EIA process, all public bodies have lessons to learn about their overall approach. Public bodies should review their overall approach to EIAs considering the findings of this report and the detailed guidance available from the European Human Rights Committee (EHRC) and the Practice Hub.
- 3.7 The process of conducting EIAs within DHCW will be reviewed by the recently appointed Interim DHCW Equality, Diversity, and Inclusion Lead. The review will integrate the findings of the Audit Wales report, such as those listed below:
  - The EIA process to be included as part of any big decisions, such as budget decisions or major service change.
  - Prioritising decisions that are likely to have a big impact on certain groups, for example, small scale decisions could have a large impact on one section of the population.
  - Considerations given to 'intersectionality' within the EIA process the way different protected characteristics combine. For example, while an EIA may identify impacts for Muslim people, it may not recognise that impacts could be very different for a Muslim woman compared to a Muslim man.
  - Listening to people with protected characteristics and involving them fully in the EIA process; and
  - Monitoring the actual impact of a policy or decision once implemented.

Making Equality Impact Assessments More Thank Just a Tick Box Exercise Page 4 of 5

Author: Shikala Mansfield

Approver: Sarah-Jane Taylor



## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks/matters for escalation to Board/Committee.

#### 5 **RECOMMENDATION**

5.1 The Committee is being asked to note the content of the report and receive **ASSURANCE** that DHCW are carrying out Equality Impact Assessment in line with Public Duty.

## 6 APPROVAL / SCRUTINY ROUTE

 Person / Committee / Group who have received or considered this paper prior to this meeting

 PERSON, COMMITTEE OR GROUP
 DATE
 OUTCOME

 Director of People and OD
 31/01/2023
 Image: Committee of the second second

Approver: Sarah-Jane Taylor

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# DIGITAL HEALTH AND CARE WALES STANDARDS OF BEHAVIOUR REPORT

		Agenda Item	5.3	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Manager
Presented By	Laura Tolley, Corporate Governance Manager

Purpose of the Report	For Noting	
Recommendation		
The Audit & Assurance Committee is being asked to: NOTE the Standards of Behaviour Report.		

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

#### Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The declarations of interests process ensures DHCW staff
	adhere to the organisation's statutory responsibilities.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report
INFLICATION/INFACT	



<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report			

Acronyms					
DHCW	Digital Health and Care Wales	SHA	Special Health Authority		
DOI	Declaration of Interest	SoB	Standards of Behaviour		

#### 2 SITUATION/BACKGROUND

- 2.1 In accordance with the requirements of the DHCW's Standing Orders and Standards of Behaviour Policy, which was approved by the DHCW Board on 1 April 2021, a report is required to be received by the Audit & Assurance Committee as a standing agenda item, which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.
- 2.2 All Board members declarations of interest have been captured on the register for 2022/23 and the information is included as part of the organisations Declarations of Interest Register, which is published on the DHCW Website.
- 2.3 All declarations of interest are reviewed and checked by the Corporate Governance team and any queries are addressed prior to entry on the register.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Included at 5.2i Appendix A is the 2022/23 Declarations of Interest Register, this features all DHCW Board members. The register focuses initially on staff band 8a and above, however, DHCW are pursuing best practice and asking all staff to complete a declarations of interest form and this will now be reported to DHCW Management Board on a monthly basis from July 2022.
- 3.2 Work is ongoing to capture the declarations of interest of all DHCW staff band 8a and above, in line with the SOB Policy requirement. As of 3 February 2023, 89% of band 8a and above declarations of interest have been received and captured on the register.
- 3.3 In line with other NHS Trusts, Health Boards and Special Health Authorities, DHCW have agreed from April 2022 onwards, to operate a 3-year declaration of interest form. However, DHCW Board members will be required to complete an annual declaration of interest form.
- 3.4 An escalation process has been put in place by the Corporate Governance team to address if staff banded 8a and above have been requested to complete a declaration form, but it has not



#### been submitted.

3.5 The Committee are asked to note that there have been two declarations of gifts, hospitality, honoraria and sponsorship received since the last meeting summarised in the table below. In addition, the gifts, hospitality, honoraria and sponsorship register can be found in full at item 5.2ii Appendix B.

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	0	2	2	£O	£unknown
Honorarium	0	0	0	£O	£O
Hospitality	14	1	15	*£2761.44+VAT	£300
Sponsorship	2	0	2	£546	£0
Grand Total	2	0	0	*£3307.44+VAT	£O

3.6 The Committee are also asked to note that since the last report, there has been one instance where 'Unacceptable Hospitality' has been accepted. This is summarised in the table below:

Nature of Declaration	Accepted	Grand Total	Value accepted
Hospitality	1	£300	£300

- 3.7 This matter has been addressed and further awareness of the policy and requirements has been taken forward.
- 3.8 Since the last meeting, Standards of Behaviour update reports have been received at DHCW Management Board to remind staff of the Standards of Behaviour process and obligations to adhere to the policy.
- 3.9 To actively promote the Standards of Behaviour Policy and Declarations of Interests, Gifts, Hospitality and Honoraria across the organisation, the Corporate Governance team deliver a presentation at the monthly DHCW Corporate Induction, a spotlight on Standards of Behaviour is a regular feature in the Internal Newsletter, in addition, a Standards of Behaviour TenTalk was held in January which saw 150 employees join the live session and 70 employees taking part in a short Standards of Behaviour Quiz which is positive engagement from DHCW Staff

#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Work continues to raise awareness of the Standards of Behaviour Policy and requirements.
- 4.2 There has been one instance where 'Unacceptable Hospitality' has been accepted. This has been addressed and declarations will be continually monitored.



#### 5 **RECOMMENDATION**

5.1 The Audit & Assurance Committee is being asked to **NOTE** the Standards of Behaviour Report.

## 6 APPROVAL / SCRUTINY ROUTE

 Person / Committee / Group who have received or considered this paper prior to this meeting

 PERSON, COMMITTEE OR GROUP
 DATE
 OUTCOME

 Management Board
 16 January 2023
 Noted

 Image: Committee Commi

Standards of Behaviour Report

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Author: Laura Tolley Approver: Chris Darling

Date Name Title Received		Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	
06/04/2022	Simon Jones	Chair of DHCW	Nil Declaration		Ongoing		
06/04/2022	Aaron Williams	Infrastructure Design Architect	Nil Declaration		Ongoing		
14/04/2022	Victoria O'Higgins	Principal Project Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11;	2019	Ongoing	Changeabilities Limited	There is no conflict in my current role.
06/04/2022	Ifan Evans	Executive Director Strategy	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	1. from 1994 2. From 2014 3. From 2023	Ongoing	1. Evannance Investment Co Ltd 2. Jemico Cyfyngedig 3. Portobello Town (Hessian) Ltd Spouse is Chief Marketing Officer of Ogi Fibre, a fibre to the premises provider in South Wales	
14/04/2022	Mike Prasad	Cyber Resilience Lead	Nil Declaration		Ongoing		
14/04/2022	Joanne Forster	Senior Product Specialist	Nil Declaration		Ongoing		
14/04/2022	Jake Plumley	Senior Solutions Architects	Nil Declaration		Ongoing		
14/04/2022	Amy Vaughan- Thomas	Senior Solutions Architect	Nil Declaration		Ongoing		
14/04/2022	Marc Cole	Networking Team Technical Lead	Nil Declaration		Ongoing		
14/04/2022	Geraint Jones	Infrastructure Design Architect	Nil Declaration		Ongoing		
14/04/2022	Paul Speyer	Service Management Lead	Nil Declaration		Ongoing		
18/04/2022	Elizabeth Sayce	Planning and Coordination Lead	Nil Declaration		Ongoing		
19/04/2022	Keith Farrar	Deputy SRO / Strategic Advisor	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	1/07/2014	Ongoing	Director, Intelligent Care Solutions Ltd	
19/04/2022	Jamie Manning	Validation Manager	Nil Declaration		Ongoing		

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19/04/2022	Rachel Fudge	Senior Finance Business Partner	Nil Declaration		Ongoing		
20/04/2022	Barry McDermid	Senior Solutions Architect	Nil Declaration		Ongoing		
19/04/2022	Ruth Glazzard	Vice Chair	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -		Ongoing	Centre for Digital Public Services is a paid position at £198/day with a 2 day a month commitment.	
19/04/2022	Ruth Glazzard	Vice Chair	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	25/08/2020	Ongoing	Non-executive Director and Chair of Governance, Remuneration an d Audit Committee – Coastal Housing	Paid
19/04/2022	Ruth Glazzard	Vice Chair		1/03/2020	Ongoing	Non Executive Director at Greenstream Flooring CIC	Unpaid
14/04/2022	Andrew Fletcher	Associate Board Member	Nil Declaration		Ongoing		
14/04/2022	Chris Darling	Board Secretary	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies		Ongoing	Chair of Tir a Mor Scouting	Personal
18/04/2022	Rhidian Hurle	Medical Director	Nil Declaration		Ongoing		
21/04/2022	Rowan Gardner	Independent Member	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies - Questions 12,13,14, 15; Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	05/03/2001	Ongoing	Biolauncher Ltd PrecisionLife Limited	As a founder of the company, I hold shares in this private company. PrecisionLife has raised capital from external investors and myself. The Company announced the first close of an investment round on January 31, 2022. This transaction

							did not change the number of shares that I hold nor did I receive any proceeds from the investment round.
25/04/2022	David Selway	Independent Member	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	1.Sept 2019 2 Oct 2021	1. Ongoing 2. Ongoing	1 Amey Consulting 2 Bron Afon Community Housing	
25/04/2022	Helen Thomas	Chief Executive Officer	Nil Declaration		Ongoing		
26/04/2022	Anna Goralska	Head of Digital Investment & Innovation	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	30/09/2013	Ongoing	Finance Director	
26/04/2022	Gareth Davis	Executive Director of Operations	Nil Declaration		Ongoing		
27/05/2022	Julie Ash	Head of Corporate Services	Nil Declaration			Nil Declaration	
03/05/2022	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social car		Ongoing	Chairs the 'More than Just Words' Task and Finish Group on the Strategic Welsh Language Framework	Paid
20/06/2022	Laura Tolley	Corporate Governance Manager	Nil Declaration		Ongoing		
21/06/2022	Donald Kennedy	Lead Infrastructure Design Architect	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care - Questions 16,17,18, 19;	October 2010	Ongoing	SAIL Databank	My wife is business manager for the SAIL databank (Swansea University), and so has workplace dealings with other parts of DHCW
21/06/2022	Rhys Dauncey	Client Services Development Lead	Nil Declaration		Ongoing		

21/06/2022	Ben Rowlands	Programme Manager	Nil Declaration		Ongoing		
21/06/2022	Lindsey Price	Planning Lead	Nil Declaration		Ongoing		
21/06/2022	Alison Maguire	Programme Lead	Nil Declaration		Ongoing		
21/06/2022	G Huw Jones	Principal Integration Architect	Nil Declaration		Ongoing		
21/06/2022	Noel Bevan	Service Management Lead	Nil Declaration		Ongoing		
21/06/2022	Paul Williams	Network Services Manager	Nil Declaration		Ongoing		
21/06/2022	Matthew Thomas	Lead Applications Design Architect	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	Since Feb 2020 - but it is inactive (not dormant as there is expenditure)		Architrace Ltd	
21/06/2022	Sarah Brooks	OD, Culture & Engagement Lead	Nil Declaration		Ongoing		
21/06/2022	Cora Suckley	DPO Service Manager	Nil Declaration		Ongoing		
21/06/2022	Naveen Madhavan	Senior Product Specialist	Nil Declaration		Ongoing		
21/06/2022	Karen Shepard	Clinical Specialist Configuration	Nil Declaration		Ongoing		
21/06/2022	Sarah Roberts	Business Lead Client Service	Nil Declaration		Ongoing		
21/06/2022	Rachael Watson	Senior Solution Architect	Nil Declaration		Ongoing		
21/06/2022	Richard Matthews	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
21/06/2022	Darren Lloyd	Associate Director for Information Governance	Nil Declaration		Ongoing		
21/06/2022	Joanna Dundon	National Clinical Informatics	Nil Declaration		Ongoing		
21/06/2022	Alyson Smith	Head of Organisation Performance	Nil Declaration		Ongoing		
21/06/2022	John Meredith	Head of Application Design	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care - Questions 14, 15,16,17, Directorships - Public or private appointments, employment or consultancies.	June 2022 - 2019	May 2024 (2 year term) ongoing	openEHR International (OPENEHR CIC) Co-chair Apperta Foundation Open Platforms Committee Co-chair of a Community	Both positions align with DHCW objectives and with sign-off from line management.

			Company directorships in private or limited companies - Questions 6, 7, 8,9;			Interest Company Workgroup, unpaid	
21/06/2022	Heather Wallace	Lead Application Design Architect	Nil Declaration		Ongoing		
22/06/2022	Martin Prosser	Head of Operational Infrastructure	Nil Declaration		Ongoing		
22/06/2022	Kevin Seaward	Compliance Lead	Nil Declaration		Ongoing		
22/06/2022	Mat Friedlander Moseley	Programme Manager	Nil Declaration		Ongoing		
22/06/2022	Jennifer Selby	Senior Product Specialist	Nil Declaration		Ongoing		
22/06/2022	Eluned Cousins	Rheolwr Arweiniol Gwybodaeth (Gofal Sylfaenol)	Nil Declaration		Ongoing		
22/06/2022	Gillian Bell	Clinical Specialist Configuratioin	Nil Declaration		Ongoing		
22/06/2022	Andy Shanahan	Cyber Security	Nil Declaration		Ongoing		
22/06/2022	Paul Evans	Interim Head of Regulatory	Nil Declaration		Ongoing		
22/06/2022	Nadia Simpson	Senior Business Change Facilitator	Nil Declaration		Ongoing		
22/06/2022	Simon Williams	Head Service Management	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 6, 7, 8,9; Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies - Questions	2011		Pulse Form & Fitness Ltd	I manage company accounts in my own time - there is no relationship between the company and the NHS
22/06/2022	Kelly Tremlett	Planning and Coordination Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	March 2018	Ongoing	Skate Fitness LTD	No direct conflict of interest
22/06/2022	Gavin Jones	Service Management Team Manager	Nil Declaration		Ongoing		
22/06/2022	Oliver Morrissey	Infrastructure Technology	Nil Declaration		Ongoing		

22/06/2022	Sandra Oliver	National Clinical Informatics Lead	Nil Declaration	Ongoing		
22/06/2022	Ruth Chapman	Assistant Director of Planning	Nil Declaration	Ongoing		
22/06/2022	Geoff Norton	Software development Manager	Other		My wife is considering applying for a post advertised within my department. It is unlikely this needs to be declared as my wife has not applied and I would not be appointing a manager. But I am including it here for transparency.	I do not believe there is any action required to manage any potential conflict of interest. Nonetheless, I have read the guidance given to Appointing Officers in section 6.6. of Digital Health & Care Wales' STANDARDS OF BEHAVIOUR POLICY
22/06/2022	Sophie Kift	Principal Project Manager	Nil Declaration	Ongoing		
22/06/2022	Roberta Houghton	Primary Care IT Support	Nil Declaration	Ongoing		
22/06/2022	Laura Panes	Strategic Procurement and Contracts Manager	Nil Declaration	Ongoing		
22/06/2022	George Olney	Assistant Chief Architect	Nil Declaration	Ongoing		
22/06/2022	Stephen Price	Application Manager	Nil Declaration	Ongoing		
23/06/2022	Frances Beadle	Chief Nursing Information Officer	Nil Declaration	Ongoing		
23/06/2022	Rachael Powell	Associate Director of Information, Intelligence and Research	Nil Declaration	Ongoing		
23/06/2022	Tim Dawe	Senior Product Specialist	Nil Declaration	Ongoing		
23/06/2022	Rebecca McGrane	Programme Manager	Nil Declaration	Ongoing		
23/06/2022	Caroline Busby	Programme Manager	Nil Declaration	Ongoing		

24/06/2022	Amy Mumford	Medicines Nurse Clinical Informatics Lead	Nil Declaration		Ongoing		
24/06/2022	Alex Percival	Strategic Contracts & Commercial Manager	Nil Declaration		Ongoing		
19/04/2022	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	25/08/2020	Ongoing	Non-executive director and Chair of Governance, Remuneration and Audit Committee – Coastal Housing	Paid
19/04/2022	Ruth Glazzard	<b>3</b> 7	nibynnol lechyd a Gofal Digidol d Independent Member Digital les				
03/05/2022	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Cadeirydd y Cyngor/ Chair of Council, Prifysgol Bangor University	
03/05/2022	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Aelod o Fwrdd/Board Member Canolfan Gerdd William Mathias, Ymddiriedolwr/ Trustee	
03/05/2022	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Family member is a BBC Journalist	Paid
19/04/2022	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	25/08/2020	Ongoing	Non-executive director and Chair of Governance, Remuneration and Audit Committee – Coastal Housing	Paid
19/04/2022	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	1/03/2020	Ongoing	Non-Executive Director at Greenstream Flooring CIC	Unpaid

		Health and Care Wales					
24/06/2022	Claire Osmundsen- Little	Executive Director of Finance	Nil Declaration		Ongoing		
27/06/2022	Tracy Norris	Service Desk Lead	Nil Declaration		Ongoing		
27/06/2022	David Sheard	Assistant Director of Service Transformation	Nil Declaration		Ongoing		
27/06/2022	Fiona Churchill	Senior Business Analyst	Nil Declaration		Ongoing		
27/06/2022	Julian Jones	Cyber Security Operations	Nil Declaration		Ongoing		
28/06/2022	Mark Catherall	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
28/06/2022	Tom England	Product Lead	Other	09/21	Ongoing	Consultancy role, Swansea Bay University Health Board	remuneration -£440 per day gross
28/06/2022	Julie Robinson	Corporate Governance Coordinator	Nil Declaration		Ongoing		
28/06/2022	Amanda Murray	Executive Assistant	Nil Declaration		Ongoing		
28/06/2022	Lawrence Borge	Principal Project Manager	Nil Declaration		Ongoing		
29/06/2022	Stacy Williams	Executive Assistant	Nil Declaration		Ongoing		
30/06/2022	Gareth Evans	Diagnostic Applications Manager	Nil Declaration		Ongoing		
30/06/2022	lan Taylor	Finance Manager	Nil Declaration		Ongoing		
04/07/2022	Karla Scott	Programme Manager	Nil Declaration		Ongoing		
04/07/2022	Kirsty O'Leary	Strategic Contracts Support Manager	Other	2017	2020	Previous employee of Net Consulting Ltd who contract with DHCW	I won't be responsible for the management of any Net Consulting Ltd contracts
04/07/2022	Carl Davies	Welsh PAS Applications Manager	Nil Declaration		Ongoing		
04/07/2022	Abigail Swindail	Clinical Informatics Lead for Community & Children's Services	Nil Declaration		Ongoing		

06/07/2022	Jeannette Short	Primary Care Support and Information Governance Assurance Manager	Nil Declaration		Ongoing		
11/07/2022	Anna Evans	Organisational Performance Manager	Other			My partner Nathan Beynon works in the commercial services department of DHCW	
14/07/2022	Helen Robertson	Directorate Manager	Nil Declaration		Ongoing		
14/07/2022	Allison Roblin	Strategic Procurement & Contracts Manager	Nil Declaration		Ongoing		
14/07/2022	Neil Kitching	Business Change Manager	Nil Declaration		Ongoing		
14/07/2022	Peter Cumpstone	National Clinical Information	Nil Declaration		Ongoing		
14/07/2022	Matthew Thomas	Design Architect - Client Services	Nil Declaration		Ongoing		
14/07/2022	Phil Ransome	Principal Project Manager	Nil Declaration		Ongoing		
14/07/2022	Keith Reeves	Service Management Team Leader	Nil Declaration		Ongoing		
14/07/2022	Gavin Allan	Primary Care Business Services Lead	Nil Declaration		Ongoing		
14/07/2022	Donna Charley	Primary Care Delivery Lead	Nil Declaration		Ongoing		
14/07/2022	Joel Kanyeihamba	Lead Technical Architect	Other	27/10/2020	Ongoing	Wife is current Trustee of the FAN Charity	
14/07/2022	Neeleem Saha	Lead Technical Design Architect	Nil Declaration		Ongoing		
14/07/2022	Michael Gibbs	Infrastructure Design and Support Architect	Nil Declaration		Ongoing		
14/07/2022	Carwyn Lloyd- Jones	Director of ICT and Digital Business	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies		Ongoing	Director of Family business - ARFORDIR HOLDINGS LTD (09680842)	None. No income from the role.
14/07/2022	Matthew Perrott	Deputy Head of Commercial Services	Nil Declaration		Ongoing		

14/07/2022	Alan Boyce	Senior Product Specialist	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited	Sept 2016	Ongoing	Founder & CEO, DragonfiAR Limited	The company is not related to healthcare.
14/07/2022	Griff Williams	Product Manager	companies Nil Declaration		Ongoing		
14/07/2022	Chris Dalgety	Senior Solutions Architect	Nil Declaration		Ongoing		
14/07/2022	Martin Dickinson	Head of Primary Care Services	Nil Declaration		Ongoing		
14/07/2022	Brent Varley	National Diagnostic IT Origramme Lead	Nil Declaration		Ongoing		
14/07/2022	Cheryl Way	National Pharmacy & Medicines Management Lead	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care - Questions 14, 15,16,17, Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 6, 7, 8,9;	September 2021 June 2021	Ongoing	Director of Hayes Point Right to Manage Company Limited Chair Welsh Board of the Royal Pharmaceutical Society and member of Assembly	Personal
14/07/2022	Chris Habberley	Senior Project Manager	Nil Declaration		Ongoing		
14/07/2022	Alex Winsor	Support and Business Analyst	Nil Declaration		Ongoing		
14/07/2022	David Owen	Infrastructure Operations Lead	Nil Declaration		Ongoing		
15/07/2022	Amit Patel	Lead Design Architect	Nil Declaration		Ongoing		
15/07/2022	David Webb	Linux Technical Lead	Nil Declaration		Ongoing		
15/07/2022	Rachel Sully	NHS Wales e- Library and Knowledge Service Manager	Nil Declaration		Ongoing		
15/07/2022	Simon Medicke	Service Management Lead	Nil Declaration		Ongoing		
18/07/2022	Rob Murray	Senior Product Specialist	Nil Declaration		Ongoing		
18/07/2022	Mohamid Amin	Operations Lead (Core Services)	Nil Declaration		Ongoing		
18/07/2022	Caroline Julie Francis	Head of Commercial Services	Nil Declaration		Ongoing		
18/07/2022	Amanda Carter	Senior Product Specialist	Nil Declaration		Ongoing		

18/07/2022	Paul Owen	Senior Product Specialist	Nil Declaration		Ongoing		
18/07/2022	Rhian Hamer	Portfolio Director	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	Director since October 2016 Since April 2022	Ongoing	Rhian Hamer Consultancy Ltd Central Statistics Office, Ireland	Census Ireland Board Member
19/07/2022	Karen Llewellyn	Primary Care Services Leader	Nil Declaration		Ongoing		
19/07/2022	Rhys Hopkins	Senior Solutions Architect	Nil Declaration		Ongoing		
20/07/2022	Jonathan Punt	Senior Product Specialist	Nil Declaration		Ongoing		
20/07/2022	Ashish Mishra	Senior IT Specialist	Nil Declaration		Ongoing		
20/07/2022	Alison Bedford	Corporate Services Planning Co- ordinator	Nil Declaration		Ongoing		
20/07/2022	Richard Evans	Estates Officer	Nil Declaration		Ongoing		
20/07/2022	Yvonne Waughington	Office Manager	Nil Declaration		Ongoing		
20/07/2022	Michael McGrath	Estates and Compliance Manager	Nil Declaration		Ongoing		
21/07/2022	Eugene O'Sullivan	Senior Product Specialist	Nil Declaration		Ongoing		
21/07/2022	Cameron Morgan	Estates Officer	Nil Declaration		Ongoing		
22/07/2022	Morwenna Kinsey Abbot	Organisational Performance Manager	Nil Declaration		Ongoing		
25/07/2022	Phil Samuel	Primary Care Applications Development Manager	Nil Declaration		Ongoing		
25/07/2022	Tracey Dimblebee	Senior Security Specialist	Nil Declaration		Ongoing		
25/07/2022	Rachel Stirrup	Contracts Manager	Nil Declaration		Ongoing		
25/07/2022	Michele Morgan	Business Support Administrator	Nil Declaration		Ongoing		
25/07/2022	Karl Armstrong	Senior Support and Business Analyst	Nil Declaration		Ongoing		
25/07/2022	Michael Watts	Service Management Lead	Nil Declaration		Ongoing		

25/07/2022	Sally Mason	Assistant Information Officer	Nil Declaration	Ongoing	
26/07/2022	Darren Reynolds	NIIAS Manager	Nil Declaration	Ongoing	
29/07/2022	Jonathan Jones	Cyber Security Penetration Testing and Forensics Lead	Nil Declaration	Ongoing	
04/08/2022	Angela Hagget	Organisational Performance Lead	Nil Declaration	Ongoing	
04/08/2022	Marcin Haberski	Senior Solutions Architect	Nil Declaration	Ongoing	
04/08/2022	Rhys Bryant	ICS Operational Lead	Nil Declaration	Ongoing	
04/08/2022	Daniel Hallett	National Clinical Informatics Lead	Nil Declaration	Ongoing	
04/08/2022	James Cooper	Senior Solutions Architect	Nil Declaration	Ongoing	
04/08/2022	James Goddard	Hospital ePrescribing Lead	Nil Declaration	Ongoing	
04/08/2022	Rebecca Cook	NDR Programme Director	Nil Declaration	Ongoing	
05/08/2022	Simon Scourfield	Primary Care Informatics Lead	Nil Declaration	Ongoing	
05/08/2022	Paul Mason	Information Standards Management	Nil Declaration	Ongoing	
05/08/2022	Dan Lewis	Senor Solutions Architect	Nil Declaration	Ongoing	
05/08/2022	Trevor Hughes	Information Programmes and Planning Lead	Nil Declaration	Ongoing	
05/08/2022	Steven Howlett	Service Management Lead	Nil Declaration	Ongoing	
05/08/2022	Gemma Sullivan	Programme Manager	Nil Declaration	Ongoing	
05/08/2022	Rob Ludman	Service Management Team Manager	Nil Declaration	Ongoing	
05/08/2022	Tim O'Sullivan	Head of Research and Academia	Nil Declaration	Ongoing	
05/08/2022	Bryan Main	Client Services Operational Lead	Nil Declaration	Ongoing	
05/08/2022	Joanne Jamieson	Senior People and OD Business Partner	Nil Declaration	Ongoing	
05/08/2022	Pamela Rott	Senior Business Analyst	Nil Declaration	Ongoing	
05/08/2022	Rachel Williams	Principal Project Manager	Nil Declaration	Ongoing	

08/08/2022	Kimberley Chapman	Principal Project Manager	Nil Declaration		Ongoing		
08/08/2022	Michael Jenkins	Applications Manager	Other		Ongoing	My wife is the Assistant Director of Digital Programmes within Aneurin Bevan Health Board.	
08/08/2022	Tracey Francis	Welsh Reference Data and Terminology Service Management lead	Nil Declaration		Ongoing		
09/08/2022	Shikala Mansfield	Head of People and OD	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	Chwarae Teg - since 20018, Cardiff City Football Foundation since 2017	Ongoing	Board Member of Chwarae Teg, Cardiff City Football Foundation, Vice Chair Governor of Fitzalan High School	Trustee of the Board. Unpaid Volunteer. Chwarae Teg was suggested as of organisations that have been working with WG to support the EDI agenda to SJT on 8 November. A meeting was arranged on 11 Nov between SM/Sarah- Jane Taylor and Chwarae Teg. Value of contract is £3,580k + VAT
11/08/2022	Geraint Walker	Clinical Informaticist	Nil Declaration		Ongoing		
15/08/2022	Allan Bateman	Arweinydd Ffurfweddiad Arbenigol Clinigol / Biofeddygol Cenedlaethol	Nil Declaration		Ongoing		
24/08/2022	Nathan Stone	Technical Project Manager	Nil Declaration		Ongoing		

25/08/2022	Andrew Morgans	Business Change Facilitator	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	Since Sept 2018	Ongoing	Hold the position of Associate Lecturer at Cardiff School of Education and Social Policy at Cardiff Metropolitan University
25/08/2022	Laurence James	Programme Lead	Nil Declaration		Ongoing	
25/08/2022	Jodine Fec	National Clinical Informatic Lead (Clinical Pharmacy)	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 6, 7, 8,9; Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies -	Since 2006	Ongoing	Director of Pharmacy Matters Limited
25/08/2022	Martin Prosser	Head of Operational Infrastructure	Nil Declaration		Ongoing	
25/08/2022	Matt Cornish	Co Programme Director DSPP	Nil Declaration		Ongoing	
25/08/2022	Joshua Hunt	Project Manager	Nil Declaration		Ongoing	
25/08/2022	Adriann Taljaard	Communication Manager	Nil Declaration		Ongoing	
25/08/2022	Rhianne Edwards	Project Manager	Nil Declaration		Ongoing	
25/08/2022	Matt Palmer	Head of Infrastructure	Nil Declaration		Ongoing	
25/08/2022	Jamie Graham	Assistant Director, Cyber Security	Nil Declaration		Ongoing	
25/08/2022	Michael Smith	Senior Communications Officer	Nil Declaration		Ongoing	
25/08/2022	Anne Marie Cunningham	Associate Medical Director	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	Since 22/01/2022	Ongoing	Trustee of Faculty of Clinical Informatics
25/08/2022	Matthew Dance	Planning Manager	Nil Declaration		Ongoing	
25/08/2022	Mark Cox	Associate Director of Finance	Nil Declaration		Ongoing	
25/08/2022	Paul Lawrence	Application Manager	Nil Declaration		Ongoing	
25/08/2022	Sarah Roberts	Business Lead	Nil Declaration		Ongoing	

25/08/2022	Martin Williams	Business Intelligence and Health Analytics Lead	Nil Declaration		Ongoing		
25/08/2022	Carl Owen	Monitoring Services Manager	Nil Declaration		Ongoing		
25/08/2022	Gary Jones	WCCIS Integration	Nil Declaration		Ongoing		
25/08/2022	Mark Evans	Lead Application Design Architect	Nil Declaration		Ongoing		
25/08/2022	Michael Watts	Service Management Lead	Nil Declaration		Ongoing		
25/08/2022	Shane Herat	Principal Project Manager	Nil Declaration		Ongoing		
25/08/2022	Gareth John	Head of Information Services	Nil Declaration		Ongoing		
25/08/2022	Ali Griffiths	Principal Specialist (Service Management)	Nil Declaration		Ongoing		
25/08/2022	Claire Chalmers	Principal Project Management	Nil Declaration		Ongoing		
25/08/2022	Kevin Jones	Principal Specialist (Transition and Service Level Management)	Nil Declaration		Ongoing		
25/08/2022	Heidi Morris	Head of Community and Mental Health Services	Nil Declaration		Ongoing		
25/08/2022	Tim Palmer	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
25/08/2022	James Braun	Principal Project Manager	Nil Declaration		Ongoing		
25/08/2022	Anthony Sheldon	Service Management Developer	Nil Declaration		Ongoing		
25/08/2022	Roy Williams	Senior Product Specialist	Nil Declaration		Ongoing		
25/08/2022	James Ball	Senior IT Specialist (Cyber Security)	Nil Declaration		Ongoing		
25/08/2022	Nigel Pearce	Operational Services Manager	Nil Declaration		Ongoing		
25/08/2022	Carys Richards	Corporate Governance Coordinator	Nil Declaration		Ongoing		
25/08/2022	James Bowtell	Design Architect	Nil Declaration		Ongoing		
25/08/2022	Lloyd Matthews	Service Accounts Manager	Directorships - Public or private appointments, employment or consultancies. Company	1/04/2022	Ongoing	Phil Matthews Investments Ltd.	

			directorships in private or limited companies -		
25/08/2022	Desmond Higgins	Senior IT Specialist (Backups)	Nil Declaration	Ongoing	
26/08/2022	Neil Williams	IT Specialist (Server & Storage)	Nil Declaration	Ongoing	
26/08/2022	Liz Wride	Service Management Developer	Nil Declaration	Ongoing	
26/08/2022	Nathan Davies	Senior IT Specialist	Nil Declaration	Ongoing	
26/08/2022	Jonathan Jones	Infrastructure Operations Support	Nil Declaration	Ongoing	
26/08/2022	Phiilipp von de Recke	Senior IT specialist	Nil Declaration	Ongoing	
26/08/2022	Benjamin Thomas	Senior IT Specialist (Services & Storage)	Nil Declaration	Ongoing	
26/08/2022	Sean Wakely	Senior IT Specialist	Nil Declaration	Ongoing	
26/08/2022	Daniel Nash	SQL Operations Lead	Nil Declaration	Ongoing	
26/08/2022	Jodi Hughes	National Clinical/Biomedical Specialist Configuration Lead	Nil Declaration	Ongoing	
26/08/2022	Gill Friend	Head of Communications	Nil Declaration	Ongoing	
26/08/2022	Sherif Al- Begain	Senior IT Specialist (Cyber Security)	Nil Declaration	Ongoing	
26/08/2022	Andrew Pearce	Principal Support & Business Analyst	Nil Declaration	Ongoing	
26/08/2022	Chris Barber	Product Specialist	Nil Declaration	Ongoing	
26/08/2022	Jayne Steed	Planning and Coordination Support Manager	Nil Declaration	Ongoing	
26/08/2022	Wendy Presgrave	Senior Executive Assistant	Nil Declaration	Ongoing	
26/08/2022	Rachel Mallett	Planning Apprentice	Nil Declaration	Ongoing	
26/08/2022	Michael Burns	Security Specialist	Nil Declaration	Ongoing	
26/08/2022	Samantha Meredith	Office Team Lead	Nil Declaration	Ongoing	
26/08/2022	Chris Ash	Data Centre Facilities Specialist	Nil Declaration	Ongoing	
30/08/2022	Stuart Gale	Senior It Specialist -Cyber Security	Nil Declaration	Ongoing	
30/08/2022	Richard Burdon	Classification and Terminology Standards Manager	Nil Declaration	Ongoing	

30/08/2022	Rob Edgell	SQL Database Administrator	Nil Declaration		Ongoing		
30/08/2022	Ed Brown	Primary Care Business Service Manager	Nil Declaration		Ongoing		
30/08/2022	Jonathan Pinkney	Programme Manager	Nil Declaration		Ongoing		
30/08/2022	Eleri Jenkins	Welsh Language Service Manager	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies	September 2018	Ongoing	Rhif9tenby - privately owned apartment	I rent a privately owned property to friends and family. The income from the rentals does not cover the costs of the property (mortgage, utilities etc) and therefore does not provide any financial gain.
30/08/2022	Richard Evans	Product Specialist	Nil Declaration		Ongoing		
30/08/2022	Jamie Bouadana	Product Specialist	Nil Declaration		Ongoing		
30/08/2022	Neal Williams	Cyber Security Specialist	Nil Declaration		Ongoing		
30/08/2022	Demelza Hampshire	Project Officer	Nil Declaration		Ongoing		
30/08/2022	Oliver Morrissey	Infrastructure Technology Lead - Citrix	Nil Declaration		Ongoing		
30/08/2022	Wayne Johnson	WPAS team - Data transformation lead	Nil Declaration		Ongoing		
30/08/2022	Noah Nacilla	IT support Technician	Nil Declaration		Ongoing		
30/08/2022	Mark Dixon	Infrastructure Product Specialist	Nil Declaration		Ongoing		
30/08/2022	Marcus Sandberg	Senior Information Governance Officer	Nil Declaration		Ongoing		
30/08/2022	Claire Heirene	Learning and Development Manager	Nil Declaration		Ongoing		
30/08/2022	Neil Kent	Senior IT Specialist	Nil Declaration		Ongoing		
30/08/2022	Huw Angle	Senior Solutions Architect	Nil Declaration		Ongoing		

31/08/2022	Ann Marie Jones	Principal Project Manager	Nil Declaration		Ongoing		
31/08/2022	Barry Morgan	Informatics Lead for Mental Health	Nil Declaration		Ongoing		
31/08/2022	Cerian John	Senior Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Tracey Agate	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Sandra Jones	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Sarah Ballinger	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Christine Stitfall	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Anita McLaren	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Victoria Acreman	Business Change Facilitator	Other - Questions 18,19, 20, 21, 22;	2.5 years	Ongoing	Chair of Trustees and Director of Cardiff Dogs Home, The Rescue Hotel	No financial reward or benefits in kind gained from roles.
31/08/2022	Michael Jones	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Rhodri Evans	Senior Solutions Architect	Nil Declaration		Ongoing		
31/08/2022	Karl Robson	Business Change Facilitators	Nil Declaration		Ongoing		
31/08/2022	Tracey Lewis	Service Management Specialist	Nil Declaration		Ongoing		
01/09/2022	Efthynia Mantzourani	Research and Evaluation Lead of Choose Pharmacy	Nil Declaration		Ongoing		
01/09/2022	Mark Williams	Senior Business Change Facilitator	Nil Declaration		Ongoing		
01/09/2022	Rachael Bevis	Project Support Officer	Nil Declaration		Ongoing		
01/09/2022	Stephen Girt	ISOC Product Specialist	Nil Declaration		Ongoing		
01/09/2022	Anne Watkins	Clinical Informatics Lead	Nil Declaration		Ongoing		
01/09/2022	Terri Reynolds	Senior Business Change Facilitator	Nil Declaration		Ongoing		
01/09/2022	Emma Jones	Project Manager	Nil Declaration		Ongoing		
01/09/2022	Lloyd Willis	Product Specialist	Nil Declaration		Ongoing		
01/09/2022	Lee Everett- Pride	Principal Specialist (Transition and Service Level Management)	Nil Declaration		Ongoing		

01/09/2022	Denise Buckley	Business Change Facilitator	Nil Declaration	Ongoing	
02/09/2022	Rai Kiran Pautla	Specialist Pharmacist Configuration Lead	Nil Declaration	Ongoing	
02/09/2022	Thomas Lyne	Programme Manager Microsoft 365	Nil Declaration	Ongoing	
02/09/2022	Jonathan Booth	Planning Manager	Nil Declaration	Ongoing	
04/09/2022	Bernadette Sam-King	Workforce & OD Project Manager	Nil Declaration	See comment	Trinus Resource Optimisation Ltd - company is dormant but may be restarted in future.
05/09/2022	Luke Prytherch	Senior IT Specialist	Nil Declaration	Ongoing	
05/09/2022	Michelle Griffiths	Senior Business Change Facilitator	Nil Declaration	Ongoing	
05/09/2022	Lisa de Souza	Business Change Facilitator Engagement	Nil Declaration	Ongoing	
05/09/2022	Aaron Haile	Principal Project Manager	Nil Declaration	Ongoing	
05/09/2022	Jonathan Hagen	Single Record Principal Manager	Nil Declaration	Ongoing	
05/09/2022	Leanne Jones	Project Manager	Nil Declaration	Ongoing	
05/09/2022	Bethan Walters	Risk and Regulation Officer	Nil Declaration	Ongoing	
05/09/2022	Susan Mauro	Change Ambassador Facilitator	Nil Declaration	Ongoing	
05/09/2022	Paul Burland	Project Support Officer	Nil Declaration	Ongoing	
05/09/2022	Emma Louise Topham	Estates Officer	Nil Declaration	Ongoing	
05/09/2022	Liam Dimblebee	Estates Officer	Nil Declaration	Ongoing	
05/09/2022	Nicola Turner	Senior Product Specialist	Nil Declaration	Ongoing	
05/09/2022	lan Cox	Head of Client Services	Nil Declaration	Ongoing	
05/09/2022	Linda Thomas	Service Support Assistant	Nil Declaration	Ongoing	
06/09/2022	Chloe Lee Kinrade- Thomas	Business Change Facilitator	Nil Declaration	Ongoing	

07/09/2022	Jake Harris	Senior IT Specialist (IT Support)	Nil Declaration		Ongoing		
08/09/2022	Jenilee Cardy	Senior Communications Officer	Nil Declaration		Ongoing		
09/09/2022	Alistair Klaas Neill	Independent Member	Other - Questions 18,19, 20, 21, 22;	Both since May 2022.	Duration: 1/. Probably until 2027; 2/. probably until May 2023.	1/. County Councillor and 2/. Chair of Performance and Overview Select Committee	as above, my role as a County Councillor is scheduled to end in May 2027; my role as Chair of The Performance and Overview Select Committee is scheduled to end in May 2023, though it is possible it may be extended.
14/09/2022	Gethin Bateman	Serious Clinical Incident Investigation Manager	Nil Declarations		Ongoing		
14/09/2022	Joanne Davies	Senior Product Specialist	Nil Declarations		Ongoing		
14/09/2022	Jonathan Jones	Senior Solutions Architect	Nil Declaration		Ongoing		
16/09/2022	Rhian Rice	Assistant Chief Architect	Nil Declaration		Ongoing		
16/09/2022	Sarah-Jane Taylor	Director of People & OD	Nil Declaration		Ongoing		
16/09/2022	Michelle Sell	Director of Planning & Performance / Chief Commercial Officer	Nil Declaration		Ongoing		
21/09/2022	Sian Williams	Head of Financial Services and Reporting	Nil Declaration		Ongoing		
21/09/2022	Mark Frayne	Assistant Chief Architect (NDR)	Nil Declaration		Ongoing		
23/09/2022	Marilyn Bryan Jones	Independent Member	Nil Declaration		Ongoing		
26/09/2022	Hywel Williams	Senior Product Specialist	Nil Declaration		Ongoing		

28/09/2022	Gareth	NDR Assistant	Nil Declaration		Ongoing		
20/00/2022	Williams	Chief Architect			0		
28/09/2022	Geri Cudmore	Senior Product Specialist	Nil Declaration		Ongoing		
28/09/2022	Victoria Davies-	Principal Project Manager	Nil Declaration		Ongoing		
	Embling	Wallagel					
28/09/2022	Daniel Thorne	Senor Product Specialist	Nil Declaration		Ongoing		
28/09/2022	Joe Hunt	Primary Care Technical Manager	Nil Declaration		Ongoing		
28/09/2022	Laura Kingdon	Implementation Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	Since 2018	Ongoing	Director of Clarity at Work Ltd	Personal and receives dividends
29/09/2022	Ben Creasey	Server and Storage Operations Lead	Nil Declaration		Ongoing		
29/09/2022	Lyn Tomos Rees	Head of Microsoft 365 Service	Nil Declaration		Ongoing		
30/09/2022	Lucy Bunting	Planning and Coordination Support Manager	Nil Declaration		Ongoing		
30/09/2022	Neal Williams	Cyber Security Specialist	Nil Declaration		Ongoing		
30/09/2022	Benjamin Tuckett	Information Governance Assurance Officer	Nil Declaration		Ongoing		
01/10/2022	Robin Burfield	Senior Product Specialist	Nil Declaration		Ongoing		
03/10/2022	lan Williams	Assistant Director - Digital Architecture	Nil Declaration		Ongoing		
03/10/2022	Gillian Davison	Community Applications Manager	Nil Declaration		Ongoing		
03/10/2022	Carl Davies	Applications Manager (Patient Administration Systems in Wales)	Nil Declaration		Ongoing		
03/10/2022	Gareth O'Gorman	Programme Manager	Nil Declaration		Ongoing		
04/10/2022	Ken Leake	Integration & Reference Applications Manager	Nil Declaration		Ongoing		
04/10/2022	Laura O'Connor	Project Manager	Nil Declaration		Ongoing		
04/10/2022	Lee Mullin	Programme Director WCCIS	Directorships - Public or private appointments, employment or consultancies. Company	June 2019	Ongoing		

			directorships in private or limited companies		
05/10/2022	James Colebourne	Software Development Officer	Nil Declaration	Ongoing	
10/10/2022	Dhilushka Maheswaran	Senior Product Specialist	Nil Declaration	Ongoing	
14/10/2022	David Williamson	Infrastructure Product Specialist	Nil Declaration	Ongoing	
20/10/2022	Laura Phillips	Project Manager	Nil Declaration	Ongoing	
20/10/2022	Bethan Edmunds	Support & Business Analyst	Nil Declaration	Ongoing	
21/10/2022	Bethany Chumbley	Business Analyst	Nil Declaration	Ongoing	
21/10/2022	Gareth Jackson	Project Support Manager	Nil Declaration	Ongoing	
21/10/2022	Les White	IT Support Technician	Nil Declaration	Ongoing	
21/10/2022	Sara Gomes	Business Change Facilitator	Nil Declaration	Ongoing	
24/10/2022	Andrew Francis	Emergency Planning Lead	Nil Declaration	Ongoing	
25/10/2022	Andrea Harris	Executive Assistant	Nil Declaration	Ongoing	
07/11/2022	Jason Cox	Senior Technical Lead	Nil Declaration	Ongoing	
15/11/2022	Josh Jordan	Senior Solutions Architect	Nil Declaration	Ongoing	
15/11/2022	Jessica Scorrer	Interim NHS Wales e-Library and Knowledge Services Manager	Nil Declaration	Ongoing	
15/11/2022	Stephen Winder	Lead Application Design Architect	Nil Declaration	Ongoing	
18/11/2022	Chetansinh Dodia	Senior Software Developer	Nil Declaration	Ongoing	
21/11/2022	Katie Bailey	Primary Care Facilitator	Nil Declaration	Ongoing	
21/11/2022	Amanda Elwell	Administration Support Assistant	Nil Declaration	Ongoing	
25/11/2022	Sally Pritchard	Principal Project Manager	Nil Declaration	Ongoing	
25/11/2022	Sarah-Ann Davies	Senior Graphic Designer	Nil Declaration	Ongoing	
07/12/2022	Aaron Cox	Senior Product Specialist	Nil Declaration	Ongoing	
07/12/2022	Stuart Davies	Interim Head of Software Development	Nil Declaration	Ongoing	

08/12/2022	Andrew Olden	Senior Software Developer	Nil Declaration	Ongoing		
11/12/2022	Stephanie Harris	Associate Director of Clinical informatics Professionals & Business Change	Nil Declaration	Ongoing		
12/12/2022	Alex Richards	Software Development	Nil Declaration	Ongoing		
12/12/2022	Bethan Walters	Risk and Regulation Officer	Nil Declaration	Ongoing		
12/12/2022	Paul Noonan	Workforce & OD Coordinator	Nil Declaration	Ongoing		
12/12/2022	David Large	Senior Support and Business Analyst	Nil Declaration	Ongoing		
12/12/2022	Simon Griffiths	Assistant Information Officer	Nil Declaration	Ongoing		
14/12/2022	Chetansinh Dodia	Senior Developer (SQL)	Nil Declaration	Ongoing		
14/12/2022	Maurice Griffin	Principal Software Developer	Nil Declaration	Ongoing		
04/01/2023	Suzanne Pask	Business Analyst	Nil Declaration	Ongoing		
09/01/2023	Sam Hall	Director Primary, Community and Mental Health Digital Services	Nil Declaration	Ongoing		
16/01/2023	Sam Lloyd	Executive Director of Operations	Nil Declaration	Ongoing		
16/01/2023	Jon West	Service Management Lead	Nil Declaration	Ongoing		
17/01/2023	Nadine Payne	Head of Engagement	Other	Ongoing	I am a board member for the following: - Innovation Advisory Council Wales (ICAW) - provide advice and guidance to Welsh Government to support its innovation strategy development and ambition which covers Health and social care - Cardiff Capital Region Challenge	We are in dialogue with Cardiff Capital Region to look at how we can work together going forward. My role within DHCW is known to them. I have also declared my change of role to Welsh Government

					Fund - major initiative from £1.2Bn growth deal to support public sector innovation including in health and social care - Cyber Wales - supports development of cyber cluster for Wales	regarding IACW.
17/01/2023	Emma Jones	Principal Project Manager	Nil Declaration	Ongoing		
17/01/2023	Kathryn Britton	Project Officer	Nil Declaration	Ongoing		
18/01/2023	Lisa McCutcheon	Programme Support Officer	Nil Declaration	Ongoing		
18/01/2023	Stuart Sullivan	Principal Service Manager	Nil Declaration	Ongoing		
18/01/2023	Viola Atey	Principal Specialist (Service Level Management)	Nil Declaration	Ongoing		
18/01/2023	Catherine Jones	Primary Care Facilitator	Nil Declaration	Ongoing		
18/01/2023	Jayne Steed	Planning & Coordination Support Officer	Nil Declaration	Ongoing		
18/01/2023	Sue Evans	Senior Project Coordinator	Nil Declaration	Ongoing		
18/01/2023	Greg Andrikopoulos	Test Lead (Blood Transfusion)	Nil Declaration	Ongoing		
18/01/2023	Aled Davies	GP Clinical Lead with DSPP	Nil Declaration	Ongoing		
18/01/2023	Jo Williams	Senior Product Specialist	Nil Declaration	Ongoing		
18/01/2023	Joao Fernando Fanico Martins	Principal Project Manager	Nil Declaration	Ongoing		
18/01/2023	Jon Savill	Acting Programme Manager	Nil Declaration	Ongoing		
18/01/2023	Jelena Dragan	Senior Intelligence Analyst	Nil Declaration	Ongoing		
18/01/2023	Nicholas Francis	Senior Project Support Officer	Nil Declaration	Ongoing		
18/01/2023	Hannah Jones	Haematology Test Lead	Nil Declaration	Ongoing		

18/01/2023	Philip Waters	Pathology Subject Matter Expert	Nil Declaration		Ongoing		
18/01/2023	Lucy Healey	Administration Support Assistant	Nil Declaration		Ongoing		
18/01/2023	Callum McCormack	Validation Manager	Nil Declaration		Ongoing		
18/01/2023	Darren Nicolas Rush	Lead Test Analyst Trainer	Nil Declaration		Ongoing		
19/01/2023	Ania Matla	Senior Project Support Officer	Nil Declaration		Ongoing		
19/01/2023	Sam Stephens	Programme Officer	Nil Declaration		Ongoing		
19/01/2023	Dilshani Jayasinghe	Test Analyst Trainer	Nil Declaration		Ongoing		
19/01/2023	Gabriel Shalom Raj Kumar	Pathology Subject Matter Expert	Nil Declaration		Ongoing		
19/01/2023	Scarlett Vaughan- Jones	Senior Project Manager	Nil Declaration		Ongoing		
19/01/2023	Ana Maldonado	Quality Manager	Nil Declaration		Ongoing		
19/01/2023	Marc Thomas	Programme Lead	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 6, 7, 8,9;		Ongoing	Launchcube Ltd	Personal. This company has never traded
19/01/2023	Kevin Williams	Lead Pathology Subject Matter Expert	Nil Declaration		Ongoing		
19/01/2023	Rhonwen Jones	Quality Manager	Nil Declaration		Ongoing		
20/01/2023	Jenny Wong	Laboratory Scientist Test Lead	Spouse works at DHCW		Ongoing		
20/01/2023	Chidinma Essien	Senior Project Support Officer	Nil Declaration		Ongoing		
20/01/2023	Gareth Cooke	National Programme Lead	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care		Ongoing	School Governor	
20/01/2023	John Collins	Radiology SME, RISP Programme	Nil Declaration		Ongoing		
23/01/2023	Rachel Barry	Laboratory Scientist Analyst	Nil Declaration		Ongoing		
26/01/2023	Gregory Ead	Senior Project Manager	Other -	May 2022	Ongoing	County Councillor at Caerphilly Borough Council	

27/01/2023	Katherine	Principal Project	Nil Declaration	Ongoing	
	Lewis	Manager			
30/01/2023	Sam Griffith	Support and	Nil Declaration	Ongoing	
		Business Analyst			

#### Item 5.4ii Appendix B REGISTER FOR DHCW GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA

### DIGITAL HEALTH AND CARE WALES

#### To date 30 January 2023

Date entered on Register	Name	Designation or Department	Provided by / From	Date Gift, Hospitality, Honoraria or sponsorship received/to be received	Details	Value	Туре	Authorised by	Accepted or Declined
14/10/2022	Rhidian Hurle	Executive Medical Director	Convenzis	17/10/2022	NHS Radiology Conference – Train and Hotel provided	£300		Helen Thomas	Accepted
21/10/2022	Helen Thomas	Chief Executive	TechUK	24/11/2022	Health and Social Care Industry Dinner	£199		Simon Jones	Accepted
26/10/2022	Helen Thomas	Chief Executive	UK IT Industry	09/11/2022	UK IT industry Awards Dinner	£200		Simon Jones	Accepted
28/10/2022	Rhidian Hurle	Executive Medical Director	TechUK	24/11/2022	Health and Social Care Industry Dinner	£199		Helen Thomas	Accepted
28/10/2022	Claire Osmundsen- Little	Executive Director of Finance	TechUK	24/11/2022	Health and Social Care Industry Dinner	£199		Helen Thomas	Accepted
7/11/2022	Rhidian Hurle	Executive Medical Director	Globalis	17-18/11/2022	Health Data Forum Global Hybrid Summit Accommodation	200 euros (£176.58)		Helen Thomas	Accepted
15/11/2022	Darren Lloyd	Associate Director of Information Governance & Patient Safety	Globalis	17-18/11/2022	Health Data Forum Global Hybrid Summit Accommodation	200 euros (£176.58)		Rhidian Hurle	Accepted
15/11/2022	Rachael Powell	Associate Director of Information, Intelligence and Research	Globalis	17-18/11/2022	Health Data Forum Global Hybrid Summit Accommodation	200 euros (£176.58)		Rhidian Hurle	Accepted
15/11/022	Stephanie Harris	Associate Director of Clinical Informatics Professionals & Business Change	Globalis	17-18/11/2022	Health Data Forum Global Hybrid Summit Accommodation	500 euros (£441.46)		Rhidian Hurle	Accepted
16/11/2022	Rhidian Hurle	Executive Medical Director	Healthcare Excellence Through Technology (HETT)	8/11/2022	Gartner IT Symposium Barcelona – dinner and drinks	55 euros (£48.56)		Helen Thomas	Accepted
29/11/2022	lfan Evans	Executive Director of Strategy	Cardiff University (Digital Transformation Innovation Institute)	26/11/2022	Networking session at Principality Stadium – hospitality session with rugby ticket for Wales v Australia included	£300		Not Authorised	Accepted

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#### Item 5.4ii Appendix B

30/11/2022	Tracy Norris	Service Desk Lead	BCS		BCS Awards Dinner	£199		Carwyn Lloyd	Accepted
1/12/2022	Mohamed Amin	Operations Lead (Core Services)			Offer from Whitespider to contribute a prize to any Christmas raffles being held by DHCW. No specific details on what the contribution would have been.	Not known			Declined
7/12/2022	Sarah-Jane Taylor	Director of People and OD			Mug, pen, chocolate bar and notebook	£20			Declined
21/12/2022	Claire Osmundsen- Little	Executive Director of Finance	Healthcare Excellence Through Technology (HETT)	8/11/2022	Gartner IT Symposium Barcelona	55 euros (£48.56)		Helen Thomas	Accepted
5/01/2023	Sam Hall	Director of Primary Care, Community and Mental Health Digital Services	Healthcare Excellence Through Technology (HETT)	8/11/2022	Gartner IT Symposium Barcelona	55 euros (£48.56)		Helen Thomas	Accepted
31/01/2023	Ifan Evans	Executive Director Digital Strategy	Healthcare Excellence Through Technology (HETT	8/11/2022	Gartner IT Symposium Barcelona	55 euros (£48.56)	Hospitality	Helen Thomas	Accepted
19/01/2023	Nadine Payne	Head of Engagement	Cardiff University (Digital Transformation Innovation Institute	26/11/2022	Invite to Wales v Australia game to discuss ESPRC AI hub proposals and other opportunities	Circa £300	Hospitality		Declined
25/01/2023	Rhidian Hurle	Executive Medical Director	CHIME / Nottingham Faculty Engagement	22/01/23-23/01/23	Dinner & Accommodation	£350		Helen Thomas	Accepted
25/01/2023	Ifan Evans	Executive Director Digital Strategy	HJS Event in Birmingham	9-10/02/2023	Accommodation and all meals during event.	Approx. £196 + VAT		Helen Thomas	Accepted



# DIGITAL HEALTH AND CARE WALES HIGH VALUE PURCHASE ORDER REPORT

		Agenda Item	5.4	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Mark Cox, Associate Director of Finance
Presented By	Mark Cox, Associate Director of Finance

Purpose of the Report	For Noting					
Recommendation						
	The Audit and Assurance Committee is being asked to <b>NOTE</b> the details of major procurements reported since the last Audit Committee meeting.					

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



## 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, pleas	se list below:

HEALTH CARE STANDARD	N/A
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

High Value Purchase Order

Author: Mark Cox Approver: Claire Osmundsen-Little

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RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
VAT	Value Added Tax	GP	General P

# 2 SITUATION/BACKGROUND

- 2.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to high value purchase orders over £0.75m (excluding VAT), raised and issued to suppliers over the stated period. The relevance of the £0.75m threshold is that this is consistent with the scheme of delegation financial limits for All Wales Digital Contracts and Agreements (detailed within Schedule 1 page 56 of the organisations Standing Orders). As previously reported, due to the sensitive nature of the transactions, exact order amounts are not detailed within the public portion of this report in order to minimise any possible fraud activity.
- 2.2 The report also details instances where cumulative order values to suppliers have amounted to over £0.70m during the financial year.

# 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 During the period September 27<sup>th</sup>- 18<sup>th</sup> January 2023 seven orders over £0.750m were raised. The cumulative total of all the orders with a value of more than £0.750m stands at £10.863m since last reporting date and a total value of £38.468m for the financial year.
- 3.2 The details of all orders raised year to date and individual governance approval is presented within Appendix A High Value Purchase Order Tracker. An extract is detailed within table 1 for the transaction since October Audit Committee.

3/5

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Ref	Date Raised	Area	Supplier	Description
A5	18/10/2022	DSPP	Kainos Software Ltd	DSPP Technical development partner lot 1
A6	18/10/2022	DSPP	Kainos Software Ltd	DSPP Technical development partner lot 2
A7	21/10/2022	COVID-19	Cabinet Office	Vaccination Programme
A8	25/10/2022	AZURE	Trustmarque Solutions Ltd	Azure Enterprise Agreement
A9	22/12/2022	DSPP	Kainos Software Ltd	DSPP work package 5
A10	23/12/2022	DSPP	Kainos Software Ltd	DSPP Work Package 5
A11	23/12/2022	ICT	Trustmarque Solutions Ltd	SQL Server

#### Table 1: High Value Orders (redacted extract) September 27<sup>th</sup> 2022- 18<sup>th</sup> January 2023

3.3 As requested at Audit Committee of the 18<sup>th</sup> of October 2022, the details of suppliers whose cumulative orders for the year have also reached the £0.750m threshold are also presented within this report and itemised further in Appendix B and within table 2 of this report. During the period September 27<sup>th</sup> to 18<sup>th</sup> January 2023 there are 4 suppliers that have since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with Appendix A).

Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year September 27<sup>th</sup> 2022-18<sup>th</sup> January 2023

Ref	No of Orders	Area	Supplier	Description
B5	7	Primary Care	Softcat	Remote technical support
B6	7	All Wales O365 Implementation	Red Cortex	Misc. Professional Technical Services
B7	22	ICT	Insight Direct Ltd	Computer Maintenance
B8	11	Computer Software	Intersystems Corporation	WLIMS Systems Provision & Support

- 3.4 DHCW Commercial Services department is undertaking an exercise reviewing past procurement activity and forward spend plans to ascertain whether efficiencies can be gained in future procurements where there are similar levels of historical activity.
- **3.5** For completeness and because of the potential for overlap in appendix A & B the details of suppliers where spend has exceed £0.750m are also presented within this report and itemised further in Appendix C and table 3 of this report. The table is a year to date position as of the 18<sup>th</sup> January.

High Value Purchase Order

Author: Mark Cox Approver: Claire Osmundsen-Little

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R	et	o of ders	Area	Supplier
C	<b>1</b> 3	37	Networking	British Telecommunications Plc
C	2 2	27	Computer Software and hardware	Computacenter (UK) Ltd
C	<b>3</b> 1	L7	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS Health)
C	.4	4	GP Systems Maintenance Support	Informatica Systems Ltd
C	<b>.5</b> 1	L4	DSPP	Kainos Software Ltd
C	<b>:6</b> 8	36	Vehicles	Northumbria NHS Trust
C	27	1	COVID-19 Response	Solgari Ltd
C	<b>:8</b>	34	Licencing Provision	Trustmarque Solutions Ltd
C	.9	7	Misc. Professional Technical Services	Redcortex Ltd
С	10	7	Remote technical support	Softcat
С	<b>11</b> 2	22	Computer Maintenance	Insight Direct (UK) Ltd
С	12	2	Vaccination Programme	Cabinet Office
С	<b>13</b> 1	L1	WLIMS Systems Provision & Support	Intersystems Corporation

# 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks/matters for escalation to Board/Committee

## 5 **RECOMMENDATION**

5.1 The Audit and Assurance Committee are asked to **NOTE** the contents of this report and the high value & cumulative high value orders raised to date.

# 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting			
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME	
Executive Director of Finance	30.1.2023	Approved	

# HIGH VALUE PURCHASE ORDER TRACKER

			2022/23 Purchase Orders			
Ref	Area	Supplier	Service/Good Detail	Date Order Raised	Amount £	Procurement Approved by DHCW Board (Date)
	Reported at Audit & Assurance (	Committee 4th July 2022				
A1	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	All Wales Microsoft Enterprise Agreement	13/06/2022	>£0.750m	26th May 2022 Board
A2	COVID-19 Response	SOLGARI LTD	Microsoft Dynamics Integrated Telephony Solution for Test Trace Protect (TTP), Feb 2022 to May 2023	29/04/2022	>£0.750m	31st March 2022 Board
A3	GP Systems Maintenance Support	INFORMATICA SYSTEMS LTD	P307 DQS CONTRACT, EXTENSION 01/07/2022 TO 30/06/2023	13/04/2022	>£0.750m	Jan 2022 Mgt Board
	Total				25.473	
	Reported at Audit & Assurance (	Committee 18th October 2022				
A4	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS SUPPORT & MAINTENANCE - QUARTER 3 2022/23	05/07/2022	>£0.750m	N/A Velindre NHS Trust novated approved NWIS cor
	Reported at Audit & Assurance (	Committee 14th February				
A5	DSPP	KAINOS SOFTWARE LTD	DSPP Technical development partner lot 1	18/10/2022	>£0.750m	29th of Sept 2021 board
A6	DSPP	KAINOS SOFTWARE LTD	DSPP Technical development partner lot 2	18/10/2022	>£0.750m	29th of Sept 2021 board
A7	COVID-19 Response	CABINET OFFICE	Vaccination Programme GOV Notify Platform	21/10/2022	>£0.750m	28th of July 2022 board
<b>A</b> 8	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	All Wales Microsoft Enterprise Agreement	25/10/2022	>£0.750m	26th May 2022 Board
A9	DSPP	KAINOS SOFTWARE LTD	DSPP work package 5	22/12/2022	>£0.750m	29th of Sept 2021 board
A10	DSPP	KAINOS SOFTWARE LTD	DSPP Work Package 5	23/12/2022	>£0.750m	29th of Sept 2021 board
A11	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	SQL Server	23/12/2022	>£0.750m	28th of July 2022 board
	Total				10.863	
Grand To						

#### e)

Covers orders during the period April 1st 2022 to 16th June 2022

contract

# CUMULATIVE HIGH VALUE PURCHASE ORDER TRACKER

		2022/23 Purchase Orders			
Ref	Area	Supplier	Service/Good Detail		
	Reported at Audit & Assurance Committee 4th	July 2022			
B1	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs		
B2	Computer Software and hardware	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support		
	Total				
	Reported at Audit & Assurance Committee 18t	h October 2022			
B3	DSPP	KAINOS SOFTWARE LTD	Contract P659 & P660		
B4	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme		
	Total				
	Reported at Audit & Assurance Committee 14th February				
B5	Computer Software and hardware Support & Maintenance	SOFTCAT	Remote technical support		
B6	All Wales Office 365 Implementation	RED CORTEX	Misc. Professional Technical Services		
B7	Computer Software and hardware Support & Maintenance	INSIGHT DIRECT (UK) LTD	Computer Maintenance		
B8	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support		
	Total				

Grand Total Cummulative High Value Purchase Orders

Number of Orders	Amount £
11	>£0.750m
6	>£0.750m
	£1.643
4	>£0.750m
56	>£0.750m
	£1.911
7	>£0.750m
7	>£0.750m
22	>£0.750m
11	>£0.750m
	£5.458

# CUMULATIVE HIGH VALUE SPEND BY SUPPLIER

	2022/23 Purchase Orders						
Ref	Area	Supplier	Number of Orders	Amount £			
	Suppliers with spend over £750K YTD as of 16	th January 2023					
C1	Networking	BRITISH TELECOMMUNICATIONS PLC	37	>£0.750m			
C2	Computer Software and hardware	COMPUTACENTER (UK) LTD	27	>£0.750m			
C3	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	17	>£0.750m			
C4	GP Systems Maintenance Support	INFORMATICA SYSTEMS LTD	4	>£0.750m			
C5	DSPP	KAINOS SOFTWARE LTD	14	>£0.750m			
C6	Vehicles	NORTHUMBRIA HC NHS TRUST	86	>£0.750m			
C7	COVID-19 Response	SOLGARI LTD	1	>£0.750m			
C8	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	84	>£0.750m			
С9	Misc. Professional Technical Services	REDCORTEX LTD	7	>£0.750m			
C10	Remote technical support	SOFTCAT	7	>£0.750m			
C11	Computer Maintenance	INSIGHT DIRECT (UK) LTD	22	>£0.750m			
C12	Vaccination Programme GOV Notify Platform	CABINET OFFICE	2	>£0.750m			
C13	WLIMS Systems Provision & Support	INTERSYSTEMS CORPORATION	11	>£0.750m			

	Total	£52.861
Grand Total High Value Purchase Orders		£52.861



### DIGITAL HEALTH AND CARE WALES PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda	5.6
Item	

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy	
Prepared By	Nathan Beynon, Senior Category Manager	
Presented By	Julie Francis, Head of Commercial Services	

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked	d to <b>NOTE</b> the content of the report.

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data
	Delivering High Quality Digital Services
	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)

#### WELL-BEING OF FUTURE GENERATIONS ACT A healthier Wales

If more than one standard applies, please list below: A globally responsible Wales

#### DHCW QUALITY STANDARDS

ISO 20000

If more than one standard applies, please list below: ISO 27001 ISO 9001 BS 10008

HEALTH CARE STANDARD	Effective Care			
If more than one standard applies, please list below: Staff and Resources				
EQUALITY IMPACT ASSESSME	Date	of submission: N/A		
No, (detail included below as to reasoning)			Outcome: N/A	
Statement: Not required.				

Workforce EQIA page

Procurement and Scheme of Delegation Compliance Report

Page 2 of 5

Author: Nathan Beynon Approver: Ifan Evans



QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	Appropriate management of procurement activity ensure high quality of commercial activity for the organisation
LEGAL	Yes, please see detail below
IMPLICATIONS/IMPACT	The contracts within the report are legally binding and there could be legal implications arising from activity within the contracts awarded
FINANCIAL	Yes, please see detail below
IMPLICATION/IMPACT	There are financial implications from single tenders and potentially change notices.
WORKFORCE	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC	No. there are no specific socio-economic implications related
IMPLICATION/IMPACT	to the activity outlined in this report

Acronyms						
DHCW Digital Health and Care Wales SHA Special Health Authority						
PCR 2015	Public Contracts Regulations 2015	STA	Single Tender Action			
CCN	Change Control Note					

Author: Nathan Beynon Approver: Ifan Evans



#### 2 SITUATION/BACKGROUND

- 2.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1<sup>st</sup> September 2022 to 31<sup>st</sup> December 2022 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the Standing Financial Instructions.
- 2.2 An explanation of the reasons, circumstances and details of any further action taken is also included.

SFI Reference	Description	Items
12.9.4	Free of Charge Services	0
12.13	Single Quotation Actions	0
12.13	Single Tender Actions	2
12.13	Single Tenders for consideration following a	0
	call for Competition under PCR2015.	
12.17	Contract Extensions:	6
	Award of additional funding outside the terms	
	of the contract (executed via Contract Change	
	Note (CCN) or Variation of Terms)	

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Committee is required to note the following DHCW activity:
  - Single tender and single quotation activity (set out in item 4.6i Appendix A)
  - Change control notes (set out in item 4.6i Appendix A)

#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No key risks/matters for escalation to Board/Committee.

#### 5 **RECOMMENDATION**

5.1 The Committee is being asked to **NOTE** the content of the report.

Page 4 of 5

Author: Nathan Beynon Approver: Ifan Evans

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#### 6 APPROVAL / SCRUTINY ROUTE

#### APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Chief Commercial Officer	27 Jan 2023	Approved

Procurement and Scheme of Delegation Compliance Report

Page 5 of 5

Author: Nathan Beynon Approver: Ifan Evans

The following all relate to DHCW activity.

- 2 STAs in this period at a value of £216,100.00
- 6 CCNs in this period at a value of £90,227.22

PROGRAMME/ DIRECTORATE	Procurement Reference	Agreement Period	SFI Referenc e	Agreement Title/ Description	Supplier	Anticipated Value	Reason	Compliance Comment	First Submission or Repeat
Clinical Knowledge Service	P21.56	01/07/2022- 30/06/2024	STA	OpenAthens Authentication	JISC	£114,700.00	DHCW required to re-procure OpenAthens as a single sign-on Authentication solution. Jisc is the sole supplier for the OpenAthens Authentication system OpenAthens is currently the only single sign on solutions that meets the technical requirements of NHS Wales e- Library and wider stakeholders. The e-Libraries Authentication system is also required to be compatible with wider stakeholder solutions. DHCW's solution would need to be accessible to Welsh Government user's who already have access to and use OpenAthens solution. Alternative solutions were removed from the market in 2018 when JISC acquired OpenAthens and EduServ. An in-house solution was considered in advance of the Procurement but it was agreed that this work was not possible due to a resource deficit in the Infrastructure team, a new	Approved	Repeat Submission

				<b>_</b>			authorization system would be		
							authentication system would be		
							required and additional		
							expenses would be incurred		
							(£1000pa) due to the need to		
							join or setup a Federation for		
							access that covered the		
							numerous e-Library suppliers.		
ТТР	P798	23/08/2022-	STA	Development	Antidemon	£101,400.00	DHCW required an agreement	Approved	Second
		21/02/2023		Resources for	Software		to retain the specialist resource		Submission
				Vaccination	Ltd		previously procured via a Single		
				Booking			Tender Action to supplement		
							the existing knowledge, skills		
							and expertise of the Community		
							Applications Team to continue		
							designing, developing and		
							implementing the Covid-19		
							Vaccination Appointments		
							Booking solution which is		
							utilised across NHS Wales.		
							This is a critical development		
							commissioned by WG in		
							response to the Pandemic and		
							requires specialist skills to		
							deliver. The Community		
							Applications team within DHCW		
							is undertaking a recruitment		
							process to fill existing vacant		
							posts in the team but has not		
							been successful in the time		
							available under the initial STA.		
Clinical	P21.42	14/12/2022-	CCN	CINHAL	EBSCO	£7,965.56	Extended access to the CINAHL	Approved on	First
Knowledge		29/01/2024		Database			Plus Full Text Database index (a	the basis of	Submission
Service							component of the e-library	the	
							service was required to include	Modification	
							Social Care workers employed	of Contracts	
							by local Authorities in Wales	provisions	

			<u> </u>				delivering care to NHS patients	Schedule	
							in Wales (additional 400 users	72.1(C) of	
							were included).	the Public	
							were meladea).	Contracts	
								Regulations	
								(2015).	
								Contracts	
								and	
								framework	
								agreements	
								may be	
								modified	
								without a	
								new	
								procurement	
								procedure <sup>i</sup>	
								where all of	
								the	
								conditions	
								(set out in	
								foot note 1)	
								are fulfilled.	
Clinical	P21.44	01/01/2023-	CCN	e-Journals BMJ	BMJ	£10,684.05	Access to the BMJ and the BMJ	Approved on	First
nowledge	121.44	31/05/2024	CCN		DIVIJ	110,004.05	Premier collection (a	the basis of	Submissio
ervice		51/05/2024					component of the e-library	the	3001113510
ervice							service) was expanded to	Modification	
							provide access to Social Care	of Contracts	
							workers employed by local	provisions	
							Authorities in Wales providing	Schedule	
								72.1(C) of	
							care to NHS patients in Wales	the Public	
							(an additional 400 users).		
								Contracts	
								Regulations	
								(2015) where	
								all of the	
								conditions	
								(set out in	

	• •		. <u> </u>					1	
								footnote 1) are fulfilled.	
Clinical Knowledge Service	P550.10	01/01/2023- 31/12/2024	CCN	Evidence Summaries	BMJ	£11,938.92	Extended access to the BMJ Best Practice and BMJ Co- morbidities evidence summaries (a component of the e-library service) was required to include access to Social Care workers employed by local Authorities in Wales providing care to NHS patients in Wales (an additional 400 users).	Approved on the basis of the Modification of Contracts provisions Schedule 72.1(C) of the Public Contracts Regulations (2015) where all of the conditions (set out in footnote 1) are fulfilled.	First Submission
Clinical Knowledge Service	P550.10	01/01/2023- 31/12/2024	CCN	Evidence Summaries	Elsevier	£52,874.52	Extended access to the Elsevier Clinical Key and Clinical Key Nursing evidence summaries, a component of the e-library service was required to include Social Care workers employed by local Authorities in Wales providing care to NHS patients in Wales (an additional 400 users).	Approved on the basis of the Modification of Contracts provisions Schedule 72.1(C) of the Public Contracts Regulations (2015) where all of the conditions (set out in footnote 1) are fulfilled	First Submission

Clinical Knowledge Service	P690	01/01/2023- 30/09/2024	CCN	BMJ Learning Platform	BMJ	£3,412.17	Access to the BMJ Learning Platform (a component of the e-	Approved on the basis of	First Submission
							library service) was expanded to include Social Care workers employed by local Authorities in Wales providing care to NHS patients in Wales (an additional 400 users).	the Modification of Contracts provisions Schedule 72.1(C) of the Public Contracts Regulations (2015) where all of the conditions (set out in footnote 1) are fulfilled	
Clinical Knowledge Service	P260.06	14/12/2022- 31/03/2023	CCN	CLA Agreement	Copyright Licencing Agency	£3,352.00	The Copyright Licencing Agreement (license to use the licensor's copyrighted works of authorship for designated purposes) a component of the e-library service was expanded to include access to Social Care workers employed by Local Authorities in Wales.	Approved on the basis of the Modification of Contracts provisions Schedule 72.1(C) of the Public Contracts Regulations (2015) where all of the conditions (set out in footnote 1) are fulfilled	Repeat Submission (CCN002)

(ii) the modification does not alter the overall nature of the contract;

(iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement

<sup>&</sup>lt;sup>i</sup> (i)the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;



### DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE QUALITY, REGULATORY COMPLIANCE AND CYBER RESILIENCE UNIT REPORT

Agenda Item	5.7

Name of Meeting	Audit and Assurance Committee
Date of Meeting	14 February 2023

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of
Executive sponsor	Finance
Prepared By	Paul Evans, Interim Head of Quality and
Ргерагей бу	Regulatory Compliance
Dresented Dy	Paul Evans, Interim Head of Quality and
Presented By	Regulatory Compliance

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked <b>NOTE</b> the content of this rep	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Qu	uality Digital Services
CORPORATE RISK (ref if approp	oriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, p	lease list below:

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

#### Workforce EQIA page

IMPACT ASSESSMENT		
QUALITY AND SAFETY	Yes, please see detail below	
IMPLICATIONS/IMPACT	Ref section 3.2 Impact of internal audits	
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.	
FINANCIAL	No, there are no specific financial implication related to the	
IMPLICATION/IMPACT	activity outlined in this report	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.	
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report	

Quality & Regulatory Compliance and Cyber Resilience Unit Report.

Author: Paul Evans

Approver: Claire Osmundsen-Little



RESEARCH AND INNOVATION	No, there is no specific research and innovation implications
IMPLICATION/IMPACT	relating to the activity outlined within this report

Acronyr	ns		
ISO	International Standards Organisation	QIAL	Quality Improvement Action List
eQMS	Electronic Quality Management System	MHRA	Medicines and Healthcare Products Regulatory Agency
NIS	Network and Information Systems regulations	CRU	Cyber Resilience Unit
OES	Operators of Essential services (as defined in the NIS regulations)	CAF	Cyber Assessment Framework
SaMD	Software as a Medical Device	SDI	Service Desk Institute

#### 2 SITUATION/BACKGROUND

- 2.1 There have been three planned external audits during this period.
  - BS 7600/76005 Valuing People
  - BS 1008 Evidential Weigh and Legal Admissibility
  - SDI Service Desk Institute

All audits were successful, BS 7600/7605 generated 6 minor non-conformities, BS 10008 generated 2 minor non-conformities and SDI generated one minor non-conformity. All have been logged on the QIAL and are being addressed by the relevant teams.

- 2.2 The Monthly Quality and Regulatory meetings have been held with actions and observations noted. The Quality and Regulatory Team quarter three milestone objectives have been achieved in full and focus has now shifted to quarter four deliverables.
- 2.3 The quality portal is central to improving compliance and increase visibility of Quality within DHCW now includes the risk based internal audit programme. The portal continues to be the focal point for all things quality and regulatory based and remains a valuable tool during external audits as it streamlines activities and enables all essential information to be easily located. There have been 18,41 visits to the Quality Portal in the quarter, with 138,875 visits in total since the portal went live.

The latest additions to the Portal are a Policy Information page and an update to the

Author: Paul Evans

Approver: Claire Osmundsen-Little INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY



Management Commitments page to include DHCW values & strategic priorities.

- 2.4 The roll out and on-boarding of the electronic Quality Management System (eQMS) iPassport continues. A plan and implementation strategy have been developed and resourced. The implementation plan has been approved via the monthly Quality and Regulatory Group meeting and by the Executive Director of Finance. Directorates have accepted the milestones relevant to iPassport roll out. To date 12% of the organisation have been onboarded, a further 37% are currently in the process of onboarding. This is in line with the approved implementation plan.
- 2.5 The monthly Quality and Regulatory metrics report is in a period of continual review and improvement and continues to be presented to the monthly Quality and Regulatory Group meetings for consideration.
- 2.6 There is continuing focus on developing the Medical Devices strategy and an implementation plan. This generates the details and expectations of the regulations and the plan to meet the requirements of an end-to-end compliant software lifecycle including assessment, release, and submission.

Initial Assessment of the existing DHCW Service Portfolio against the requirements of Medical Devices Regulation has been completed using current MHRA guidance. This has highlighted five services as potential Medical Devices, a full assessment will be undertaken in Quarter 4 to determine if these services meet the threshold definition for SaMD, and if so, what class of device they fall under.

This will be followed by a gap analysis for regulatory compliance requirements of any service/application identified as a Medical Device.

2.7 The CRU have undertaken documentation reviews and are progressing with migration to iPassport during the quarter.

CRU have produced reports for Welsh Government on two NIS reportable incidents and on the cyber risk profile of NHS Wales.

Additionally, a review has been carried out of the CAF assessment process following feedback from the OES's

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 There are two upcoming ISO audits planned in Quarter 4 2022/23, these are six day (per standard) re-certification audits for both ISO 9001 and ISO 14001.

The re-procurement process for external audit services has been completed. SGS will now replace LRQA as our External Audit provider for ISO standards.

Quality & Regulatory Compliance and Cyber Resilience Unit Report. Page 4 of 6

Author: Paul Evans

Approver: Claire Osmundsen-Little



3.2 The risk based internal audit programme has been implemented to underpin compliance against each of the standard's requirements for internal audit. For the year to date 94% of planned audits (2 per month) have been conducted. Two audits rescheduled from December to January will bring the audit plan back to 100% compliance by month end.

As expected, the increased volume of internal audits has resulted in an increase in QIAL numbers, this should be viewed positively as each non compliance raised offers an opportunity for improvement within the organisation.

- 3.3 Evidence of the monthly review of the legislation register is now under way within the IMS group and Quality and Regulatory Group meetings. The formal procedure and review of the content and structure of the register is now in place, with bi-annual updates to be provided to this committee.
- 3.4 Quality Improvement Action List (QIAL) figures continue to improve, with the increased target of 95% within target date achieved. Currently 99% of QIAL are within target date. There are currently 159 open actions and only 2 of them have passed their target dates. The team are continuing to work with owners/handlers for the overdue QIAL's. Integrated Management Systems (IMS) document reviews noted a 2% increase in reviews to 84%, the current target that the team are working towards is for 95% of documents to be within their review dates. The majority of documents overdue for review sit with a small number of teams, the Quality team are working closely with these teams to rectify this position.
- 3.5 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 will come into force on 1<sup>st</sup> April 2023. This brings into force an updated Duty of Quality. The Welsh Government led working groups looking at implementation of the Duty has now transitioned to a NHS led Duty of Quality and Candour Implementation Board, attended by the Executive Director of Finance and a Duty of Quality Implementation Group, attended by Head of Quality.

A DHCW specific implementation plan has been developed in line with the plan produced at the initial implementation group meeting in December 2022. This will be used to track progress and provide reports moving forward.

3.6 CRU forward plan for Q4 includes, preparing comms to OES's around NIS enforcement procedures and defining metrics for security and resilience to present via a NIS dashboard.

#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

In summary:

4.1 In the last period DHCW had a successful surveillance audit against BS 7600/7605 and successful re-certification to BS 10008 and SDI 3 star rating with no Major non-conformities

Quality & Regulatory Compliance and Cyber Resilience Unit Report. Page 5 of 6

Author: Paul Evans

Approver: Claire Osmundsen-Little



raised.

- 4.2 The Quality and Regulatory Group will target a standard and directorate view of quality compliance; focus will be on integrating the quality and regulatory plans as part of the directorate Annual Plans. Further development of metrics will continue in line with organisational performance reporting. This workstream will also contribute to the reporting requirements of the Duty of Quality.
- 4.3 The importance of good document management practices and the strengthening of the quality management systems is underway alongside the document management strategy and the onboarding of departments to iPassport. This is now part of the annual plan process with milestones relating to iPassport implementation accepted by directorates. Training videos on the use of iPassport have been uploaded to the Quality Portal to aid staff development across DHCW.
- 4.4 Improved Compliance and commitment to the internal and external audit programme with a view to becoming more aware of impact of regulatory requirements in the organisation.
- 4.5 Enhanced QIAL metric target of 95% complete within target date has been achieved, Quality team will strive to improve this further in the interest of continuous quality improvement.

#### 5 **RECOMMENDATION**

5.1 The Audit and Assurance Committee is being asked to: **NOTE** the content of the report.

#### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting			
PERSON, COMMITTEE OR GROUP DATE OUTCOME			
Claire Osmundsen-Little 13/01/2023			

Approver: Claire Osmundsen-Little



### DIGITAL HEALTH AND CARE WALES DECARBONISATION, ESTATES AND COMPLIANCE REPORT

		Agenda Item	5.8	
Name of Meeting	Audit and Assurance Committee			
Date of Meeting	14 February 2023			

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked Report	d to <b>NOTE</b> the DHCW Estates, Environmental and Health & Safety

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



#### 1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
CORPORATE RISK (ref if approp	priate)

WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 14001	
If more than one standard applies, please list below:		

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not applicable	

Workforce EQIA page

IMPACT ASSESSMENT		
QUALITY AND SAFETY	Yes, please see detail below	
IMPLICATIONS/IMPACT	The report provides details of health and safety incidents and compliance	
LEGAL	Yes, please see detail below	
IMPLICATIONS/IMPACT	The report demonstrates our progress toward compliance with Welsh Government targets published in the NHS Wales Decarbonisation Delivery Plan issued via a Welsh Health Circular and also covers activity required to be undertaken under health & safety and environmental legislation.	
FINANCIAL	No, there are no specific financial implication related to the	
IMPLICATION/IMPACT	activity outlined in this report	
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below	

Decarbonisation, Estates and Compliance

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Author: Julie Ash Approver: Claire Osmundsen-Litlle



	The report details activity necessary to maintain a safe working environment for staff.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	NWSSP	NHS Wales Shared Services Partnership
SHE	Safety, Health & Environmental	MTCO2e	Metric tons of carbon dioxide equivalent

#### 2 SITUATION/BACKGROUND

- 2.1 This report includes information relating to the Estate, including progress made against the DHCW Decarbonisation Strategic Delivery Plan, ISO 14001 certification, compliance statistics and health and safety statistics.
- 2.2 The Auditor General has committed to carrying out a long-term programme of work on climate change. Their first piece of work was to undertake a baseline review which DHCW contributed to. Two reports are being published to share findings a Key Findings Report (which sets out five calls to action) and an Evidence Report providing further detail. The five calls to action are:
  - Strengthen your leadership and demonstrate your collective responsibility through effective collaboration;
  - Clarify your strategic direction and increase your pace of implementation;
  - Get to grips with the finances you need;
  - Know your skills gaps and increase your capacity;
  - Improve data quality and monitoring to support your decision making.

Appendix A contains detail of how DHCW intend to respond to the five calls to action.

- 2.3 The latest Estates and Compliance Monthly Report is attached as Appendix B for the Committee's attention. The report covers compliance progress to the month of December 2022.
- 2.4 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. We have recently provided this Decarbonisation, Estates and Compliance



forum with a presentation outlining how digital solutions contribute towards the decarbonisation agenda.

- 2.5 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:
  - Decarbonisation Working Group
  - Environmental Awareness Group
  - Safety, Health and Environmental (SHE) Group
  - Water Safety Group

#### 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

#### 3.1 DHCW Decarbonisation Strategic Delivery Plan

The Community of Experts on Climate Change Group and the Decarbonisation Action Plan Peer review have been vital in allowing DHCW to work collaboratively, both gaining and sharing knowledge with other organisations. DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations (particularly NWSSP) in the development of a strategy for low-carbon ICT procurement.

We have been involved in All Wales discussions around use of digital solutions and how they can reduce emissions.

In terms of communication with staff, we run Environmental Awareness Campaign communications, which are produced on a monthly basis, and these, together with our Environmental Awareness intranet page, have been instrumental in communicating the climate emergency to DHCW employees. DHCW are liaising with the NHS Wales Shared Services Partnership Learning Team to seek to put more focus on decarbonisation into the standard NHS Wales Environmental e-learning offering.

DHCW successfully trialed an additional two Electric Fleet Vehicles, this now brings the number of EV within our Fleet to three. We have increased the number of EV Charging Points (EVCPs) with the installation of four additional EVCPs at our Tŷ Glan-yr-Afon office.

A Decarbonisation Cloud Emissions Impact Dashboard is being developed, which will enable DHCW to measure emissions related to cloud computing.

Hybrid working practices have allowed 96% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

3.2 Environmental Management System

DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

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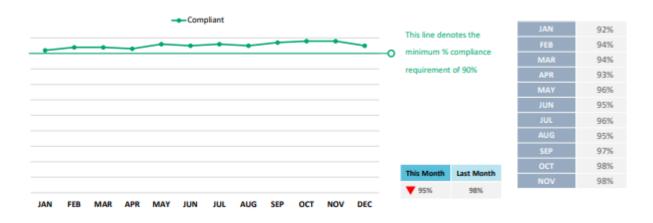
ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system. It helps organizations improve their environmental performance through more efficient use of resources and reduction of waste, gaining a competitive advantage and the trust of stakeholders:

QIAL Actions in progress	QIAL Actions Closed	Queries and Complaints	Environmental, Waste and Energy Training
4	29	0	94%

#### 3.3 Estates Compliance

Overall Compliance of plant systems and equipment is it 95%, against our target of 90%.

This means that as of the end of December 2022 we have 232 services complete, 12 out of date and 16 that require testing within one month, to prevent them from going out of date. The graph below shows performance throughout the year:



Internal planned preventative maintenance is currently at 79%, we will prioritise this area in the coming weeks to improve this score. Actions resulting from water/fire risk assessments and asbestos surveys are being managed effectively with 85% complete and 15% on target

3.4 Health & Safety

There have been four health & safety incidents reported to date this financial year all of which have been fully investigated and closed.

We have received, reviewed and acted upon 52 Welsh Government Alerts to date this year.

Decarbonisation, Estates and Compliance

Author: Julie Ash Approver: Claire Osmundsen-Litlle



#### 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The DHCW Decarbonisation Strategic Delivery Plan was approved at the March 2022 Board and submitted with the Integrated Medium Term Plan to Welsh Government on 31<sup>st</sup> March 2022. DHCW took part in a Welsh Government led Peer Review of all NHS Wales Decarbonisation Action Plans in July 2022.
- 4.2 We submitted both our Quantitative (emissions) and Qualitative Decarbonisation Returns to Welsh Government on the agreed submission dates.
- 4.3 We have created and appointed to a new role Environmental Development and Estates Compliance Facilitator. This role will lead on progressing actions within our Decarbonisation Action Plan and identifying further areas where environmental improvements can be made.
- 4.4 DHCW have considered the messages in the Audit Wales Key Findings Report from the Decarbonisation Baseline Review and have identified how they can respond to the five calls to action (Appendix A).
- 4.5 The Exceptional Cost Pressures Group has been focusing on opportunities for reductions in energy consumption which are in line with our decarbonisation ambitions. Our working arrangements have enabled us to look at how our buildings are used, we have been able to assess areas in use and save costs related to heating/lighting in unoccupied space.

#### 5 RECOMMENDATION

5.1 The Committee is being asked to: **NOTE** the DHCW Decarbonisation, Estates and Compliance Report

#### 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen Little	13/01/2023	

Decarbonisation, Estates and Compliance

Author: Julie Ash Approver: Claire Osmundsen-Litlle



#### **APPENDIX A**

#### DHCW RESPONSE TO THE FIVE CALLS TO ACTION

## Strengthen your leadership and demonstrate your collective responsibility through effective collaboration

DHCW will continue to treat the climate crisis and need to decarbonise as an "emergency" recognising the huge impact actions in this area can have. Decarbonisation will form part of all day-to-day business decisions and operations.

The scale of the challenge is well understood by our senior leaders with our Chief Executive being appointed Lead Chief Executive for Decarbonisation for NHS Wales, and our Executive Director of Finance/Deputy Chief Executive holding the lead Executive Role for the organisation.

Our Chief Executive is a member of the Health and Social Services Group Climate Emergency Programme Board.

We have set out a Roadmap in our Decarbonisation Action Plan which provides clear targets on a yearby-year basis setting out our journey to net zero. Whilst there are a number of activities that can aid us in lowering the amount of carbon emissions that we emit as an organisation, we believe they must be undertaken as part of a comprehensive plan to ensure a complete transformation. Crucially, our strategy is underpinned by the belief that any steps taken must consider not only how to address generated carbon emissions, but also how we as an organisation can become carbon efficient.

We are developing our understanding of our significant procurement emissions in order to set a clear path to the 2025 and 2030 numerical targets.

The Community of Experts on Climate Change Group and the DAP Peer review have been vital in allowing DHCW to work collaboratively, both gaining and sharing knowledge with organisations. DHCW also attend the Approach to Healthcare Project Board.

DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations (particularly NWSSP) in the development of a strategy for low-carbon ICT procurement.

We have a Decarbonisation working group and activity/progress is overseen by the DHCW Audit and Assurance Committee. Our plan was signed off the DHCW Board who also have sight of and approve qualitative and quantitative decarbonisation returns required by Welsh Government.

#### Clarify your strategic direction and increase your pace of implementation

DHCW has a clearly defined Decarbonisation Strategic Delivery Plan (which includes actions to be undertaken every year up to 2030).

We have involved staff and other stakeholders in the development of our approach and regularly deliver awareness and progress reports to a range of forums. Represented on our Decarbonisation Group are Corporate Services, Commercial Services (Procurement), Finance, People and

Decarbonisation, Estates and Compliance



Organisational Development, Client Services (IT equipment and Transport) and Infrastructure Design.

We regularly engage with the Value in Health Team as we believe that there is an overlap of digital initiatives interesting to both the Value in Health and Decarbonisation.

DHCW have established targets in line with those of NHS Wales (which in turn are aligned to the collective public sector ambition of being net zero by 2030) and these are included within our Delivery Plan.

Decarbonisation is reflected in our major plans and strategies, including our Annual Plan, Integrated Medium Term Plan and Estates Plan and it is also being included in the National Benefits Framework that is being developed by our Finance Department.

#### Get to grips with the finances you need

DHCW have set themselves a target of fully costing the Decarbonisation Strategy by March 2023. This is a significant task but was felt to be essential which was confirmed by a recommendation from our Internal Auditors. Our new Environmental Development and Estates Compliance Facilitator will lead on this work with significant involvement from our Finance Department.

In addition, we will work with Welsh Government to access (where appropriate) funding to take forward projects to help us on our journey. We understand that regular reporting on the progress of such projects/scheme is required. We also understand that accessing funding in this way could provide opportunities for collaborative and more efficient working.

#### Know your skills gaps and increase your capacity

We have created a new role to take the operational lead on Decarbonisation - Environmental Development and Estates Compliance Facilitator. This role sits within the Estates and Compliance Team in the Corporate Services Department, part of the Finance and Business Assurance Directorate which is led by the Lead Executive for Decarbonisation.

We develop a Training Plan at the start of each year, during 2022/23, staff have undertaken:

- Carbon Literacy Certification Training
- Making a Commitment to Carbon Neutrality
- Implementing Carbon Footprint Management Plans
- Carbon Offsets and Declaring Carbon Neutral Status
- ISO 14001 Environmental Management (Requirements and Implementations)

Our new Decarbonisation Operational Lead is currently undertaking a BSc (Honours) in Environmental Science.

DHCW have proactively sent an Environmental Awareness Campaign to our employees each month to communicate the Climate Emergency, stimulate low carbon behaviours and encourage engagement in the decarbonisation agenda, example campaigns have included:-

- Energy Efficiency at Home
- Sustainable Travel
- World Environmental Day
- The Lazy Persons Guide to Saving the World
- Cycle to Work Day

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We will assess our skills and training needs on an annual basis.

Attendance at All Wales Groups/Boards provides opportunity to share knowledge and resource.

Improve data quality and monitoring to support your decision making

The Welsh Net Zero reporting guide sets out thirteen principles to be adopted for public sector reporting. The principles are in order of priority and with the higher ranked principle expected to take precedence if there is conflict or uncertainty. Digital Health and Care Wales have adopted these Principles which form the basis of our reporting:

1. Transparency	Reporting by DHCW has been transparent and has clearly stated the boundary, methods, data sources, uncertainty and assumptions used for estimation of emissions and removals. Areas of weakness or low-grade data have been highlighted.
2. Good decision-making	DHCW will focus resources on accurately estimating and reporting on the most important activities. For DHCW, this is Procurement, followed by Building Use (particularly electricity consumption at the outsourced Data Centres), and then Business Fleet & Travel.
3. Consistency	The methodology used to report emissions and removals has been applied consistently for 2019/20 with some refinement to improve procurement emissions reporting.
	Outsourced activities will be accounted for to avoid carbon leakage. Clarification of scope definition with regards to procurement may be further defined and refined. This will be clearly reported.
	Confirmation of the rules for including/excluding examples where either DHCW occupies a small space (rooms or works stations) in another workplace and is not charged for the carbon impacts or vice versa, where another NHS team may sit within a DHCW workplace but is similarly not cross-charged for the carbon generated.
4. Partnership working	DHCW understands that the 2030 ambition for the Welsh public sector can only be met by assessing carbon neutrality across the whole sector. Both NHS Wales and Digital Health and Care Wales have internal targets, independent of the overall Welsh public sector ambition and collaboration, partnership, open and honest communication and supportive networks will be critical to delivery of the Decarbonisation Strategic Delivery Plan.
5. Usefulness of data	Our reported data reported will be directly useful for both measuring progress towards meeting the 2030 targets but also in understanding the risks and opportunities of targeted action. It is anticipated that our data will be of use to others within NHS Wales.
6. Local Economic Growth	DHCW implements sustainable procurement and works hard to influence the wider economy through its demand for goods and services and its support for sustainable, low carbon economic growth.
	The carbon impact data generated and reported through this approach could support activities to develop and sustain low carbon markets in Wales and to provide evidence for supporting existing and potential future suppliers to those markets.

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7 Comparability	DUCW understands that the carbon neutral ambiting for the Walsh sublimentary
7. Comparability	DHCW understands that the carbon neutral ambition for the Welsh public sector covers the whole sector and therefore it needs to report using the same operational and organisational boundaries, adjusted for organisation type, using the same standardised methodology and emission factors. Variations in boundaries and methodology based on organisational or geographical variation will always be clearly documented (in the case of the DHCW footprint versus that of NHS Wales 2018/19, the inclusion of homeworking, necessitated by the profound changes to working patterns brought by the pandemic).
8. Completeness	Reporting has included estimates for all emission sources within the agreed organisational and operational boundary, unless there is evidence to suggest that the emission source is not relevant for DHCW.
	For existing emission sources, where activity data was not available, DHCW has followed the provided methodology for estimating activity data, for example, benchmark estimates based on estate size or employee numbers.
9. Proportionate reporting burden	The resources used to estimate emissions and removals have been proportionate to the significance of the source, firstly within NHS Wales, and secondly to DHCW.
	Whilst completeness and accuracy are important, DHCW has been mindful that it has to balance the need for robust estimates with the required resources. This means not devoting resource to reducing uncertainty for elements (such as waste and water) that form a very small component of the footprint.
10. Improvement over time	DHCW is committed to improving the quality of reporting data over time, within the context of the overall reporting system. Nationally, there are discussions on how to refine Procurement data which we will welcome.
	Methodologies will only be changed where this results in an improvement in terms of accuracy. There is an expectation that the methodology for assessing carbon data from procurement will evolve significantly over the reporting time period.
	Where DHCW has estimated emissions for significant source using simple approximations and benchmarks of activity data, DHCW will improve the methodologies in line with Principle 9.
11. Accuracy	DHCW will reduce uncertainty in estimates of activity data and continually improve the accuracy of reporting, subject to Principle 9. Initial opportunities for this are identified later in this plan.
12. Maintenance and extension of ambition	DHCW will commit to reducing all emissions further where possible and continue to search for new opportunities for carbon reductions.
	The boundaries of the reporting system may also be revised in the future to include emission sources outside the direct control and/or resetting of DHCW's ambition to achieve net carbon removals.
13. Peer review	DHCW is open to having its reported data peer reviewed and has participated in workshops to undertake this activity on an All-Wales basis.

Decarbonisation, Estates and Compliance

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# Estates Compliance REPORT



December 2022

NHS Digital Health and Care Wales

#### ESTATES COMPLIANCE REPORT

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- 4 Estates Compliance
- 5 Key
- 6 Overall Compliance
- 7 Compliance Responsibility
- 8 Monthly Compliance Trend
- 9 Internal Planned Preventative Maintenance
- 10 Key Areas
- 11 Compliance Action Plan Overview
- 12-20 Environmental Performance

2/20

## **Executive Summary**

#### **Estates Compliance**

At the end of December 2022 our overall compliance is at 95%. This has reduced slightly from last month but is still well above the 90% target.

Our overall compliance has been maintained by conducting a large number of testing across all premises and effectively liaising with our landlords to locate documentation. We plan to continue to focus at each site on prioritising the undertaking of out of date services, helping to further improve overall compliance.

Internal planned preventative maintenance is currently at 79%, we will prioritise this area in the coming weeks to improve this score. Actions resulting from water/fire risk assessments and asbestos surveys are being managed effectively with 85% complete and 15% on target.

We are looking at our long term estates strategy and are working with agility during this period following Covid-19 to develop new ways of working.

#### **Environment**

3/20

Our Environment annual trend is positive, we are working to our decarbonisation plan road map, to further enhance our controls in this area. We continue to measure water, energy usage and waste disposal in order to reduce CO2 levels. We plan to review the structure and frequency of environment reporting.

## **Estates Compliance**



At DHCW, we are fully aware of our responsibilities for ensuring that the workplace is kept safe by compliance with legislation.

We have a robust programme of planned, preventative maintenance (PPM) and schedule of inspections that need to be undertaken across the entire Estate.

We monitor, on a monthly basis, progress of actions arising as a result of various surveys and inspections, such as Fire, Legionella and Asbestos.

NHS Digital Health and Care Wales

#### ESTATES COMPLIANCE REPORT

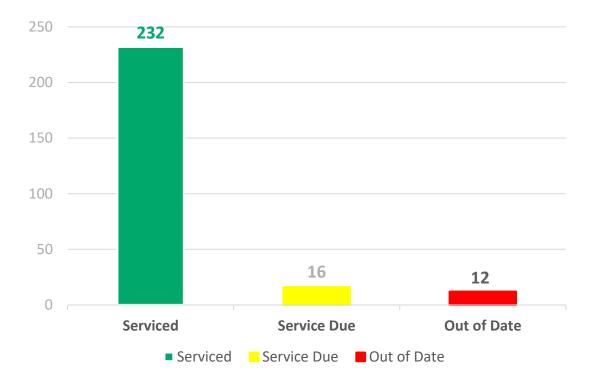


This report details the statutory and mandatory compliance performance of systems and equipment within Digital Health and Care Wales (DHCW) premises, to confirm that they meet with legal requirements, and to safeguard DHCW employees.

Throughout this report compliance is measured by site, type of system or equipment and based on DHCW or Landlord responsibility.

## **KEY** Green Systems and equipment that are fully compliant Yellow Systems and equipment that are due to be serviced in one month or less Red Systems and equipment that are no longer compliant Arrows denote:-Percentage is higher than previous month **V** Percentage is lower than previous month Percentage is the same as the previous month All percentages include and totals added together.

5/20



Overall Compliance of plant systems and equipment is at 95%, against our target of 90%.

This means that as of the end of December 2022 we have 232 services complete, 12 out of date and 16 that require testing within one month, to prevent them from going out of date.

ESTATES COMPLIANCE REPORT

## OVERALL COMPLIANCE

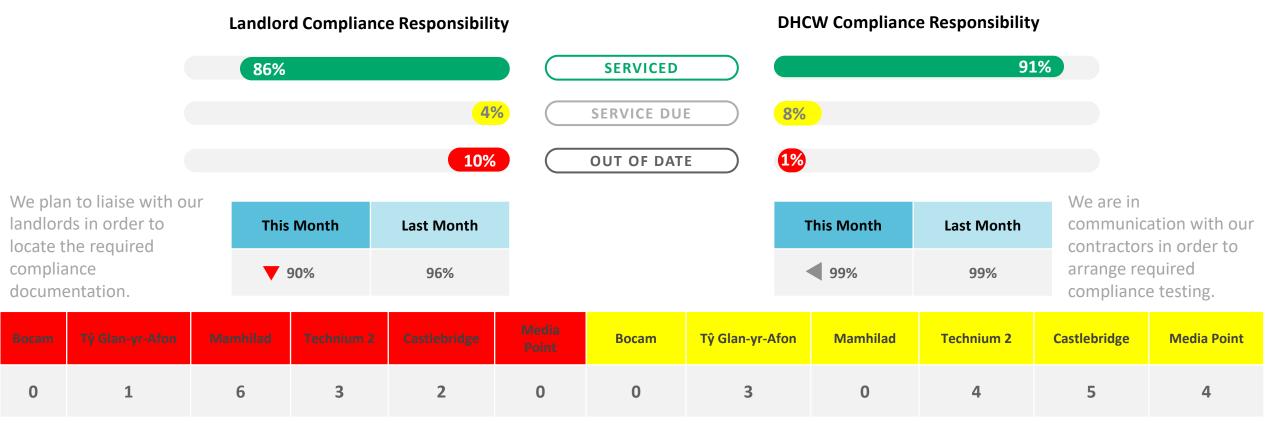
Number of System & Equipment that Require Testing.

This Month	Last Month
▼ 95%	98%

6/20

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## **COMPLIANCE RESPONSIBILITY**

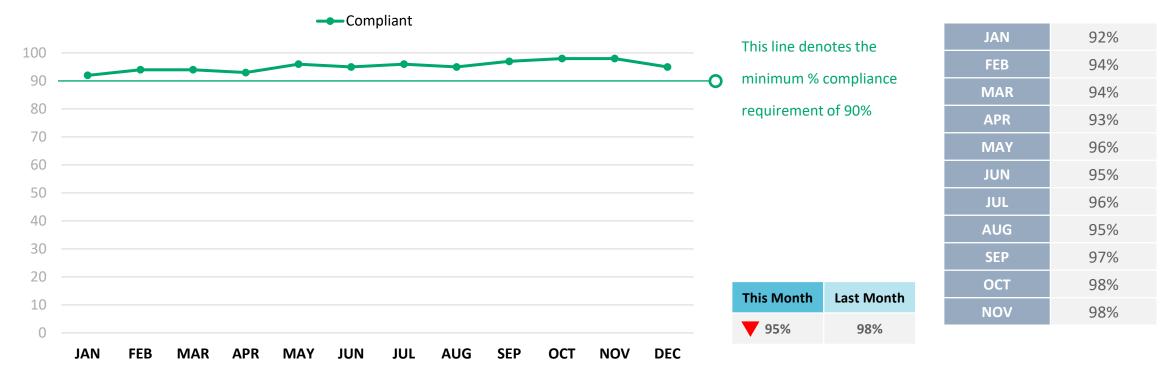


The above chart shows a breakdown per site of the 16 service due and 12 out of date compliance items. We are arranging testing for the 16 service due items. In regards to the out of date services, we are awaiting documentation from our contractors and we are liaising with our landlords for the remaining out of date services, which are within their areas of responsibility.

7/20

7

## **MONTHLY COMPLIANCE TREND**



As you can see in the above chart, throughout 2022 we have maintained an above target compliance performance, with an average of 95%.

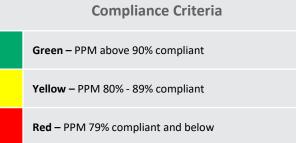
NHS Digital Health and Care Wales

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### INTERNAL PLANNED PREVENTATIVE MAINTENANCE (PPM) OVERVIEW

Due to a lack of resource within the team, some routine testing has not been completed; however, owing to other testing taking place via our contractors and landlords we can be assured that systems being assessed are safe for use. We will look to improve our internal PPM performance within the next two months to attain our targets.



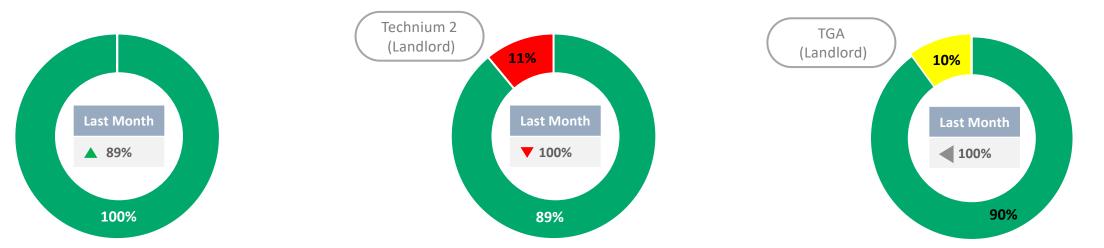
Tŷ Glan-Yr-Afon		% Complete		Bocam	% Complete		
Total Inspections	456	80%		Total Inspections	328	86%	
Total Complete	366			Total Complete	283	80%	
Mamhilad		% Complete	e Technium 2			% Complete	
Total Inspections	296	65%		Total Inspections	306	86%	
Total Complete	193			Total Complete	244	80%	
Media Point		% Complete		Castlebridge 2		% Complete	
Total Inspections	252	070/		Total Inspections	276	67%	
Total Complete	244	97%		Total Complete	186	0776	
DHCW – 2021		% Complete		This Month	Las	t Month	
Total Inspections 1914		70%		79%		87%	
Total Complete	1516	79%					

9/20

10/20

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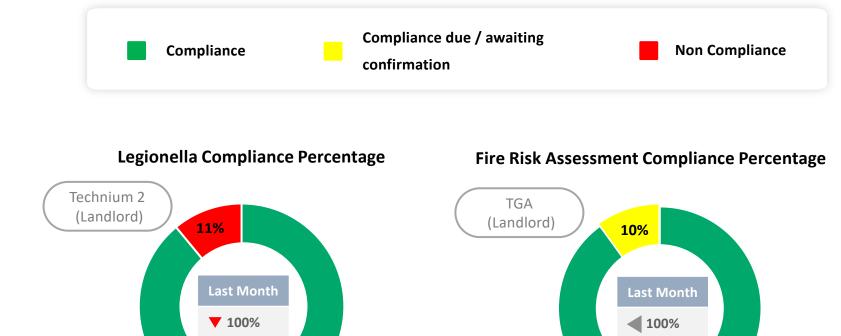
The graphs show the compliance percentage of Asbestos surveys, as well as Legionella (Water) and Fire risk assessments. At Technium 2 we will liaise with our landlord to ensure that they arrange the Water Risk Assessment as soon as possible and at Tŷ Glan-yr-Afon we will ask our landlord to arrange the Fire Risk Assessment.



### **KEY AREAS**

ESTATES COMPLIANCE REPORT

**Asbestos Compliance Percentage** 



This Month	Last Month
100%	100%

	Overall Compliance		
	Green – Action complete	85%	
	Yellow – Action on target to be completed by agreed date	15%	
	<b>Orange</b> – Action not on target for completion by agreed date	0%	
	<b>Red –</b> No Action taken 6 months beyond agreed completion date	0%	

### Building Statutory Compliance Action Plan Overview

ESTATES COMPLIANCE REPORT

The compliance of our complete actions is currently at 85%, with 15% of actions on target. Only one low risk fire related action is not on target for completion by the agreed date. 180 actions have been complete and no actions have turned red.

Compliance Category	Compliance Subcategory	Number of Actions across DHCW by Priority											
compliance category	compliance subcategory	High			Medium				Low				
Fire	Fire Risk Assessment	0	0	0	0	23	3	0	0	59	6	1	0
Water	Water Safety Actions	43	7	0	0	15	15	0	0	24	4	0	0
Asbestos	Asbestos Survey Actions	0	0	0	0	1	0	0	0	25	0	0	0

11/20

### **Environmental Performance**



At DHCW, we acknowledge the potential impact that we may have on the environment due to the nature of our business practices; therefore, we are fully committed to reducing this impact across the scope of our operations and the services that we deliver.

This report details how DHCW has performed against our goals to reduce water consumption and energy (gas and electricity) emissions, and increase the amount of waste that we recycle as an organisation.

IT waste and other emission reporting categories performance is also communicated.

NHS Digital Health and Care Wales

12/20

### **ISO 14001 PERFORMANCE**

The Environment section of the Legislation Register, Environmental Aspects Register and KPI (objectives and targets) action plan continue to be monitored and updated regularly.

We are up to date with the EMS Internal Audit Schedule. There are 66 SHE related corrective actions that are in progress, as a result of recent inspections, which primarily relate to compliance documentation and housekeeping.

ISO14001 external audit update – The ISO 9001 and ISO 14001 combined recertification external audit visit, with SGS, is due to take place In January 2023. We will continue to ensure that we are fully prepared.

**Best Practice:** 

13/20

- Daily air conditioning management is in place at Tŷ Glan-yr-Afon to aid carbon reductions
- A decarbonisation presentation was delivered to the Finance and Business Assurance Directorate to further raise awareness
- Digital solutions continue to be used where possible, to reduce paper usage
- Hybrid working remains in place, allowing staff to work from home, reducing the need to commute

QIAL Actions	QIAL	Queries and	Environmental, Waste and
in progress	Actions Closed	Complaints	Energy Training
4	29	0	

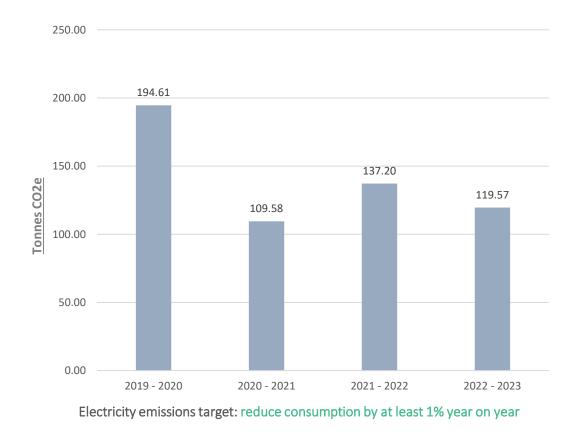
# SHE Inspection Actions - OutstandingLast Month90This Month $\checkmark$ 66

### **Environmental Awareness Campaign**

This month's campaign provided information for our employees relating to **Christmas environmental tips**.

### **Environmental Training**

Road to Net Zero training, provided by BSI, has been successfully completed by two members for the Estates and Compliance team.



# ELECTRICITY FIGURES 2022/23 – QTR 1-2

**Total Electricity Accumulative CO2 Emissions** 

The graph shows DHCW's accumulative CO2 emissions, from electricity usage during QTR 1-2 2022/23, as well as a comparison to previous years.

From the data we can see a:

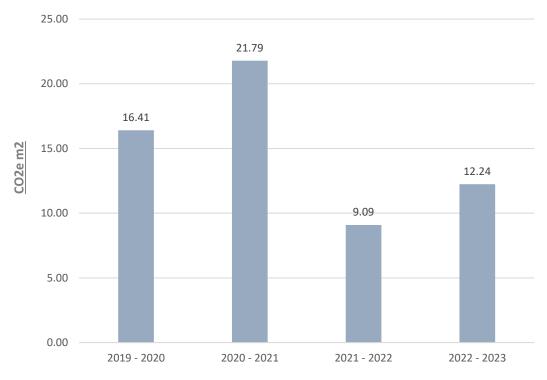
- **13% reduction** in 2022/23 compared to 2021/22
- **39% reduction** in 2022/23 compared to 2019/20 (our Baseline year)

The reductions listed above can be attributed to higher rates of staff working from home across the organisation, as well as an increased use of electricity from renewable sources.

14/20

#### **F-Gas**

We have had two F-Gas leaks at our sites, which were both effectively managed.



Gas emissions target: reduce consumption by at least 1% year on year

ESTATES COMPLIANCE REPORT

# **GAS FIGURES** 2022/23 – QTR 1-2

**Total Gas Accumulative CO2 Emissions** 

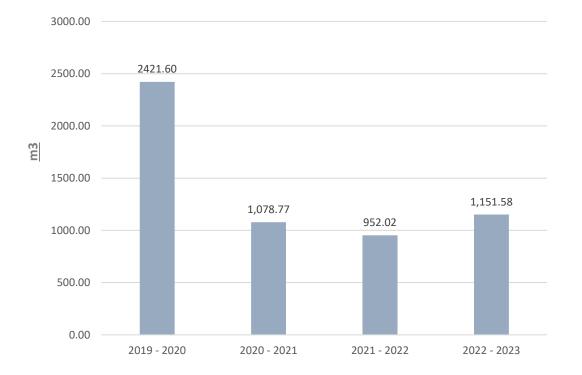
The graph shows DHCW's accumulative CO2 emissions, from gas usage during QTR 1-2 2022/23, as well as a comparison to previous years.

From the data we can see a:

- **35% increase** in 2022/23 compared to 2021/22
- **25% reduction** in 2022/23 compared to 2019/20 (our baseline year)

At Tŷ Glan-yr-Afon we experienced a slow gradual gas leak in 2020/21 that effected our gas emissions, this was adjusted in 2021/22, which accounts for the very low gas usage for this period. Emissions data is now correct.

15/20



Water consumption target: reduce consumption by at least 1% year on year

ESTATES COMPLIANCE REPORT

## **WATER FIGURES** 2022/23 – QTR 1-2

#### **Total Water Accumulative Consumption**

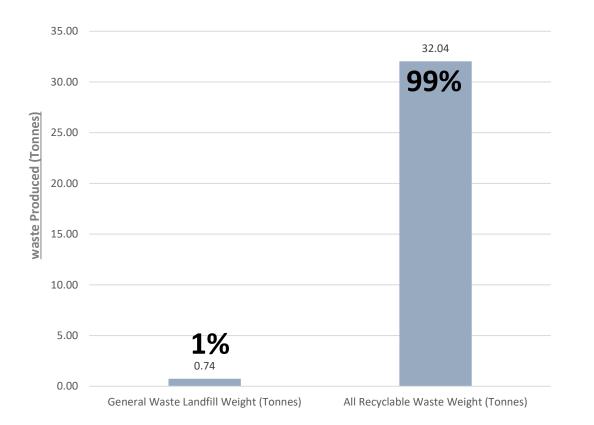
The graph shows DHCW's accumulative water consumption (Cubic m3) during QTR 1-2 2022/23, as well as a comparison to previous years.

From the data we can see a:

- 21% increase in 2022/23 compared to 2021/22
- **52% reduction** in 2022/23 compared to 2019/20 (our Baseline year)

The increase for 2022/23 compared to 2021/22 can be attributed to an increased number of employees now working from DHCW premises. However, this is still greatly reduced compared to the baseline year 2019/20 (prior to Covid-19), which is the last time all employees worked from DHCW premises.

16/20



Waste target: at least 90% of DHCW waste to be recycled

## **WASTE FIGURES** 2022/23 – QTR 1-2

The graph shows the accumulative recyclable waste weight compared to landfill waste weight during QTR 1-2 2022/23.

From the data we can see that **99% of DHCW's waste has been** recycled, repurposed or reused.

Waste operations across the estate are under control, with 5 out of 6 sites sending zero waste to landfill.

NHS Digital Health and Care Wales

17/20

Туре	Recycled	Reused/Repurposed	Total Units
Boxes of cables, chargers, adapters	9		9
Docking Port	94		94
Fax	1		1
IT Parts	39		3
Laptops	57	265	322
Mixed WEEE	2		2
Mobile phones	3		3
Monitors (CRT)	1		1
Monitors (flatscreen)	307		307
Networking gear, switches, hubs	71		71
PC's	66	379	445
Printers - desktop	77		77
Scanners/Laminator/Shredder	4		4
Servers	50	18	68
Tablet	18		18
Telephones	5		5
TV's	4		4
UPS	15		15
User terminals and systems	1		1
Grand Total	824	662	1450

## **IT WASTE FIGURES** 2022/23 – **QTR 1-2**

#### **DHCW IT Waste Disposed**

The table (left) shows the total number of IT equipment units (by type) that have been recycled, repurposed or reused thus far in 2022/23.

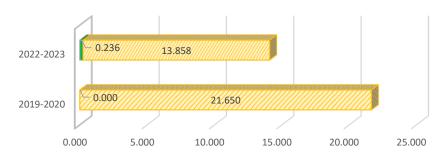


18/20

### **SUSTAINABLE TRAVEL 22/23**

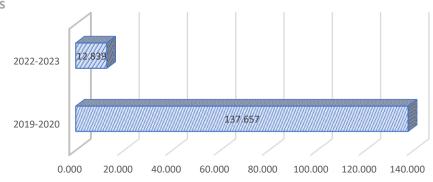
#### FLEET VEHICLES VS. EV FLEET (MTCO2E)

EV Fleet S Diesel Fleet



The above graph shows a comparison of carbon emissions, MtCO2e, arsing from fleet vehicle usage at DHCW. As you can see in 2022/23 we have utilised increased usage of electric vehicles and as of QTR 2. our diesel fleet emissions are down by 36%

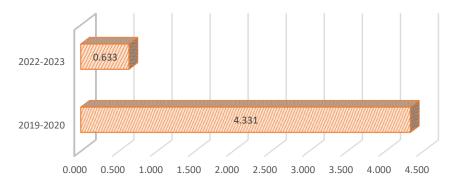
\*Carbon emissions arising from EV charging is already captured via our electricity reporting process and should not be counted separately (to avoid double counting).



**BUSINESS MILEAGE (MTCO2E)** 

The above graph shows a comparison of carbon emissions arising from business travel in 2022/23 compared to 2019/20 (baseline). As of QTR 2. our business mileage emissions have reduced by 91%

#### **STAFF EV USAGE (MTCO2E)**



The above graph shows a comparison of Staff EV Charger usage in 2022/23 compared to 2019/20 (baseline).

#### Sustainable Transport Update

We currently have 12 EV charging points under our control. Which means that EV charging points can be accessed at four DHWC premises.

We now have three EV fleet vehicles used by Corporate Services and Client Services.

Facilities such as bicycle racks, showers and changing rooms are available at several sites that enable staff to make more sustainable commutes. In addition to this, the availability of homeworking for all staff has reduced the need for commuting.

**NHS Digital Health and Care Wales** 

19/20

### **CARBON FOOTPRINT 2022/23**

Electricity Indirect Emissions

Water Indirect Emissions (Supply)

Water Indirect Emissions (Treatment)

Business Mileage Indirect Emisisons

Business Mileage WTT Emisisons

Fleet Vehicle Direct Emissions

Fleet Vehicle WTT Emissions

Electricity WTT Emissions

Gas Direct Emissions

Gas WTT Emissions

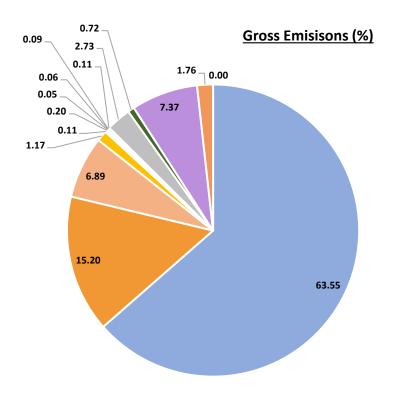
General Waste Landfill

General Waste WtE

Recyclable Waste

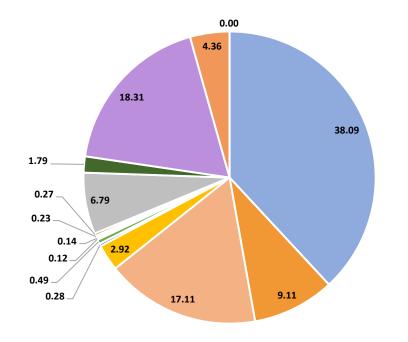
WEEE Recycled

F-Gas



#### Performance (22/23 **Carbon Footprint Carbon Footprint Carbon Footprint** QTR 1-2) vs Baseline **Emissions** 22/23: per m2: per person: (19/20 QTR 1-2): -45% 158.142 MtCO2e Gross 0.024 MtCO2e 0.153 MtCO2e Net -44% 109.296 MtCO2e 0.017 MtCO2e 0.106 MtCO2e

#### Net Emissions (%)



Electricity Indirect Emissions

- Electricity WTT Emissions
- Gas Direct Emissions
- Gas WTT Emissions
- Water Indirect Emissions (Supply)
- Water Indirect Emissions (Treatment)
- General Waste Landfill
- General Waste WtE
- Recyclable Waste
- WEEE Recycled
- Business Mileage Indirect Emisisons
- Business Mileage WTT Emisisons
- Fleet Vehicle Direct Emissions
- Fleet Vehicle WTT Emissions

F-Gas

\*Our Net emissions are calculated based on Gross emissions minus REGO supplied electricity.

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