

Y Pwyllgor Archwilio a Sicrwydd - Cyhoeddus

Tue 18 April 2023, 09:00 - 12:10

Agenda

09:00 - 09:05
5 min

1. MATERION RHAGARWEINIOL

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



09:05 - 09:15
10 min

2. AGENDA GYDSYNIO

2.1 Cofnodion cyfarfod 14 Chwefror 2023 heb eu cadarnhau - Cofnodion cryno Cyhoeddus/Preifat

I'w Cymeradwyo

Cadeirydd

-  2.1 AAMinutes - Public 20230214-en-cy-C.pdf (18 pages)
-  2.1i AAAbridged Private-en-cy-C.pdf (6 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi



Cyfarwyddwr Gweithredol Cyllid

-  2.2 Audit and Assurance NWSSP April 23.pdf (4 pages)

2.3 Blaengynllun Gwaith

I'w Nodi



Ysgrifennydd y Bwrdd

-  2.3 Forward Workplan.pdf (4 pages)
-  2.3i A&A FWP 2023-24v1.pdf (1 pages)

2.4 Adroddiad Datgarboneiddio

I'w Nodi

Pennaeth Gwasanaethau Corfforaethol

-  2.4 REP-WG Decarbonisation Return March 2023-v1.0.pdf (4 pages)
-  2.4i NHS Performance Framework - Qualitative Measure - Decarbonisation - Return.pdf (15 pages)







2.5 Polisiâu:

I'w Cymeradwyo

Ysgrifennydd y Bwrdd

- POL-CG-006 Rheoli Contractwyr
- POL-CG-012 Polisi Rheoli Asbestos
- POL-CG-17 Polisi Diogelwch Tân

- POL-CG-018 Polisi Amgylcheddol a Chynaliadwyedd
- NEWYDD - Polisi Di-fwg a pheidio a defnyddio e-sigarets

-  2.5 Policy Report AA.pdf (7 pages)
-  2.5i Existing Policy Revision Cover Sheet POL-CG-006.pdf (1 pages)
-  2.5ii Existing Policy Revision Cover Sheet POL-CG-012.pdf (1 pages)
-  2.5iii Existing Policy Revision Cover Sheet POL-CG-017.pdf (1 pages)
-  2.5iv Existing Policy Revision Cover Sheet POL-CG-018.pdf (1 pages)
-  2.5v NEW Policy Smoke_Vape Free.pdf (9 pages)




2.6 Cynllun Blynyddol Atal Twyll Lleol (gan gynnwys Cynllun Gwaith 23/24)

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

-  2.6 DHCW COUNTER FRAUD ANNUAL PLAN COVER SHEET.pdf (4 pages)

2.7 Adroddiad Blynyddol y Gwasanaeth Atal Twyll 2022-2023

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

-  2.7 DHCW COUNTER ANNUAL REPORT 22-23 COVER SHEET.pdf (3 pages)
-  2.7i DHCW COUNTER FRAUD ANNUAL REPORT 22-23.pdf (13 pages)
-  2.7ii DHCW COUNTER FRAUD ANNUAL REPORT APPENDIX 1 (2).pdf (7 pages)

2.8 Adroddiad Cynnydd Dyletswyddau Gonestrwydd ac Ansawdd mis Chwefror

I'w Nodi Pennaeth Dros Dro Ansawdd a Rheoleiddio

-  2.8 Quality and Engagement Act progress report 18th April 2023.pdf (3 pages)

2.9 Cynllun Blynyddol Ansawdd a Rheoleiddio 2023/24

I'w Nodi Pennaeth Dros Dro Ansawdd a Rheoleiddio

-  2.9 Quality Annual Plan 2023_4 Committee Report Cover Sheet.pdf (4 pages)

2.10 Cynllun Blynyddol yr Uned Seibergadernid

I'w Nodi Pennaeth Seiberddiogelwch Dros Dro

-  2.10 CRU Annual Plan 2023_4 Committee Report Cover Sheet 18th April 2023.pdf (3 pages)

09:15 - 09:15
0 min

3. BUSNES Y CYFARFOD

3.1 Cofnod Gweithredu

I'w Nodi Cadeirydd



-  3.1 Action log.pdf (1 pages)

09:15 - 10:35
80 min



RHAN 4 – ARCHWILIO AC ATAL TWYLL

4.1 Cynllun Archwilio Blynyddol Archwilio Mewnol 2023/24

I'w Cymeradwyo Pennaeth Archwilio Mewnol Dros Dro

-  4.1 DHCW_2023-24_DRAFT_Internal Audit Plan Cover Sheet_.pdf (4 pages)
-  4.1i DHCW_2023-24_DRAFT Internal Audit Plan for Committee.pdf (27 pages)


4.2 Adroddiad Cynnydd yr Archwiliad Mewnol

-  4.2 DHCW_2022-23_Internal Audit Progress Report Cover Sheet.pdf (3 pages)
-  4.2i DHCW_2022-23_Internal Audit Update Report - April 2023.pdf (4 pages)

4.3 Adroddiadau Adolygiad Archwilio Mewnol

-  4.3 DHCW_2022-23_Internal Audit Reports Cover Sheet.pdf (4 pages)

4.3i Llywodraethu Corfforaethol

-  4.3i DHCW 2223-05 Corporate Governance FINAL Internal Audit Report.pdf (17 pages)

4.3ii Cydymffurfiaeth Ystadau - Rheoli Gwastraff

-  4.3ii DHCW 2022-23 14 Estates Compliance - Waste Management FINAL for Client.pdf (17 pages)

4.3iii Rheoli Risg

-  4.3iii DHCW 2022-23 02 FINAL Risk Management Report.pdf (10 pages)

4.3iv Cynllunio'r Gweithlu: AGDP

-  4.3iv DHCW 2022-23 FINAL Workforce Planning - PADR Report v2.pdf (16 pages)




4.4 Cynllun Archwilio Amlinellol Archwilio Cymru 2023/24

-  4.4 DHCW 2022-23 Outline NHS Audit Plan_.pdf (10 pages)



4.5 Diweddariad Pwyllgor Archwilio Cymru

-  4.5 DHCW Audit and Assurance Committee Update - April 2023.pdf (10 pages)
-  4.5i digital-inclusion-eng.pdf (36 pages)

4.6 Adroddiad Cynllun Gweithredu Adolygiad Asesiad Strwythuredig / Llywodraethu Sylfaenol

-  4.6 Structured Assessment & Baseline Governance Review Action Report.pdf (5 pages)
-  4.6i Baseline Governance Review Action Plan v3.pdf (4 pages)
-  4.6ii Structured Assessment - Oppourtunities for Learning.pdf (6 pages)

4.7 Cofnodion Gweithredu Archwilio

-  4.7 REP-DHCW Audit Action Log Public Mar 23-v1.0.pdf (6 pages)
-  4.7i DHCW Audit Log Public Mar 23.pdf (4 pages)

4.8 Adroddiad Diweddaru Atal Twyll Lleol

-  4.8 DHCW Q4 COUNTER FRAUD PROGRESS REPORT COVER SHEET.pdf (3 pages)
-  4.8i DHCW Q4 COUNTER FRAUD PROGRESS REPORT.pdf (6 pages)

Egwyl – 10 munud


5. ADRODDIADAU LLYWODRAETHU

5.1 Adroddiad Rheoli Risg a Sicrwydd y Bwrdd

I'w Draffod *Ysgrifennydd y Bwrdd*

- Parodrwydd i Dderbyn Risg

 5.1 Risk Management Report.pdf (9 pages)


 5.1i Appendix A DHCW Corporate Risk Register.pdf (6 pages)

5.2 Cydymffurfio â Safonau'r Gymraeg a Fframwaith Gwella

Ar gyfer Sicrwydd *Rheolwr y Gymraeg*

 5.2 Welsh Language Report April 23.pdf (7 pages)

 5.2i Appendix A Welsh Language Action Plan - Audit and Assurance April 23.pdf (1 pages)

 5.2ii Appendix B More Than Just Words Five Year Action Plan 22-27 (April 23 update).pdf (5 pages)

5.3 Adroddiad Safonau Ymddygiad

I'w Nodi *Rheolwr Llywodraethu Corfforaethol*

 5.3 Standards of Behaviour Report.pdf (4 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 High Value Purchase Orders April F-01.pdf (5 pages)

 5.4i Appendix A - High Value Purchase Orders Tracker 18th April F-01.pdf (2 pages)

 5.4ii Appendix B - Cumulative High Value Transactions Tracker 18th April F-01.pdf (2 pages)

 5.4iii Appendix C - Cumulative High Value Spend By Supplier 18th April F-01.pdf (2 pages)

5.5 Diweddariad am Golledion a Thaliadau Arbennig

I'w Nodi *Cyfarwyddwr Cyswllt Cyllid*

 5.5 Board Committee Report Cover Sheet- Losses and Special Payments April F-01.pdf (7 pages)

5.6 Rhestr Wirio Hunanwerthuso y Fenter Twyll Genedlaethol

I'w Nodi *Cyfarwyddwr Cyswllt Cyllid*

 5.6 NFI Audit and Assurance Committee Report Cover Sheet Final F-01.pdf (5 pages)

5.7 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

I'w Nodi *Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol*

 5.7 Procurement Scheme of Delegation Compliance Report Jan-March2023.pdf (4 pages)

 5.7i Appendix A DHCW Single Tender Single Quotation March 2023 v1.0.pdf (5 pages)

5.8 Cynllun Gweithredu'r Ddeddf Dyletswydd Ansawdd a Gonestrwydd - cyflwyniad

I'w Nodi *Pennaeth Dros Dro Ansawdd a Rheoleiddio*

 5.8 Duty of Quality implementation plan Report Cover Sheet.pdf (3 pages)

 5.8ii Duty of Quality Implementation plan 18th April 2023.pdf (11 pages)



5.9 Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio

I'w Nodi *Pennaeth Dros Dro Ansawdd a Rheoleiddio*

 5.9 DHCW Quality and Regulatory Update Report 18 April 2023.pdf (6 pages)

5.10 Fframwaith Sicrwydd Deddfwriaethol

I'w Nodi Rheolwr Llywodraethu Corfforaethol

-  5.10 Legislative Assurance Framework Register.pdf (5 pages)
-  5.10i Legislation Register - Q2 2023v1.pdf (10 pages)

5.11 Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth

I'w Nodi Pennaeth Gwasanaethau Corfforaethol

-  5.11 REP-DHCW Decarbonisation Estates Compliance Report-v1.0.pdf (10 pages)
-  5.11i External Estates Compliance Report - March 2023.pdf (15 pages)



12:00 - 12:05
5 min

6. DIWEDDARIAD ARIANNOL

6.1 Diweddariad cyllid:

Ar gyfer Sicrwydd Cyfarwyddwr Cyswllt Cyllid

- Diwedd Blwyddyn
- Cynllun Blynnyddol

-  6.1 DHCW Audit and Assurance Finance Update April 2023 F-01.pdf (6 pages)
-  6.1i PRES Appendix A Audit Committee Finance Update - April F-01.pdf (31 pages)

12:05 - 12:10
5 min

7. MATERION I GLOI

7.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Draford Cadeirydd

7.2 Unrhyw Faterion Brys eraill

I'w Trafod Cadeirydd

7.3 Dyddiad y cyfarfodydd nesaf:

I'w Nodi Cadeirydd

4 Mai 2023 (adolygiad o gyfrifon - i'w gadarnhau)

13 Mehefin 2023 cyfrifon archwiliedig

3 Gorffennaf 2023

Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

🕒 09:00 – 12:00

14/02/2023

📍 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Alistair Neill	AN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Marilyn Bryan-Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio Dros Dro	Iechyd a Gofal Digidol Cymru

Gareth Lavington	GL	Arbenigwr Atal Twyll Lleol Arweiniol	Atal Twyll Lleol Caerdydd a'r Fro
Carwyn Lloyd-Jones	CL-J	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru
Shikala Mansfield	SM	Pennaeth Pobl a Datblygiad Sefydliadol	Iechyd a Gofal Digidol Cymru
Nadine Payne (ar gyfer eitem 4.2)	NP	Pennaeth Ymgysylltu	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Alyson Smith (ar gyfer eitem 4.2)	AS	Pennaeth Perfformiad Sefydliadol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Andrew Warburton (ar gyfer eitem 4.2)	AW	Pennaeth Rhaglenni Gwybodaeth a Chofnodion Iechyd	Iechyd a Gofal Digidol Cymru
Mike Whiteley	MW	Archwilio Cymru	Archwilio Cymru
Arsylwi			
Andrea Harris	AH	Cynorthwy-ydd Gweithredol	Iechyd a Gofal Digidol Cymru
Ymddiheuriadau			
Dim			

Acronymau			
DHCW	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod Iechyd Arbennig	A&A	Archwilio a Sicrwydd
KPI	Dangosydd Perfformiad Allweddol	PAPA C	Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus

RhS	Rheolau Sefydlog	SFI's	Cyfarwyddiadau Ariannol Sefydlog
AaGIC	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	PSED	Dyletswydd Cydraddoldeb y Sector Cyhoeddus
WIDI	Sefydliad Gwybodaeth Ddigidol Cymru		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd bawb i'r Pwyllgor Archwilio a Sicrwydd. Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.</p> <p>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.</p> <p>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.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.</p>	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Ni wnaed unrhyw ddatganiadau o fuddiannau.</p>	Nodwyd	Dim i'w nodi
2	AGENDA CYDSYNIO - I'W CHYMERADWYO		
2.1	<p>Cofnodion heb eu cadarnhau o gyfarfodydd 18 Hydref 2022 – Talfyriad Cyhoeddus a Phreifat.</p> <p>Penderfynodd y Pwyllgor:</p> <p>Gymeradwyo'r cofnodion fel cofnod cywir o'r drafodaeth a byddent yn cael eu gwneud yn gyhoeddus.</p>	Cymeradwyd	Dim i'w nodi
2.2	<p>Blaengynllun Gwaith</p> <p>Penderfynodd y Pwyllgor:</p>	Nodwyd	Dim i'w nodi

	NODI cynnwys Blaengynllun Gwaith y Pwyllgor.		
2.3	Ymchwiliad COVID Penderfynodd y Pwyllgor: NODI'r diweddariad i Ymchwiliad Covid.	Nodwyd	Dim i'w nodi
2.4	Adroddiad Cryno Cadeiryddion Archwilio Cymru Gyfan Penderfynodd y Pwyllgor: NODI Adroddiad Cryno Cadeiryddion Archwilio Cymru Gyfan	Nodwyd	Dim i'w nodi
2.5	Polisiâu Penderfynodd y Pwyllgor: GYMERADWYO'r pum polisi: <ul style="list-style-type: none"> • DHCW-POL-10 Polisi Dilysu Iechyd a Gofal Digidol Cymru • POL-CG-003-Polisi ar Bolisiâu • WFOD-POL-016 Adolygiad Gwerthuso a Datblygu • Polisi Gweithio Hybrid NEWYDD • POL-CG-019 Polisi Rheoli Gwastraff 	Cymeradwyd	Dim i'w nodi
2.6	Safonau Iechyd a Gofal Penderfynodd y Pwyllgor: GYMERADWYO'r Safonau Iechyd a Gofal.	Cymeradwyd	Dim i'w nodi
2.7	Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd Penderfynodd y Pwyllgor: GYMERADWYO Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd	Cymeradwyd	Dim i'w nodi
2.8	Cylch Busnes Archwilio a Sicrwydd Penderfynodd y Pwyllgor: GYMERADWYO'r Cylch Busnes Archwilio a Sicrwydd.	Cymeradwyd	Dim i'w nodi
2.9	Adroddiad Hunan-ffeithiolrwydd y Pwyllgor Archwilio a Sicrwydd Penderfynodd y Pwyllgor: NODI Adroddiad Hunan-ffeithiolrwydd y Pwyllgor Archwilio a Sicrwydd	Nodwyd	Dim i'w nodi
2.10	Adroddiad Blynyddol Archwilio a Sicrwydd Penderfynodd y Pwyllgor: GYMERADWYO Adroddiad Blynyddol Archwilio a Sicrwydd i'w gyflwyno ymlaen i Fwrdd yr Awdurdod Iechyd Arbennig ym mis Mawrth.	Cymeradwyd	Dim i'w nodi

2.11	<p>Diweddariad am y Cynllun Tymor Canolig Integredig</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI’r Diweddariad am y Cynllun Tymor Canolig Integredig (IMTP) 23-26</p>	Nodwyd	Dim i’w nodi
2.12	<p>Fframwaith Cydymffurfio a Gwella’r Gymraeg</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Fframwaith Cydymffurfio a Gwella’r Gymraeg</p>	Nodwyd	Dim i’w nodi
2.13	<p>Adroddiad Cau Prosiect Pontio LINC a RISP</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Adroddiad Cau Prosiect Pontio LINC a RISP</p>	Nodwyd	Dim i’w nodi
2.14	<p>Pwyllgor Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI cynnwys Adroddiad Sicrwydd Pwyllgor Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru.</p>	Nodwyd	Dim i’w nodi

RHAN 3 – BUSNES Y CYFARFOD

3.1	<p>Log Gweithredu</p> <p>Gwahoddwyd Chris Darling, Ysgrifennydd y Bwrdd (CD) i gyflwyno'r Log Gweithredu. Nododd y Pwyllgor fod un cam gweithredu wedi'i nodi o'r cyfarfod diwethaf, a gwblhawyd gyda'r cam gweithredu a nodwyd yn y Log Gweithredu.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Log Gweithredu.</p>	Nodwyd	Dim i’w nodi
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RHAN 4 ARCHWILIO AC ATAL TWYLL

4.1	<p>Adroddiad Cynnydd yr Archwiliad Mewnol</p> <p>Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol Interim Partneriaeth Cydwasanaethau GIG Cymru (StC) y Cynllun Cynnydd Archwilio Mewnol.</p> <p>Darparodd StC yr uchafbwyntiau o'r adroddiad cynnydd a dywedodd fod pum adolygiad o Gynllun Archwilio Mewnol 2022/23 i'w derbyn, sef pedwar yn y sesiwn gyhoeddus ac un yn y sesiwn breifat. Roedd 14 adolygiad ar ôl i'w cyflawni ar gyfer blwyddyn ariannol 2022/23 ac roedd yr amserlen wedi hen ddechrau ar gyfer cwblhau'r cynllun ar gyfer Barn y Pennaeth Archwilio yn amserol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI’r diweddariad Archwilio Mewnol ar gyfer SICRWYDD.</p>	Ar gyfer Sicrwydd	Dim i’w nodi
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4.2	<p>Adroddiadau Adolygiad Archwilio Mewnol</p> <p>Cynaliadwyedd Ariannol</p> <p>Cafodd yr adolygiad sgôr Sicrwydd <i>Rhesymol</i>.</p> <p>Amlinellodd Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru, y gwaith a wnaed yn yr adolygiad. Roedd yr adolygiad wedi canolbwyntio ar y pwysau costau digidol a'r hyn yr oedd DHCW yn ei wneud i liniaru'r pwysau hyn, yn enwedig o ran ymgysylltu â Llywodraeth Cymru i ganfod a oedd cyllid pellach ar gael. Canfu'r adolygiad fod camau rhesymol wedi'u cymryd i fynd i'r afael â rhai o'r pryderon a bod cynnydd da wedi'i wneud gyda chamau gweithredu a oedd ar droed ar adeg yr archwiliad. Nodwyd nad oedd unrhyw fylchau ariannu ar gyfer eleni, ond bydd angen edrych yn ofalus y flwyddyn nesaf.</p> <p>Cadarnhaodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (CO-L), fod yr archwiliad yn ddefnyddiol, gan ddarparu dilysiad o'r prosesau a ddilynwyd gan DHCW wrth ystyried chwyddiant digidol a hefyd ffyrdd y gallai wella ymhellach, a oedd yn cynnwys bod yn fwy effeithiol wrth fynegi a gosod y risgiau ariannol cynaliadwy ar y gofrestr risg.</p> <p>Cadarnhaodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid (MC), ei fod yn darparu darlun sy'n dod i'r amlwg o bwysau yn y dyfodol; fodd bynnag, roedd nifer o'r argymhellion eisoes wedi'u gweithredu a chryfhawyd yr ochr fasnachol gyda chyfarfodydd wythnosol rhwng yr ochr gyllid a'r ochr fasnachol a oedd yn darparu fforwm ar gyfer trafodaeth.</p> <p>Gwreiddio'r Strategaeth Ymgysylltu â Rhanddeiliaid</p> <p>Cafodd yr adolygiad sgôr Sicrwydd <i>Rhesymol</i>.</p> <p>Cadarnhaodd StC fod yr adroddiad Gwreiddio'r Strategaeth Ymgysylltu â Rhanddeiliaid a'r Adolygiad Rheoli Perfformiad yn gysylltiedig â'i gilydd, a chadarnhaodd fod y ddau wedi cael sgôr Sicrwydd <i>Rhesymol</i>. Cadarnhaodd yr adolygiad fod cerrig milltir yn dechrau cael eu gosod a chodwyd rhai argymhellion ynghylch ffurfioli'r broses a'i chysylltu â rheoli perfformiad.</p> <p>Cadarnhaodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) fod y cynllun wedi'i ddatblygu cyn iddo gael ei benodi, ac roedd yn falch bod y tîm archwilio wedi'i adolygu.</p> <p>Ymunodd Nadine Payne, Pennaeth Ymgysylltu (NP) â'r cyfarfod ac ailadroddodd ei bod yn ddefnyddiol cael yr adroddiad, a oedd yn amlygu pa waith oedd angen ei wneud i gryfhau ymgysylltiad. Roedd cynllun gweithredu symlach</p>	Ar gyfer Sicrwydd	<p>Cam Gweithredu:</p> <p>Cyfeirio'r Archwiliad Rheoli Perfformiad i'r Bwrdd Rheoli a Bwrdd SHA.</p>
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wedi'i ddatblygu a fyddai'n mynd gerbron Bwrdd yr Awdurdod Iechyd Arbennig fis nesaf, a byddai adroddiadau'n cael eu cyflwyno bob chwe mis.

Rheoli Perfformiad

Cafodd yr adolygiad sgôr Sicrwydd *Rhesymol*.

Darparodd StC grynodedb o'r adroddiad gyda'r uchafbwyntiau canlynol:-

- Roedd cynnydd da wedi'i wneud gyda fframwaith a oedd wedi'i ddatblygu i helpu i roi arweiniad i staff.
- Ar y cyfan, roedd yn adroddiad da gyda metrigau yn eu lle, er mai rhai hylifol oeddent.
- Roedd y modiwlau disgwylidig yn cael eu monitro.
- Roedd yr argymhellion a ddarparwyd yn ceisio cryfhau'r cyswllt rhwng monitro a ffurfioli'r fframwaith.

Nodwyd bod yr argymhellion yn cyflawni ar ystod eang o wasanaethau a'i bod yn her mesur perfformiad yn erbyn portffolio mor eang. Nodwyd llawer o'r gwaith da trwy ddeialog yn hytrach na'i gydnabod yn ffurfiol, ac roedd yr archwiliad yn ddefnyddiol o ran canolbwyntio ar y pwyntiau allweddol hyn.

Ymunodd Alyson Smith, Pennaeth Rheoli Perfformiad, â'r cyfarfod i ymateb i unrhyw gwestiynau, a chadarnhaodd mai'r nod oedd cael dangosyddion perfformiad allweddol yn eu lle erbyn 2023/2024.

Trafododd y Pwyllgor natur y metrigau perfformiad a ddefnyddiwyd a chadarnhawyd bod y Dangosyddion Perfformiad Allweddol a ddefnyddiwyd yn cael eu hadolygu'n gyson a'u bod yn esblygu trwy drafodaeth ym mhob cyfarfod y Bwrdd. Roedd yr adolygiad wedi bod yn gadarnhaol; ar yr un pryd, cydnabuwyd y byddai'r metrigau perfformiad yn esblygu.

Trafododd y Pwyllgor yr her yr oedd hyn yn ei gosod i'r Bwrdd a sut y gellid ei chyfleu orau. Awgrymwyd bod yr archwiliad yn cael ei gyfeirio at Fwrdd yr Awdurdod Iechyd Arbennig a'r Bwrdd Rheoli i wella cysylltiadau rhwng prosesau rheoli.

CAM GWEITHREDU 20230214-A01: Cyfeirio'r Archwiliad i'r Bwrdd Rheoli a Bwrdd SHA.

Gwasanaethau Newid

Cafodd yr adolygiad sgôr Sicrwydd *Rhesymol*.

Cyflwynodd Martyn Lewis, Archwilio Mewnol (ML) adolygiad yr Archwiliad o Wasanaethau Newid ac amlinellodd

	<p>uchafbwyntiau'r gwaith a wnaed i geisio sicrhau bod y gwasanaeth yn cael ei gynnal a bod y risgiau'n cael eu rheoli'n briodol. Cadarnhawyd bod y risgiau'n cael eu deall a'u monitro'n rheolaidd. Roedd y gwasanaeth yn hen ond yn sefydlog; serch hynny, roedd angen dod ag ef i mewn i'r NDR cyn gynted â phosibl.</p> <p>Trafododd y Pwyllgor y camau nesaf a dywedwyd wrthynt mai cam gweithredu i'r Cyfarwyddwr Meddygol Gweithredol a'r Cyfarwyddwr Cyswllt Gwybodaeth, Hysbysrwydd ac Ymchwil oedd cytuno ar y cynllun. Ar ôl i'r partïon gytuno ar y cynllun, bydd y cam gweithredu NDR yn trosglwyddo i'r rhaglen NDR.</p> <p>Rhodddwyd sicrwydd i'r Pwyllgor fod y Pwyllgor Llywodraethu a Diogelwch Digidol yn monitro'r pwnc hwn yn agos yn eu cyfarfodydd.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN y pedwar adroddiad ar gyfer SICRWYDD.</p>		
4.3	<p>Adroddiad Archwilio Blynnyddol Archwilio Cymru 2022</p> <p>Cyflwynodd Nathan Couch, Archwilio Cymru (NC) Adroddiad Blynnyddol Archwilio Cymru 2022, a oedd yn crynhoi canfyddiadau gwaith archwilio 2022 yr Archwilydd Cyffredinol yn DHCW.</p> <p>Cyhoeddodd yr Archwilydd Cyffredinol farn ddiamod ar gyfer cyfrifon 2021/22.</p> <p>Mynegodd CO-L ei phleser gyda'r adroddiad, a oedd yn adlewyrchu ymdrech y tîm ar gyfer y cyfrifon diwedd blwyddyn ariannol ffurfiol cyntaf, a diolchodd i'r tîm cyllid ac Archwilio Cymru am y ffordd gydweithredol y cafodd yr archwiliad ei gynnal.</p> <p>Canmolodd y Pwyllgor yr adroddiad hefyd, a chawsant sicrwydd ei fod yn cyflwyno'r sefydliad mewn ffordd y gallai symud ymlaen yn hyderus.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN Adroddiad Archwilio Blynnyddol Archwilio Cymru 2022 ar gyfer SICRWYDD.</p>	Ar gyfer Sicrwydd	Dim i'w nodi
4.4	<p>Diweddariad Archwilio Cymru i'r Pwyllgor</p> <p>Cyflwynodd Nathan Couch, Archwilio Cymru (NC) Ddiweddariad Archwilio Cymru i'r Pwyllgor, a oedd yn cynnwys y Fenter Twyll Genedlaethol a'r Asesiad Strwythuredig, a rhoddodd ddiweddariad ar y gwaith archwilio ariannol a pherfformiad presennol ac arfaethedig, a thynnodd sylw at y pwyntiau allweddol a ganlyn:-</p>	Ar gyfer Sicrwydd	Cam Gweithredu: Byddai rhestr wirio Hunanwerth uso'r Fenter Twyll Genedlaethol

	<ul style="list-style-type: none"> • Archwiliad Ariannol - roedd y gwaith cyfrifon wedi'i gwblhau ac roedd cynlluniau ar gyfer y flwyddyn nesaf ar droed gydag amlinelliaid bras o'r materion mwy y gellir eu gweld yn yr archwiliad. • Archwilio Perfformiad – roedd gwaith wedi'i gwblhau ar yr Asesiad Strwythuredig a'r Cyfrifon Blynnyddol. • Roedd gwaith yn mynd rhagddo ar hyn o bryd ar gynllunio'r gweithlu. • Y ddau adroddiad yn ymwneud â'r GIG a gyhoeddwyd – Dysgu o Seiber Ymosodiadau a'r Fenter Twyll Genedlaethol yng Nghymru 2020-21. <p>Y Fenter Twyll Genedlaethol</p> <p>Dywedodd MC wrth y Pwyllgor fod grŵp i reoli proses y Fenter Twyll Genedlaethol i'w sefydlu fel rhan o Ymateb y Rheolwyr. Byddai'r rhestr wirio Hunanwerthuso yn cael ei chyflwyno ym Mhwyllgor Archwilio a Sicrwydd mis Ebrill.</p> <p>CAM GWEITHREDU 20230214-A02 – y rhestr wirio Hunanwerthuso i gael ei chyflwyno i'r Pwyllgor nesaf .</p> <p>Asesiad Strwythuredig</p> <p>Crynhodd NC y pwyntiau allweddol o'r adroddiad a oedd yn nodi canfyddiadau'r Asesiad Strwythuredig ar gyfer 2022/23, ac a oedd wedi canolbwyntio ar drefniadau corfforaethol y sefydliad drwy adolygu amrywiaeth o ddogfennau allweddol, mynychu'r Bwrdd/Pwyllgorau, cyfweiliadau ag Aelodau Annibynnol a staff Gweithredol. Nododd y negeseuon allweddol fod DHCW yn sefydlu trefniadau llywodraethu da.</p> <p>Parhaodd CD fod cael parhad o'r Adolygiad Llywodraethu Sylfaenol wedi bod yn ddefnyddiol. Amlygodd CD nad oedd lle i fod yn hunanfodlon, ac y byddai'r holl argymhellion yn cael eu holrhain; hefyd, byddai'r adroddiad yn cael ei adolygu i nodi cyfleoedd ar gyfer dysgu a fyddai'n cael eu datblygu. Yn ogystal, roedd DHCW yn aros am y Strategaeth Ddigidol a Gofal Iechyd gan Lywodraeth Cymru, a fyddai'n flaenoriaeth i DHCW wrth ei symud ymlaen.</p> <p>Adleisiodd COL y sylwadau ac ychwanegodd fod y sefyllfa ariannol tymor hir a chanolig yn thema gyffredin. Y camau nesaf fyddai gwella'r adrodd ynghylch arbedion rheolaidd drwy'r Byrddau Rheoli a SHA.</p> <p>Roedd yr adroddiad yn rhoi sicrwydd ynghylch y llywodraethu a'r prosesau hyd yma a ffyrdd o adeiladu ar hyn.</p> <p>Penderfynodd y Pwyllgor:</p>	<p>yn cael ei chyflwyno i'r Pwyllgor nesaf</p>
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	NODI Diweddariad Archwilio Cymru i'r Pwyllgor ar gyfer SICRWYDD.		
4.5	<p>Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol</p> <p>Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd, yr Adolygiad Llywodraethu Sylfaenol a thynnodd sylw at rai pwyntiau allweddol:-</p> <ul style="list-style-type: none"> • Olrheiniwyd y cyfleoedd ar gyfer gwelliant o'r llynedd. • Recriwtiwyd ar gyfer dwy swydd allweddol o ran Ymgysylltu a Chyfathrebu erbyn hyn, gyda Nadine Payne, y Pennaeth Ymgysylltu, yn ei swydd, a Julia Sumner, y Cyfarwyddwr Cynorthwyol Cyfathrebu, bellach yn ei swydd hefyd, sef rhywbeth a fydd yn gwthio'r agendâu hyn ymlaen. • Byddai'r cyfleoedd a'r camau gweithredu o'r Asesiad Strwythuredig bellach yn cael eu hymgorffori yn y traciwr Adolygiad Llywodraethu Sylfaenol, <p>Penderfynodd y Pwyllgor:</p> <p>NODI Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol</p>	Nodwyd	Dim i'w nodi
4.6	<p>Traciwr Camau Gweithredu Archwilio</p> <p>Cadarnhaodd Julie Ash (JA), Pennaeth y Gwasanaethau Corfforaethol, fod 21 o gamau gweithredu wedi'u hadolygu yn y cyfarfod diwethaf, lle cafodd 11 eu cau, gan adael cyfanswm o 10 cam gweithredu agored. Derbyniodd y Pwyllgor ddau adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 6 cham gweithredu newydd. Roedd y rhain wedi'u hychwanegu at y cofnodion a oedd bellach yn cynnwys cyfanswm o 16 o gamau gweithredu agored. O'r camau gweithredu hyn, ystyriwyd bod 15 wedi'u cwblhau ac un arall i'w gwblhau erbyn diwedd mis Mawrth.</p> <p>Roedd y Pwyllgor yn falch ac wedi'u calonogi o nodi'r cynnydd a wnaed o ran cwblhau'r camau gweithredu a oedd yn weddill.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Traciwr Gweithredu Archwilio</p>	Nodwyd	Dim i'w nodi
4.7	<p>Adolygiad o Themâu Archwilio</p> <p>Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd (CD), yr</p>	Nodwyd	Dim i'w nodi

	<p>Adolygiad o Themâu Archwilio a oedd wedi dilyn cais gan y Pwyllgor i nodi unrhyw themâu / tueddiadau mewn archwiliadau.</p> <p>Darparodd CD grynodedb o'r gwaith i olrhain yr holl argymhellion o archwiliadau mewnol ac allanol, gan gynnwys yr Asesiad Strwythuredig. Roedd y gwaith yn mynd rhagddo, ond roedd y Pwyllgor yn sicr bod gwersi'n cael eu dysgu o unrhyw themâu a godwyd.</p> <p>Cadarnhaodd Ruth Glazzard, Aelod Annibynnol (RG), ei bod yn falch ei bod yn dasg anodd, oherwydd pe bai'n hawdd nodi themâu, byddai hyn yn dangos problemau o fewn y systemau. Nodwyd bod yr hyn nad oedd yn cael ei nodi yn yr archwiliadau oedd risg person allweddol, h.y. y person sy'n ymateb drwy ymatebion y rheolwyr, ac oni bai am y llif da o wybodaeth a ddaeth drwy'r Cyfarwyddwr Gweithredol Cyllid ac Ysgrifennydd y Bwrdd, gallai tirwedd yr archwiliadau edrych yn wahanol. Felly efallai y bydd angen i'r Pwyllgor ystyried rhai themâu ehangach nad ydynt yn cael eu codi gan archwiliadau.</p> <p>Cydnabu'r Pwyllgor fod rhai o'r themâu yn ymwneud â chryfderau a chyfleoedd sy'n dod i'r amlwg yn glir ac sydd wedi'u sefydlu'n gadarn, yn ogystal â risgiau, ac maent yn dod i law hefyd, sy'n rhywbeth y gellid ei gynnwys yn nhrefnadaethau Datblygu'r Bwrdd, h.y. a ydym yn canolbwyntio'n effeithlon ar hyn yn strategol ac yn weithredol yn erbyn ein hamcanion strategol, a beth gallwn ei wneud i wella arnynt.</p> <p>Nodwyd y bu nifer o archwiliadau ar yr ochr weithredol eleni ac efallai y bydd angen gwrthdroi hyn ar gyfer amserlen archwilio arfaethedig 2023/2024 gan fod gweithgareddau sefydliadol wedi'u cynllunio ar gyfer chwarter 4.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adolygiad o Themâu Archwilio.</p>		
4.8	<p>Adroddiad Diweddaru ar Atal Twyll Lleol</p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddaru ar Atal Twyll Lleol ar gyfer y cyfnod 30 Medi 2022 i 31 Rhagfyr 2022.</p> <p>Yn ystod y cyfnod, roedd y gwaith canlynol wedi'i wneud:</p> <ul style="list-style-type: none"> • Roedd 69 diwrnod o waith wedi'i wneud, gyda 29 yn fwy na'r lefel y cytunwyd arni, oherwydd yr ymchwiliad manwl. Erbyn diwedd y flwyddyn, roedd hyn yn debygol o fod ddwywaith nifer y diwrnodau y cynlluniwyd ar eu cyfer. • Roedd yn 25% yn brin o staff ar gyfer y rhan fwyaf o 2022, ond roedd bellach wedi'i staffio'n llawn. 	Nodwyd	Dim i'w nodi

	<ul style="list-style-type: none"> Gwaith parhaus ar seilwaith yn erbyn y Cynllun Blynyddol. Yng nghyfnod Chwarter 3, roedd dau hysbysiad Gwrth-dwyll. Roedd yr ymchwiliad i dwyll bellach wedi'i gwblhau, ac roedd adroddiad llawn wedi'i gyflwyno i'r Cyfarwyddwr Gweithredol Cyllid. Roedd wythnos ryngwladol ymwybyddiaeth twyll wedi'i chynnal. Datblygu proffil risg twyll gydag un asesiad risg twyll yn cael ei gynnal. Roedd trafodaethau ar y gweill ar draws y GIG ynghylch darparu gwasanaethau Atal Twyll. Y flwyddyn gyntaf i DHCW ymwneud â'r Fenter Twyll Genedlaethol ac roedd y parau bellach wedi dod i law, gyda swm bach iawn i DHCW. <p>Cadarnhaodd CO-L fod DHCW yn hapus gyda lefel ymgysylltiad staff mewn perthynas ag Ymwybyddiaeth Gwrth Dwyll, gyda Gwrth Dwyll bellach yn rhan o'r broses gynefino yn DHCW.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI’r Adroddiad Diweddarau ar Atal Twyll.</p>		
RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	<p>Rheoli Risg a Sicrwydd y Bwrdd</p> <p>Cyflwynodd Chris Darling, (CD) Ysgrifennydd y Bwrdd, drosolwg o'r sefyllfa Rheoli Risg a oedd yn cynnwys archwiliad dwfn i'r risg o Swyddi Gwag, a rhoddodd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> Roedd 23 o risgiau ar y Gofrestr Risgiau Corfforaethol, gyda saith risg wedi'u neilltuo i Archwilio a Sicrwydd wedi'u rhannu rhwng y sesiynau Cyhoeddus a Phreifat. Cafodd y Pwyllgor Llywodraethu a Diogelwch Digidol drafodaeth estynedig ar y Gwasanaeth Newid. Roedd pum risg newydd wedi'u hychwanegu at y Gofrestr Risg ers y Pwyllgor diwethaf, tri wedi'u neilltuo i'r Pwyllgor Llywodraethu a Diogelwch Digidol a dau i'r Pwyllgor Archwilio a Sicrwydd. Roedd wyth risg wedi'u dileu neu eu hisraddio, tri 	Nodwyd	Dim i'w nodi

o'r rheini yn risgiau sydd wedi'u neilltuo i Archwilio a Sicrwydd.

- Roedd gweithgarwch recriwtio wedi gweld gwelliant dros yr ychydig fisoedd diwethaf.

Archwiliad Dwfn – Swyddi Gwag

Cyflwynodd Shikala Mansfield, Pennaeth Pobl a Datblygiad Sefydliadol (SM) yr Archwiliad Dwfn ar Swyddi Gwag. Amlygwyd y canlynol:

- Ers sefydlu DHCW ym mis Ebrill 2021, mae nifer y penaeithiaid staff wedi codi o 881 i 1075, sef cynnydd o 39%.
- Cyfarfu'r grŵp Adnoddau Strategol bob yn ail wythnos, ac fe'i ffurfiwyd ar gyfer uwch reolwyr, arweinwyr rhaglen a'r rhai sy'n gwneud penderfyniadau er mwyn galluogi'r grŵp i symud yn gyflym.
- Cynhyrchwyd offeryn taflwybr gan gydweithwyr cyllid i ragweld anghenion y dyfodol.
- Bu ffocws ar y tîm Masnachol, sydd wedi creu fframwaith sy'n galluogi pecynnau adnoddau y gellir eu tynnu i lawr, a bydd hwn ar gael o fis Ebrill 2023.
- Roedd templed Strategol ar waith a fydd yn galluogi cynllun gweithlu â ffocws. Bydd y cynllun gweithlu adnoddau yn galluogi gwaith rhagweithiol ar gyfleoedd.

Hysbyswyd y Pwyllgor bod gan DHCW drosiant staff o 7.7%, a oedd yn isel ar gyfer y diwydiant, a rhoddwyd sylw manwl i'r rhai a oedd yn gadael y sefydliad, gyda chyfweliadau ymadael yn cael eu cynnal. Roedd nifer o strategaethau wedi'u datblygu i recriwtio i rolau anodd, ond er mwyn cydbwysu'r agenda economaidd-gymdeithasol yr oedd DHCW wedi ymrwymo iddi, roedd yn ddymunol recriwtio yng Nghymru/y DU yn y lle cyntaf, ond efallai y bydd angen edrych dramor pe bai hyn yn aflwyddiannus.

Holodd Marilyn Bryan-Jones, Aelod Annibynnol, (MB-J) a oedd unrhyw gymhellion yn cael eu cynnig i ddarpar ymgeiswyr nad oeddent yn seiliedig ar arian.

Nodwyd bod blaenoriaethau llawer o bobl wedi newid ar ôl y pandemig, a bod DHCW yn cynnig llawer o fanteision anariannol, e.e. sicrwydd swydd, datblygiad gyrfa a'r cyfle i gyfrannu at sefydliad sy'n seiliedig ar iechyd.

Cadarnhaodd SM fod DHCW yn awyddus i ddatblygu eu

	<p>staff eu hunain, a nodwyd ei fod yn ymgysylltu'n frwd â Chymru gyfan drwy ffeiriau gyrfaedd, yr oedd rhai ohonynt yn rhithwir ac mewn partneriaeth â Sefydliad Gwybodaeth Ddigidol Cymru (WIDI) i sicrhau'r cyrhaeddiad mwyaf posibl i ymgeiswyr posib.</p> <p>Nodwyd bod ansawdd y data wedi gwella dros y misoedd diwethaf, gyda llai o amser yn cael ei dreulio yn amau niferoedd staff ac yn canolbwyntio ar yr hyn sydd angen ei wneud, a oedd yn sgil-gynnyrch y Grŵp Adnoddau Strategol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Gofrestr Risgiau Corfforaethol ac Adroddiad Sicrwydd y Bwrdd a THRAFOD yr archwiliad dwfn i'r risgiau o ran Swyddi Gwag.</p>		
5.2	<p>Gwneud Asesiadau o'r Effaith ar Gydraddoldeb yn fwy nag ymarfer ticio blychau yn unig</p> <p>Cyflwynodd Shikala Mansfield, Pennaeth Pobl a Datblygiad Sefydliadol (SM) yr adroddiad a rhoddodd yr uchafbwyntiau a ganlyn:-</p> <ul style="list-style-type: none"> • Roedd yr adroddiad wedi'i gynhyrchu i roi sicrwydd bod DHCW yn bodloni'r gofynion yn unol â Dyletswydd Cydraddoldeb y Sector Cyhoeddus (PSED) ar gynnal Asesiadau Effaith Cydraddoldeb. • Cyflwynodd Deddf Cydraddoldeb 2010 Ddyletswydd Cydraddoldeb y Sector Cyhoeddus ar draws y DU gyfan, a gwnaeth Llywodraeth Cymru'r Ddyletswydd yn eu rheoliad eu hunain. • Sicrwydd bod gweithdrefn Asesu Effaith DHCW yn bodloni'r gofynion. • Ni nodwyd unrhyw risgiau yn erbyn yr adroddiad. • Bydd y Grŵp Asesu'r Effaith ar Gydraddoldeb yn ehangu ei aelodaeth i gynnwys cynrychiolaeth o grwpiau nodweddion diogelu ehangach drwy'r rhwydwaith cydraddoldeb. • Mae'r grwpiau Asesu'r Effaith ar Gydraddoldeb wedi adolygu 10 polisi a gweithdrefn. Bydd Grŵp Sicrwydd Gwybodeg Cymru yn sicrhau bod gan DHCW y prosesau sicrwydd cywir ar waith i alluogi adolygiad diogel a rhyddhau gwasanaethau cenedlaethol. <p>Er bod DHCW wedi edrych ar ei bolisiâu a'i brosesau ei hun, nododd y Pwyllgor fod gwasanaethau ar draws y GIG nad oedd ganddynt reolaeth drostynt a holodd a oedd hyn yn cael ei gymryd i ystyriaeth. Byddai hyn yn cael ei</p>	Ar gyfer Sicrwydd	<p>Cam Gweithredu:</p> <p>Adolygu sut rydym yn bwrw ymlaen â phrosesau Asesu'r Effaith ar Gydraddoldeb a'u hymgorffori yn ein gwaith digidol.</p>

	<p>ymchwilio y tu allan i'r cyfarfod a'i gynnwys os nad oedd yn cael ei ystyried eisoes.</p> <p>Trafododd y Pwyllgor y ffordd y gellid dod â chydymffurfiaeth â'r ddeddfwriaeth yn fyw fel arweinydd systemau digidol h.y. a allai gweithio'n ddigidol helpu eraill i ddatrys problem neu a allai fod yn rhwystr i atal cydraddoldeb a defnyddio pob system mewn ffordd gyfartal.</p> <p>CAM GWEITHREDU 20230214-A03: Adolygu sut rydym yn datblygu prosesau Asesu'r Effaith ar Gydraddoldeb fel sefydliad a'u hymgorffori yn ein gwaith digidol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN yr Adroddiad ar Wneud Asesiadau o'r Effaith ar Gydraddoldeb yn fwy nag ymarfer ticio blychau ar gyfer SICRWYDD.</p>		
5.3	<p>Adroddiad Safonau Ymddygiad</p> <p>Dywedodd Laura Tolley, y Rheolwr Llywodraethu Corfforaethol, wrth y Pwyllgor fod yr Adroddiad Safonau Ymddygiad yn amlinellu'r Datganiadau o Fuddiant a'r gofrestr Rhoddion, Nawdd a Lletygarwch ar gyfer Iechyd a Gofal Digidol Cymru. Amlygwyd y pwyntiau allweddol o'r adroddiad:-</p> <ul style="list-style-type: none"> • Ar adeg ysgrifennu'r adroddiad hwn, roedd 89% o staff band 8a ac uwch wedi llenwi ffurflen Datganiad o Ddiddordeb, a ragorodd ar y targed. • Yn ystod y cyfnod, gwrthodwyd dau gynnig o roddion • Derbyniwyd 14 cynnig o letygarwch, a gwrthodwyd un. Nodwyd y bu un achos lle'r oedd cynnig o letygarwch a ystyriwyd yn annerbyniol wedi'i dderbyn. • Roedd gwaith yn parhau i fynd ati'n rhagweithiol i hyrwyddo'r Safonau Ymddygiad gyda TensTalk wedi'i gynnal yn ddiweddar lle'r oedd 150 o unigolion yn ymgysylltu. <p>Roedd y Pwyllgor yn falch o nodi'r gwaith rhagweithiol sy'n digwydd ar Safonau Ymddygiad.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Datganiadau Buddiannau, Rhoddion a Lletygarwch ar gyfer SICRWYDD.</p>	Nodwyd	Dim i'w nodi
5.4	<p>Adroddiad Archebion Prynu Gwerth Uchel</p> <p>Rhoddodd Mark Cox (MC), Cyfarwyddwr Cyswllt Cyllid,</p>	Nodwyd	Dim i'w nodi


	<p>fanylion am y tair archeb oedd wedi cyrraedd y trothwy o £750,000 a drafodwyd yn ystod y cyfnod adrodd.</p> <p>Hysbyswyd y Pwyllgor y codwyd saith archeb dros £0.75m yn ystod y cyfnod 27 Medi 2022 i 18 Ionawr 2023, a darparwyd y manylion er gwybodaeth. Cyfanswm cronus yr holl archebion gwerth mwy na £0.75m oedd £10.863m ers y dyddiad adrodd diwethaf, a £38.468m ar gyfer y flwyddyn ariannol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Archebion Prynu Gwerth Uchel a'r Archebion Cronus.</p>		
5.5	<p>Diweddariad am Golledion a Thaliadau Arbennig</p> <p>Cadarnhaodd CO-L nad oedd unrhyw Golledion a Thaliadau Arbennig i adrodd amdanynt.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Diweddariad o'r Colledion a'r Taliadau Arbennig ar gyfer SICRWYDD.</p>	Nodwyd	Dim i'w nodi
5.6	<p>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p> <p>Cyflwynodd Michelle Sell yr adroddiad, a gofynnodd i'r Pwyllgor nodi'r canlynol:</p> <ul style="list-style-type: none"> • Roedd dau Gam Gweithredu Tendr Sengl yn ystod y cyfnod hwn gwerth £216,100 • Roedd chwe estyniad contract yn ystod y cyfnod hwn gwerth £90,227.22 <p>Penderfynodd y Pwyllgor:</p> <p>NODI cynnwys yr Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p>	Nodwyd	Dim i'w nodi
5.7	<p>Adroddiad Diweddarau ar Gydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid</p> <p>Cyflwynodd Paul Evans, Pennaeth Rheoleiddio Dros Dro, yr adroddiad a chyflwynodd y prif bwyntiau allweddol i'r Pwyllgor:-</p> <ul style="list-style-type: none"> • Roedd y rhaglen Archwilio yn dod yn ei blaen yn dda, gyda chydymffurfiaeth o 94% yn erbyn y cynllun; roedd hyn oherwydd bod archwiliad yn Chwarter 4 a oedd wedi'i aildrefnu. • Cynhaliwyd tri archwiliad allanol a oedd yn llwyddiannus, gyda mân anghydfurfiaethau. • Roedd dau archwiliad ISO wedi'u cynllunio ar gyfer Chwarter 4 2022/23. • System Rheoli Ansawdd – roedd y broses o ymuno 	Nodwyd	Cam gweithredu: cynnwys yn y cynllun gwaith y gwaith a wnaed i fodloni gofynion y Ddeddf.


	<p>ag iPassport yn mynd rhagddo.</p> <ul style="list-style-type: none"> • Roedd y Porth Ansawdd wedi cael 18,000 o ymweliadau yn ystod y chwarter diwethaf. • Roedd y Rheoliad Dyfeisiau Meddygol wedi'i ohirio tan 24 Gorffennaf, ond erys y ffocws ar ddatblygu'r Strategaeth Dyfeisiau Meddygol a'r Cynllun Gweithredu. • Daw Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) 2020 i rym ar 1 Ebrill 2023. Roedd map trywydd yn cael ei gynhyrchu a'i droi'n gynllun prosiect i sicrhau bod DHCW yn cydymffurfio. <p>Dywedodd CO-L fod DHCW yn un o ychydig o sefydliadau yn y GIG sy'n defnyddio system rheoli ansawdd ac y byddai PE yn cyflwyno i'r Grŵp Cymru Gyfan fanteision iPassport fel opsiwn posib ar gyfer datrysiad Cymru Gyfan.</p> <p>CAM GWEITHREDU 20230214-A04: cynnwys yn y cynllun gwaith y gwaith a wnaed i fodloni gofynion y Ddeddf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Diweddarar ar Gydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid.</p>		
5.8	<p>Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth</p> <p>Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol, y prif bwyntiau canlynol o'r adroddiad:</p> <ul style="list-style-type: none"> • Ymateb i bum galwad i weithredu yn dilyn Adolygiad Sylfaenol Archwilio Cymru. • Parhau i fynychu cyfarfodydd Newid Hinsawdd Cymuned o Arbenigwyr Llywodraeth Cymru. • Ymgysylltu â PCGC ynghylch y strategaeth TGCh garbon isel • Cyfathrebu ynghylch datgarboneiddio ac ymwybyddiaeth amgylcheddol drwy ymgyrch a chyhoeddi newyddlen. • Wedi derbyn ardystiad ISO 14001 ar gyfer rheolaeth amgylcheddol, a oedd wedi'i ddal ers 2014. • Cydymffurfiaid ystadau oedd 95% yn erbyn targed o 90%. Roedd y ffocws ar waith cynnal a chadw ataliol mewnol wedi'i gynllunio, a phenodwyd i swydd wag, a fydd yn golygu bod y ffigur yn mynd yn ôl uwchlaw'r targed. • Adroddwyd am bedwar digwyddiad Iechyd a Diogelwch yn ystod y flwyddyn ariannol, a chafodd 	Nodwyd	Dim i'w nodi


	<p>pob un ei ymchwilio a'i gau.</p> <ul style="list-style-type: none"> Cafwyd 52 o rybuddion gan Lywodraeth Cymru, a oedd wedi'u hadolygu a'u gweithredu. <p>Diolchodd y Pwyllgor i JA a'i thîm am y gwelliannau a oedd wedi digwydd yng nghynllun datgarboneiddio'r ystâd a hefyd am ba mor frwd yr oedd y tîm wedi ystyried hunanddatblygiad. Roedd y cynlluniau datgarboneiddio'n cael eu hadolygu i edrych ar rôl arwain systemau yn y maes hwn a'r manteision y gall gweithio'n ddigidol eu cynnig o ran lleihau'r ôl troed carbon ledled Cymru. Byddai unrhyw gynlluniau'n cael eu dwyn yn ôl i'r Pwyllgor hwn ar gyfer craffu pellach.</p> <p>Hysbyswyd y Pwyllgor bod gofod swyddfa a chostau ynni uchel y canolfannau data a gynhyrchwyd yn draddodiadol yn cael eu hystyried i weld a ellid lleihau'r defnydd yn y manau hyn.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth.</p>		
RHAN 6	MATERION I GLOI		
6.1	<p>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</p> <p>Nododd y Cadeirydd yr eitemau a gafodd eu cymeradwyo, eu cefnogi a'u trafod i'w cynnwys yn adroddiad y Cadeirydd i'r Bwrdd.</p>	Trafodwyd	Dim i'w nodi
6.2	<p>Unrhyw Faterion Brys eraill</p> <p>Ni chodwyd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
6.3	<p>Dyddiad ac Amser y Cyfarfod Nesaf:</p> <ul style="list-style-type: none"> 18 Ebrill 2023 at 09:00am 	Nodwyd	Dim i'w nodi

Pwyllgor Archwilio a Sicrwydd - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 12:05 – 13:15

 14/02/23

 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	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	Iechyd 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	Iechyd a Gofal Digidol Cymru
Stephen Chaney	StC	Pennaeth Archwilio Mewnol Dros Dro	Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
Ian Cox	IC	Pennaeth Gwasanaethau Cleientiaid	Iechyd a Gofal Digidol Cymru

Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio Dros Dro	Iechyd a Gofal Digidol Cymru
Gareth Lavington	GL	Pennaeth Atal Twyll	Caerdydd a'r Fro
Martyn Lewis	ML	Rheolwr Archwilio TG	Archwilio Cymru
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Andrew Strong	AS	Archwilio Cymru	Archwilio Cymru
Ymddiheuriadau		Teitl	Sefydliad

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod Iechyd Arbennig	DPIF	Cyllid Buddsoddi mewn Blaenoriaethau Digidol

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithred u
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1	MATERION RHAGARWEINIOL		
1.1	Croeso a chyflwyniadau Croesawodd y Cadeirydd bawb i gyfarfod preifat y Pwyllgor.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau absenoldeb Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Ni chafwyd unrhyw Ddatganiadau o Fuddiannau.	Nodwyd	Dim i'w nodi
2	BUSNES Y CYFARFOD		
2.1	Cofnodion y cyfarfod preifat a gynhaliwyd ar 18 Hydref 2022 Cymeradwywyd y cofnodion fel cofnod cywir.	Cymeradwywyd	Dim i'w nodi
3	ARCHWILIO, ATAL TWYLL A RISGIAU		
3.1	Cofrestr Risg Breifat Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd (CD) statws y ddwy risg breifat ar y Gofrestr Risg Gorfforaethol a neilltuwyd i'r Pwyllgor. Bu'r Pwyllgor yn trafod y risgiau seiber yn helaeth a nododd fod gwaith yn mynd rhagddo i ddatrys unrhyw broblemau posibl, gan weithio'n agos gyda Chyfarwyddwyr y Grŵp Cyfoedion Digidol a'r Byrddau Iechyd drwy'r fforymau Rhwydwaith Digidol Aelodau Annibynnol ac Is-gadeiryddion. Yn ychwanegol, roedd trafodaethau wedi cychwyn gyda Phrif Swyddog Digidol newydd Llywodraeth Cymru i atgyfnerthu'r sefyllfa ledled y GIG yng Nghymru. Penderfynodd y Pwyllgor: NODI y Gofrestr Risg Breifat ar gyfer SICRWYDD.	Sicrwydd	Dim i'w nodi
3.2	Cynnydd yr Adolygiad Stoc TG ar Argymhellion Archwilio Mewnol Ymunodd Ian Cox, Pennaeth Gwasanaethau Cleientiaid â Mark Cox, Cyfarwyddwr Cyswllt Cyllid i gyflwyno'r wybodaeth ddiweddaraf am y cynnydd a wnaed ar Argymhellion Archwilio Mewnol yr Adolygiad Stoc TG. <ul style="list-style-type: none">• Roedd yr holl gamau gweithredu sy'n ymwneud â chyllid bellach wedi'u cwblhau. Roedd un eitem yn weddill.• Rhoddodd Ian Cox, Pennaeth Gwasanaethau Cleientiaid y wybodaeth ddiweddaraf am y gwaith a wnaed o	Sicrwydd	Dim i'w nodi

	<p>safbwynt y Gwasanaethau Cleientiaid, gan gadarnhau bod y digwyddiad wedi'i drin fel prosiect gwella.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Cynnydd yr Adolygiad Stoc TG ar Argymhellion Archwilio Mewnol</p>		
3.3	<p>Diweddariad Atal Twyll</p> <p>Darparodd Gareth Lavington, Pennaeth Atal Twyll (GL) ddiweddariad ar y gofrestr Risg Atal Twyll, ynghyd â diweddariad ar yr achos Atal Twyll a drafodwyd yn y cyfarfod diwethaf.</p> <p>Cadarnhaodd GL nad oedd llawer i'w ychwanegu at yr achos Atal Twyll ond roedd wedi cynnwys atodiad o risgiau Atal Twyll.</p> <p>CAM GWEITHREDU 20230214-A01 Atal Twyll i gysylltu â Chris Darling i fynegi risgiau Atal Twyll yn gliriach.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI y diweddariad ar yr Achos Atal Twyll a'r Gofrestr Risg Atal Twyll.</p>	Nodwyd.	<p>Cam Gweithred u: Atal Twyll i gysylltu â Chris Darling i fynegi risgiau Atal Twyll yn gliriach.</p>
3.4	<p>Adroddiad ar Adolygiad Archwilio Mewnol: Cadernid Technegol</p> <p>Ymunodd Martyn Lewis, Swyddog Archwilio Mewnol (ML) â'r cyfarfod i gyflwyno'r adroddiad ar Gadernid Technegol.</p> <p>Amlinellodd ML ddiben yr adolygiad a chrynhodd y gwaith a wnaed a hysbysodd y Pwyllgor o'r canfyddiadau</p> <p>Cadarnhaodd Sam Lloyd, Cyfarwyddwr Gweithrediadau (SL) ei fod wedi cael sicrwydd meddwl drwy ymuno ag Iechyd a Gofal Digidol Cymru.</p> <p>Cadarnhaodd CLJ fod Tîm Cadernid yn rhan o'r Gyfarwyddiaeth TGCh a bod yr argymhellion wedi'u disgwyl.</p> <p>Canmolodd y Pwyllgor y tîm am y cynnydd a wnaed yn y maes hwn.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DERBYN Adolygiad yr Archwiliad o Gadernid Technegol ar gyfer SICRWYDD.</p>		
3.5	<p>Seibergadernid yn y Sector Cyhoeddus</p> <p>Cyflwynodd Nathan Couch, Archwilio Cymru, yr adroddiad ar Seibergadernid yn y Sector Cyhoeddus a rhoddodd rai uchafbwyntiau allweddol o'r adroddiad:-</p> <ul style="list-style-type: none"> • Bydd seiber-ymosodiadau bob amser yn aros ar yr agenda diogelwch ar draws y sector cyhoeddus at ddibenion sicrwydd; • Roedd Arddangosyn 1 yn crynhoi'r gwersi o waith a 	Ar gyfer Sicrwydd	<p>Cam Gweithred u:</p> <p>Yr adroddiad i'w rannu gyda'r Pwyllgor DG&S i'w</p>

	<p>ddarparwyd ar gyfer uwch arweinwyr a'r rhai a fu'n craffu arnynt;</p> <ul style="list-style-type: none"> • Roedd Atodiad 2 yn darparu astudiaethau achos o'r rhai a oedd wedi profi ymosodiadau; • Roedd Atodiad 3 yn darparu ffynonellau wedi'u diweddarau o arfer da a chymorth i sefydliadau sydd am gryfhau eu seibergadernid; a • Cyfeiriwyd yr adroddiad cyntaf a ddaeth i law'r Pwyllgor Archwilio a Sicrwydd i'r Pwyllgor Llywodraethu a Diogelwch Digidol i'w ystyried yn fanylach ac awgrymwyd y gallai'r Pwyllgor Archwilio a Sicrwydd fod am ddilyn proses debyg ar gyfer yr adroddiad hwn. <p>CAM GWEITHREDU 20230214-A02 Yr adroddiad i'w rannu gyda'r Pwyllgor Llywodraethu a Diogelwch Digidol i'w ystyried yn eu sesiwn Breifat.</p> <p>CAM GWEITHREDU 20230214-A03 Yr adroddiad i'w rannu gyda'r Byrddau Iechyd drwy'r fforymau a'r rhwydweithiau y mae'r Aelodau Annibynnol yn eu mynychu.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DERBYN yr Adroddiad ar Seibergadernid yn y Sector Cyhoeddus ar gyfer SICRWYDD.</p>		<p>ystyried yn ei sesiwn breifat.</p> <p>Cam Gweithred u:</p> <p>Yr adroddiad i'w rannu gyda'r Byrddau Iechyd drwy'r fforymau a'r rhwydweithiau y mae'r Aelodau Annibynnol yn eu mynychu.</p>
3.6	<p>Adroddiad Systemau TG sydd wedi'u Cynnal yn Genedlaethol</p> <p>Roedd Andrew Strong o Archwilio Cymru (AS) yn bresennol i gyflwyno'r adroddiad ar y Systemau TG a Gynhelir yn Genedlaethol a rhoddodd grynodedd byr o'r gwaith a wnaed.</p> <p>Cadarnhaodd CLJ fod darn arwyddocaol o waith yn mynd rhagddo a oedd wedi'i gynnwys yn yr IMTP a'r Cynllun Blwyddyn ac y byddai diweddariadau diogelwch yn cael eu hategu.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DERBYN Adroddiad Systemau TG a Gynhelir yn Genedlaethol ar gyfer SICRWYDD.</p>		
4	ADRODDIADAU LLYWODRAETHU		
4.1	<p>Diweddariad Rhaglen Rhwydwaith Gwybodaeth Labordai Cymru (LINC) – Diweddariad Ilafar</p> <p>Rhoddodd Michelle Sell, Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol, ddiweddariad byr ar lafar ar Raglen LINC.</p> <p>Byddai diweddariad pellach yn cael ei ddarparu yng nghyfarfod y Pwyllgor ym mis Ebrill.</p>		

	<p>Penderfynodd y Pwyllgor:</p> <p>NODWYD y diweddariad llafar ar Raglen LINC</p>		
4	Materion i Gloi		
4.1	<p>Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd</p> <p>Nodi'r eitemau a ddaeth i law yn y sesiwn breifat i'w cynnwys yn yr adroddiad i'r Bwrdd.</p> <ul style="list-style-type: none"> Y drafodaeth a'r gwaith parhaus ochr yn ochr â'r Byrddau Iechyd mewn perthynas â'r risgiau preifat ar y Gofrestr Risg Gorfforaethol. 	Trafodwyd	Dim i'w nodi
4.2	Unrhyw Faterion Brys Eraill	Nodwyd	Dim i'w nodi
4.3	<p>Dyddiad ac Amser y Cyfarfod Nesaf: 18 Ebrill 2023</p> <p>Daeth y cyfarfod i ben am 13:10.</p>	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Agenda Item	2.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

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

Purpose of the Report	For Noting
Recommendation The Committee is being asked to: NOTE the NHS Wales Shared Services Partnership Assurance Report	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	All
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

[Workforce EQIA page](#)

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

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is 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
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 [NHS Wales Shared Services Committee Summary](#) 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

6 APPROVAL / SCRUTINY ROUTE

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

DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN AND HORIZON SCANNING

Agenda Item	2.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 Committee is being asked to: NOTE the contents of the report.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

[Workforce EQIA page](#)

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

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is 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	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:
- Local Counter Fraud Annual Plan (including Workplan 23/24)
 - Local Counter Fraud Annual Report 2022/23
 - Duties of Candour & Quality Progress Report
 - Quality and Regulatory Annual Plan 2023/24
 - Annual Cyber Resilience Unit Plan
 - Internal Audit Annual Audit Plan 2023/24
 - Audit Wales Audit Plan 2023/24
 - Duty of Quality and Candour Act – implementation plan – presentation
 - Legislative Assurance Framework
 - Finance Update – Year End / Annual Plan
 - Policies:
 - POL-CG-006 Control of Contractors

- POL-CG-012-Asbestos Management Policy
- POL-CG-17 Fire Safety Policy
- POL-CG-018 Environmental and Sustainability Policy
- NEW – Smoke- Vape Free Policy

3.2 Additional items identified for the July 2023 meeting are:-

- Policy on the use of Welsh Internally
- Welsh Health Circular Annual Report

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 2.3i 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

Audit and Assurance Committee Forward Workplan



Standing Items	Lead	Type	Detail		
Welcome and Introductions	Chair	Preliminary Matters			
Minutes	Chair	Consent			
Declarations of interest	Chair	Preliminary Matters			
Action log	Board Secretary	Main			
Corporate Risk register	Board Secretary	Main			
Corporate Risk register - Private Risks	Board Secretary	PRIVATE			
Forward Work Programme	Board Secretary	Consent			
Committee Highlight Report to SHA Board	Chair	Main	Items noted throughout for secretariat		
Policy Report	Board Secretary	Main			
Standards of Behaviour Report	Board Secretary	Main			
Losses & Special Payments Report	Executive Director of Finance	Main			
Procurements & Scheme of Delegation Report	Executive Director of Finance	Main			
Audit Recommendations Tracker	Board Secretary	Main			
Local Counter Fraud Update	Head of Local Counter Fraud	Main			
NWSSP Assurance Report	Executive Director of Finance	Consent			
Decarbonisation and Estates Compliance Report	Executive Director of Finance	Main			
Quality and Regulatory Compliance	Executive Director of Finance	Main			
Internal Audit Progress Report	Head of Internal Audit	Main			
Internal Audit Review Reports	Head of Internal Audit	Main			
Audit & Assurance Committee Update	Audit Wales	Main			
Audit Wales Review Reports (as relevant)	Audit Wales	Main			Extraordinary
Additional Items	Executive Lead	Type	Route in & detail	18-Apr-23	04-May-23
Audit & Assurance Committee Annual Report	Board Secretary	Main	Cycle of Business		
Audit & Assurance Committee Effectiveness Self-Assessment	Board Secretary	Main	Cycle of Business		
Audit & Assurance Committee Terms of Reference	Board Secretary	Main	Cycle of Business		
Audit & Assurance Committee Cycle of Business	Board Secretary	Main	Cycle of Business		
Legislative Assurance Framework Register	Board Secretary	Main	Cycle of Business	✓	
Welsh Health Circular Report	Board Secretary		Cycle of Business		
Welsh Language Scheme Update including Welsh Language Annual Report	Board Secretary		Cycle of Business		
COVID-19 Inquiry Updates	Board Secretary		Cycle of Business, as required	✓	
Annual Financial Accounts	Executive Director of Finance		Cycle of Business		✓
Accountability Report	Board Secretary		Cycle of Business		✓
Board Assurance Framework Escalations	Board Secretary		Cycle of Business		
Corporate Risk Trending Analysis	Board Secretary		Cycle of Business		
Annual Audit Themes and Learning Report	Board Secretary		Cycle of Business		
Counter Fraud Annual Report 22/23	Head of Local Counter Fraud		Cycle of Business	✓	
Counter Fraud Annual Self Review	Head of Local Counter Fraud		Cycle of Business	✓	
Counter Fraud Draft Work plan 23/24	Head of Local Counter Fraud		Cycle of Business	✓	
Quality and Regulatory Annual Plan 2023/24	Executive Director of Finance		Cycle of Business	✓	
Annual Cyber Resilience Unit Plan	Executive Director of Finance	PRIVATE	Cycle of Business	✓	
Internal Audit Annual Audit Plan 23/24	Head of Local Counter Fraud		Cycle of Business	✓	
Head of Internal Audit Opinion and Annual Report	Head of Internal Audit		Cycle of Business		
Audit Wales Annual Audit Report	Audit Wales		Cycle of Business		
Audit Wales Outline Audit Plan 2023	Audit Wales		Cycle of Business	✓	
Audit Wales Audit of the Financial Statements (ISA 260) Report (Including the letter of representation and Audit Opinion)	Audit Wales		Cycle of Business		
Structured Assessment	Audit Wales		Cycle of Business		
Audit of Financial Statements Addendum Report (if required)	Audit Wales		Cycle of Business	✓	
Audit Enquiries Q&A	Audit Wales		Cycle of Business	✓	
Cyber Security Audit Review	Head of Internal Audit	PRIVATE	Not ready in time for April meeting		✓
Policy on use of Welsh Language Internally	Board Secretary				
National Fraud Initiative Self Assessment	Executive Director of Finance		MC from February Committee	✓	
Duty of Quality Implementation Plan	Executive Director of Finance		Action from February Committee	✓	
Policies	Board Secretary	Consent		✓	
Duty of Candor & Quality Progress Report	Executive Director of Finance			✓	
Finance Update - Year end	Executive Director of Finance			✓	
Fiorano		PRIVATE			✓
Governance Programme	Board Secretary	PRIVATE	Agreed to		✓

DIGITAL HEALTH AND CARE WALES

DHCW DECARBONISATION SUBMISSION

Agenda Item	2.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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: NOTE the report	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 14001
If more than one standard applies, please list below:	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with national targets set by Welsh Government
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<u>RESEARCH AND INNOVATION</u> 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

2 SITUATION/BACKGROUND

- 2.1 Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes.
- 2.2 In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*. A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plans (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target.
- 2.3 The qualitative monitoring return (attached) supports the implementation of DAPs and the aims of the National Programme by providing a mechanism for reporting on progress and improvements.
- 2.4 NHS Organisations are required to submit a narrative **qualitative** update twice a year, the first submission was made in September 2022 (covering the period April to August 2022) and the next (attached) is due in April 2023 (covering the period from April 2022 to March 2023). As requested by Welsh Government, the previous return narrative is shown in black with new information highlighted in blue.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Our successes have been highlighted in our return which also includes some detailed reporting against our building emissions.
- 3.2 At DHCW our regular environment related meetings (Decarbonisation Working Group, Environmental Awareness Group and the Safety, Health and Environmental Group), which have participation from heads of department as well as others with a key role in the delivery of our Decarbonisation work, have enabled holistic working across the organisation.
- 3.3 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.

- 3.4 Our environmental performance is reported to and discussed at our Audit and Assurance Committee which reports to the DHCW Board. 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.
- 3.5 Hybrid working practices have allowed nearly 90% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 There are risks that could contribute to non-achievement of targets but these are closely monitored and all are being well managed at this point in time.

5 RECOMMENDATION

- 5.1 The Committee are being asked to **NOTE** the content 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
Weekly Executive Directors	22 March 2023	Approved

Health & Social Care Climate Emergency National Programme – NHS Wales Decarbonisation Action Plans

Organisation	Digital Health and Care Wales	Date of Mid-Year Report	31/08/2022	Mid-Year Report Prepared By	Michael McGrath
		Date of End of Year Report	31/03/2023	End of Year Report Prepared By	Michael McGrath
DAP Senior Sponsor	Claire Osmundsen-Little, Executive Director of Finance	Finance Allocated to Support Delivery (£s)	£220k this FY	FTE Resource allocated to support delivery	2 WTE

Aims and objectives: Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*. A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plans (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target. This qualitative monitoring return supports the implementation of DAPs and the aims of the National Programme by providing a mechanism for reporting on progress and improvements.

NHS Wales Organisations are asked to report detailing the progress of their contribution to the Climate and Nature Emergency and associated targets as outlined in the organisation's plan (Priority Measure 31).

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Please attach a copy of your organisation’s Decarbonisation Action Plan which should form the basis of how your organisation is implementing initiatives within the NHS Wales Decarbonisation Strategic Delivery Plan and more generally demonstrate the organisation’s contribution to the ambition for the Public Sector in Wales to be collectively Net Zero by 2030 (for NHS Wales this means collectively reducing emissions by at least 34% by 2030) and achieving Net Zero by 2050.

Alongside this qualitative reporting organisations should also report quantitative, organisation level emissions in line with the Welsh Public Sector Net Zero Carbon Reporting Approach and timeline (Priority Measure 30).

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery. Reporting can also be provided using the organisation’s own reporting dashboard or equivalent if agreed with the Programme Team in advance.

Executive summary of progress to date:
<p>Digital Health and Care Wales (DHCW) has a clearly defined Decarbonisation Strategic Delivery Plan (which includes actions to be undertaken every year up to 2030). We have established targets in line with those of NHS Wales (that in turn are aligned to the collective public sector ambition of being net zero by 2030), targets are featured within our Delivery Plan.</p> <p>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.</p> <p>DHCW are part of 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.</p> <p>In addition to our Environmental Awareness Group and Safety, Health and Environmental Group we have a Decarbonisation Working Group, activity and progress is overseen by the DHCW Audit and Assurance Committee. Our plan was signed off by the DHCW Board who also have sight of and approve qualitative and quantitative decarbonisation returns required by Welsh Government.</p> <p>Represented on our Decarbonisation Working Group are Corporate Services, Commercial Services (Procurement), Finance, People and Organisational Development, Client Services (IT equipment and Transport) and Infrastructure Design.</p> <p>Staff and other stakeholders were involved in the development of our approach, continued communication is delivered through awareness and progress reports to a range of forums. Environmental Awareness Campaign communications are produced on a monthly basis, which together with our Environmental Awareness intranet pages, have been instrumental in communicating the climate emergency to DHCW employees.</p>

To address skill gaps; employees within the Estates and Compliance team have undertaken a number of environment related courses; furthermore, 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.

DHCW successfully trialled an additional two Electric Fleet Vehicles, this now brings the number of EV within our Fleet to three (approx. 27% of our fleet).

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 has been developed, which will enable DHCW to measure emissions related to cloud computing on an all Wales basis. Work will be undertaken in 2023/24 in order to further understand and implement the tool.

Hybrid working practices have allowed approx. 87% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

LED lighting surveys have been conducted at all DHCW premises, to establish the projected costs of upgrading LEDs throughout our estate. By the end of March 2023 LED lighting installation projects at our Tŷ Glan-yr-Afon and Technium 2 offices will be complete.

We have explored options for shared accommodation both with DHCW sharing other organisations premises as well as other organisations sharing part of DHCW premises; this will continue to be explored. Current negotiations have enabled DHCW to give notice at one of our sites (Mamhilad House).

A Travel Survey was recently undertaken, which has enabled the establishment of a more reliable Commuting methodology, as it has captured the travel habits including but not limited to distance travelled and mode of transport utilised by DHCW employees. This also allowed us to review and update our Travel Plan.

Our Decarbonisation Strategy has now been fully costed. This was a significant task but was felt to be essential, which was confirmed by a recommendation from our Internal Auditors.

DHCW intend to proceed with the target date for refreshing our Decarbonisation Action Plan (DAP) in 2025. 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.

As decarbonisation within the Welsh Public Sector and in particular NHS Wales progresses, the need for clear and progressive strategies becomes more apparent. With this in mind, and as leaders in digital, in 2023/24 DHCW are aiming to update our Decarbonisation Strategy to include a specific section relating to 'Digital'. This new section will set out a clear path to decarbonising NHS Wales' IT equipment in line with DHCW, NHS Wales and Welsh Government aims and initiatives in this area.

	Current RAG Status	Previous RAG Status
Progress RAG: Provide the RAG status of delivery against DAP	Green	Green
Delivery confidence RAG: Provide the RAG status of the organisations overall confidence of delivering a minimum of 16% reduction in emissions by 2025	Green	Green
Route to green including asks of WG		
Please see route map in Delivery Action Plan		

	Achievements	Risks to delivery
Procurement initiatives	<ul style="list-style-type: none"> ▪ In order to improve our procurement methodology we have:- <ul style="list-style-type: none"> ○ Clarified which procurement model is to be used ○ Analysed our spend to: <ul style="list-style-type: none"> ▪ Better understand spend in categories with substantial spend and opaque descriptions ▪ Assess whether the emission factors used for these categories were realistic ▪ Identify and strip out double-counting ▪ Confirm that DHCW need to include spend even when it is on behalf of other organisations ▪ DHCW have now joined the Transport and Procurement Workstream Group, which is 	<ul style="list-style-type: none"> ▪ N/A (Delivered as planned) ▪ Lack of participation from key organisations i.e. NWSSP and DHCW.

	<p>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.</p> <ul style="list-style-type: none"> Although DHCW have now gained membership to relevant groups in order to work with NWSSP in their development of a strategy for low-carbon ICT procurement, significant progress is yet to take place. We continue to drive value in the local supply chain, whilst maintaining high standards for goods and services. Following a successful tender process DHCW will relocate from one of our existing Data Centre arrangements to an alternative location within the same building, this will see an improvement in PUE. The relocation is likely to be concluded by March/April 2024. 	<ul style="list-style-type: none"> Lack of collaborative working from NHS bodies and no clear leadership. Deviation from approved tender process. Failure to deliver agreed timescales.
Buildings, estates planning and land use initiatives	<ul style="list-style-type: none"> 2021/2022 saw DHCW operational emissions reduce by 43% vs 2019/20 (baseline). We have continued in this vain in early 2022/2023, with QTR 1 emissions vs QTR 1 2019/2020 (baseline) as follows:- <ul style="list-style-type: none"> Gas has reduced by 19% Electricity has reduced by 27% Water has reduced by 42% 	<ul style="list-style-type: none"> Homeworking has significantly contributed to improved operational emissions performance; therefore, an end to homeworking will inevitably see a rise in emissions. Lack of cooperation from our landlords in the purchase and supply of renewable energy.

	<ul style="list-style-type: none"> ○ 99% of our waste was recycled, with less than 1% being sent to landfill <ul style="list-style-type: none"> ■ QTR 1-3 Data 2022/23 vs 2019/2020 (baseline) is as follows:- <ul style="list-style-type: none"> ○ Gas has reduced by 22% ○ Electricity has reduced by 103% ○ Water has reduced by 3.3% ○ 99% of our waste was recycled, with less than 1% being sent to landfill, which equates to an overall waste reduction of 3% <p>Please note: QTR 4 data was not available at the time of this report.</p> ■ We have improved the carbon footprint methodologies of DHCW Buildings through investigating our use of estimates in some areas, taking advice from our Finance colleagues as to whether to continue with the current approach or move to 'live usage' invoice data. REGO and Green Tariff electricity has been confirmed at each DHCW premises including our Data Centres. ■ Liaised with Landlords to establish current BMS performance and to see if this can be improved. In addition, we have clarified LED lighting coverage and REGO certification. 	<ul style="list-style-type: none"> ■ As above ■ N/A (Delivered as planned) ■ N/A (Delivered as planned)
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	<ul style="list-style-type: none"> ▪ Later this year we aim to install LED lighting at our TGA and Technium 2 offices. ▪ The LED lighting installation project is underway at our Technium 2 and Ty Glan-yr-Afon offices. The work is scheduled to be completed by the end of March 2023. ▪ The effectiveness of building management systems has been investigated and we have switched our gas supply contract in order to join the All Wales Agreement, to allow 1% year-on-year reductions in emissions related to natural gas consumption. In QTR 1-3 2022/23 VS 2019/20 (BASELINE) we are showing a 22% reduction; therefore, we are on target to achieve a 1% year on year reduction. ▪ TM44 air conditioning efficiency inspections have taken place at our premises. We have been working through site-specific action plans, which are currently 94% complete. ▪ TM44 air conditioning action plans for each DHCW premises are now 100% complete. Improvements having been made where necessary. ▪ We have explored options for shared accommodation both with DHCW sharing other 	<ul style="list-style-type: none"> ▪ There is a risk to delivery if Capital Funding for this project is not approved. ▪ Contractor not completing works to agreed timescales. ▪ Significant adverse cold weather causing the increase of gas usage for heating systems. ▪ Lack of landlord cooperation and resource to make necessary adjustments to air conditioning. ▪ N/A (Delivered as planned) ▪ N/A (Delivered as planned)
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	<p>organisations premises as well as other organisations sharing part of DHCW premises; this will continue to be explored. Current negotiations have enabled DHCW to give notice at one of our sites (Mamhilad House).</p> <ul style="list-style-type: none"> ▪ DHCW have now moved out of a less energy efficient Datacentre and into a new cloud based Datacentre. Both of our Datacentres have Green Tariff supplied electricity. Landlords have assured that the PUE is as low as possible at this moment in time (1.6 and 1.14). ▪ Recent visits (in November 2022) to our data centres have provided assurance that current facilities are suitably sustainable, in line with DHCWs (best practice) decarbonisation aims relating to i.e. renewable energy, cooling, PUE, waste. Our average PUE across both DC's is currently 1.37. 	<ul style="list-style-type: none"> ▪ Increased requirements for datacentres. Lack of cooperation from our landlords in the purchase and supply of renewable energy. ▪ N/A (Delivered as planned)
Transport initiatives	<ul style="list-style-type: none"> ▪ The recent Travel Survey has enabled the establishment of a more reliable Commuting methodology, as it has captured the travel habits including but not limited to distance travelled and mode of transport utilised by DHCW employees. ▪ Three (out of 11) leased Fleet Vehicles are now EVs. 	<ul style="list-style-type: none"> ▪ N/A (Delivered as planned) ▪ The lack of EV charging facilities across the country together with the limited mileage of EVs will limit our ability to switch all of our fleet to

	<ul style="list-style-type: none"> ▪ We have installed an additional four EV Charging Points (EVCPs) at our TGA office. We now have the following EVCPs available to employees at our premises:- <ul style="list-style-type: none"> ○ TGA – 8 ○ Castlebridge - 0 (however, TGA is situated adjacent to Castlebridge 2; therefore, TGA EVCPs can be utilised) ○ Media Point - 4 ○ Technium 2 - 4 (landlord controlled) ○ Mamhilad - 4 (landlord controlled) ○ Bocam - 0 (We have no current long term plans for this location; therefore, EVPCs have not been installed thus far) ○ Data Centre 1 – 2 ○ Data Centre 2 – 0 (Landlord does have one EVCP available to their staff; discussions are underway to inquire if DHCW are able to access this unit. ▪ We plan to conduct a Travel Survey later this year to help us establish current distances and modes of travel, which will improve our commuting methodology. 	<p>EVs, due to the remote locations that we are required to attend at long distances.</p> <ul style="list-style-type: none"> ▪ Lack of users may result in landlords removing EVCPs. ▪ Lack of survey participation. ▪ N/A (Delivered as planned)
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	<ul style="list-style-type: none"> ▪ A Travel Survey was recently undertaken. We had 600 out of 1062 responses (56%); 462 non responders (initial target of 600 responses) Overall, the responses can be interpreted as positive with a combined 86% of responders answering that, sustainable travel is extremely important and somewhat important respectively. Further examples of positive responses can be found below: <ul style="list-style-type: none"> ○ 53% of responders intend to make more sustainable travel choices when planning travel ○ 13% of responders currently own an electric vehicle ○ 35% of responders use sustainable methods of transportation when attending offices ▪ Following reviewing the results from the Travel Survey, we will review and update the Travel Plan. ▪ To further reduce the carbon intensity of commuting through practical measures, we have successfully reviewed and updated our Travel Plan. The Plan takes into account cycle storage, showers and lockers, EV charging availability, EV fleet, transport schemes etc. ▪ We have publicised the Fleet Solutions Car lease scheme, which now has a low emission 	<ul style="list-style-type: none"> ▪ Delays in the completion of the Travel Survey will impede the timeframe of the Travel Plan review. ▪ N/A (Delivered as planned) ▪ If the scheme should no longer be available to employees.
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	<p>set limit of 120g/km for vehicles that can be leased.</p> <ul style="list-style-type: none"> Hybrid Working has aided smarter working enabling a 92% reduction in Business Mileage emissions in 2021/2022 compared with 2019/2020 (baseline). Continued smarter working during QTR 1-3 2022/23 VS 2019/20 (Baseline) has seen an 85% reduction in Business Mileage related emissions. 	<ul style="list-style-type: none"> A return to in person meetings will see an increase in business mileage emissions. N/A (Delivered as planned)
Approach to health care (service design/models of care, medicines, waste)	<ul style="list-style-type: none"> Our homeworking methodology has significantly changed due to the use of the formula contained within the Net Zero Carbon Reporting Spreadsheet as opposed to our own formula, which was previously used. During the period of April-August 2022, approx. 89% of our employees worked remotely. A Hybrid Working Policy has been developed to provide suitable parameters for hybrid working. QTR 1-3 approx. has seen a marginal increase in employees working from DHCW premises, resulting 87% of employees worked remotely. Environmental Awareness Campaigns (internal comms) have allowed DHCW to promote home working energy efficiency measures to staff. Notable campaigns include Energy Efficiency at 	<ul style="list-style-type: none"> Further changes in methodology will limit the ability to accurately measure reductions. A return to office working will significantly reduce the number of employees homeworking. As above. N/A (Delivered as planned)

	Home, The Lazy Persons Guide to Saving the World and Money Saving Tips for Working at Home.	
Further initiatives	<ul style="list-style-type: none"> ▪ With the move to cloud computing DHCW have a need to measure Cloud Emissions. We have developed an emissions impact dashboard tool that can be utilised for this purpose. Further investigation is required to successfully implement this tool. ▪ DHCW have successfully developed and launched a Booking App to manage Desk, EV Charging and Car Parking spaces to enable harmonised hybrid working between homeworking and on site working. ▪ Collaborative working - DAP Peer Review DHCW attended a WG event to peer review Decarbonisation Plans developed across NHS Wales. There was positive feedback on our plan and we led discussion in a number of areas. ▪ 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, campaigns have included:- <ul style="list-style-type: none"> ○ Apr-Energy Efficiency at Home ○ May- Sustainable Travel 	<ul style="list-style-type: none"> ▪ Lack of resource for the development and implementation of the emissions tool. ▪ Lack of resource to effectively manage and lack of employees utilising the app. ▪ Lack of action following peer feedback. ▪ Lack of employee engagement.

	<ul style="list-style-type: none"> ○ Jun-World Environmental Day ○ Jul-The Lazy Persons Guide to Saving the World ○ Aug-Cycle to Work Day ○ Sep-Lets Get Real About Recycling ○ Nov-Paper Recycling at DHCW ○ Dec-Have an Environmental Christmas ○ Jan-Sustainable Eco-Friendly Tech Tips ○ Feb-Going Green and Saving Money ○ Mar-Money Saving Tips for Working at Home <ul style="list-style-type: none"> ▪ Biodiversity Surveys have been conducted at all of our premises. We are currently working through the Biodiversity Action Plan. ▪ NHS Wales Shared Services Partnership have recently undertaken an audit of DHCW Decarbonisation Management Practices, with a follow up audit anticipated for 2023/24. ▪ NHS Wales Shared Services Partnership also conducted an audit of Waste Management at DHCW. A <i>draft</i> report assessment of substantial assurance was provided. ▪ DHCW have successfully maintained accreditation to the ISO 14001:2015 Environmental Management Systems standard. No non-conformances were raised and only 	<ul style="list-style-type: none"> ▪ Lack of volunteers participating in biodiversity initiatives. ▪ Lack of action following feedback. ▪ N/A (Delivered as planned) ▪ N/A (Delivered as planned)
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	<p>two observations were noted, one of which was a positive observation.</p> <ul style="list-style-type: none"> ▪ DHCW have fully costed our Decarbonisation Strategy. This was a significant task but was felt to be essential, which was confirmed by a recommendation from our Internal Auditors. ▪ 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. ▪ To address skill gaps; employees within the Estates and Compliance team have undertaken the following training courses during 2022/23: <ul style="list-style-type: none"> ○ Carbon Literacy Certification Training ○ Road to Net Zero: Terminology and Principles ○ Making a Commitment to Carbon Neutrality ○ Implementing Carbon Footprint Management Plans ○ Carbon Offsets and Declaring Carbon Neutral Status ○ ISO 14001:2015 Environmental Management System Requirements and Implementation 	<ul style="list-style-type: none"> ▪ N/A (Delivered as planned) ▪ N/A (Delivered as planned) ▪ N/A (Delivered as planned)
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	<ul style="list-style-type: none"> ○ Our new Decarbonisation Operational Lead is currently undertaking a BSc (Honours) in Environmental Science. ▪ We have modernised our premises by undertaking refurbishment alterations at our Technium 2 and Ty Glan-yr-Afon premises to reflect our new hybrid working arrangements. 	<ul style="list-style-type: none"> ▪ N/A (Delivered as planned)
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Relevant Strategies and Guidance

- [Net Zero Wales](#) sets out the actions needed to meet Wales's second carbon budget (2021-2025).
- [Prosperity for All; A Climate Conscious Wales](#) is the climate change Adaptation Plan for Wales. This plan provides the overarching framework for Adaptation Planning within Health and Social Care.
- [NHS Wales Decarbonisation Strategic Delivery Plan](#) provides an ambitious mandate for National and Local action across NHS Wales including the requirement for NHS organisations to produce Decarbonisation Action Plans.
- The requirement for NHS Wales to develop plans in response to the Climate Emergency is referenced in the [NHS Wales Planning Framework 2022-2025](#). NHS Wales Chairs have also been briefed on the need for plans to reflect the milestones that need to be achieved to respond to climate change and achieve the goal of the Public Sector being collectively carbon neutral by 2030.
- Best practice and case studies from NHS Organisations can be found:
 - [Home | Green Health Wales | Iechyd Gwyrdd Cymru | Sustainable Healthcare Network](#)
 - [How NHS Wales is responding to the climate emergency | NHS Confederation](#)
- The [Public sector net zero reporting guide](#) provides a guide and reporting requirements for the public sector in Wales to estimate their net carbon footprint, including direct and indirect emissions.

DIGITAL HEALTH AND CARE WALES

POLICY REPORT

Agenda Item	2.5
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Name of Meeting	Audit & Assurance Committee
Date of Meeting	18 April 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 Committee are being asked to: NOTE the contents of the report and the updates provided. APPROVE the policies as noted in 3.5	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below: All standards rely on policy information	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below: Effective Care	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Controlled documents underpin a quality approach to organisational management.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below Controlled documents have roles and responsibilities outlined within them.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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	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.

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 Strategy	IN RE-DRAFT	This strategy was discussed at 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.	September 2023
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 May 2023 for approval.	May 2023

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, 56 of which are out of date and require review (as at 02.03.2023) however 16 of these are all-Wales policies, leaving 40 DHCW policies that are being reviewed within their Directorates.

The 56 existing 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:

Area	Number of existing DHCW policies currently in review / approval process	Number of existing DHCW policies out-of-date that require review	Number of all-Wales policies out of date	Executive Lead
Clinical	0	1	0	Rhidian Hurle, Executive Medical Director
Corporate Governance	0	0	1	Chris Darling, Board Secretary
Communications	0	1	2	
Corporate Services	5	4	0	Claire Osmundsen-Little, Executive Director of Finance
Finance & Business Assurance	0	2	0	
Service Management	0	10	0	Sam Lloyd, Executive Director of Operations
Operations	3	5	0	
People and Organisational Development	2	6	13	Sarah-Jane Taylor, Director of People and Organisational Development
Strategy	0	1	0	Ifan Evans, Executive Director of Strategy
Total out of date (56)	40 DHCW		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 outlined below for approval before being translated, published, and uploaded to iPassport;

App. ID	Type	Document ID	Policy	Executive Lead	Endorsed by Management Board	Next steps
i	Existing – no changes of note	POL-CG-006	Control of Contractors	Claire Osmundsen-Little	20/02/2023	Approval by the assigned Committee, translated, published to DHCW Welsh and English websites, and uploaded to IMS/iPassport.
ii	Existing – no changes of note	POL-CG-012	Asbestos Management Policy	Claire Osmundsen-Little	20/02/2023	
iii	Existing – no changes of note	POL-CG-017	Fire Safety Policy	Claire Osmundsen-Little	20/02/2023	
iv	Existing – no changes of note	POL-CG-018	Environmental and Sustainability Policy	Claire Osmundsen-Little	20/02/2023	
v	NEW		Smoke-Vape Free Policy	Sarah-Jane Taylor	20/02/2023	

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Both the Communications Strategy and the Intellectual Property Policy have been identified for further work and re-drafting. The IP policy will be presented for approval in April 2023 and the Communications Strategy in September 2023.
- 4.2 Organisational Policies reporting against compliance will be shared with the SHA Board via the Audit and Assurance Committee Highlight Report.

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 3.6

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 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



EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-006
Policy Title:	Control of Contractors
Document Author:	Julie Ash
Executive Lead:	Claire Osmundsen-Little
Number of revisions:	1
Link to Policy:	POL-CG-006 Control of Contractors Policy
Purpose:	Approval from Audit and Assurance Committee
Date:	18 April 2023
Current Status:	Endorsed by Management Board 20/02/2023
Committee Outcome:	
Detail of Revisions:	
<p>Returned from Management Board 21 December 2022:</p> <p>Now includes the following statement regarding the Data Centres:</p> <p><i>This policy does not apply to DHCW Data Centres. Arrangements for accessing and working in our Data Centres are set out in SOP-ISS-003, accessible in the DHCW Integrated Management System.</i></p> <p>Additionally, to note: The SOP is also being refreshed.</p>	



EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-012
Policy Title:	Asbestos Management Policy
Document Author:	Julie Ash
Executive Lead:	Claire Osmundsen-Little
Number of revisions:	0
Link to Policy:	POL-CG-012 Asbestos Management Policy
Purpose:	Approval from Audit and Assurance Committee
Date:	18/04/2023
Current Status:	Endorsed by Management Board 20/02/2023
Committee Outcome:	
Detail of Revisions:	
No changes of note	



EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-017
Policy Title:	Fire Safety Policy
Document Author:	Julie Ash
Executive Lead:	Claire Osmundsen-Little
Number of revisions:	0
Link to Policy:	POL-CG-017 Fire Safety Policy
Purpose:	Approval from Audit and Assurance Committee
Date:	18/04/2023
Current Status:	Endorsed by Management Board 20/02/2023
Committee Outcome:	
Detail of Revisions:	
No changes of note	



EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-018
Policy Title:	Environmental and Sustainability Policy
Document Author:	Julie Ash
Executive Lead:	Claire Osmundsen-Little
Number of revisions:	0
Link to Policy:	POL-CG-018 Environmental and Sustainability Policy
Purpose:	Approval from Audit and Assurance Committee
Date:	18/04/2023
Current Status:	Endorsed by Management Board 20/02/2023
Committee Outcome:	
Detail of Revisions:	
No changes of note	

DIGITAL HEALTH AND CARE WALES

SMOKE/VAPING FREE POLICY

This Smoke/Vaping Free Policy ensures the rights of everyone to breathe smoke free air on all Digital Health & Care Wales (DHCW) premises. The Policy recognises that the organisation has a responsibility to promote public health to all employees and visitors.

As DHCW operate a hybrid working arrangement this policy will also apply when employees are working from a non-DHCW office site.

Document Version	Version 6
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Status	Draft
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Document author:	Digital Health & Care Wales
Approved by:	Director of People & Organisation Development
Date approved:	
Next Review date:	03/10/2023

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below: A prosperous Wales, A resilient Wales, A more equal Wales, A Wales of cohesive communities, A globally responsible Wales	

DHCW QUALITY STANDARDS	ISO 14001
If more than one standard applies, please list below: ISO 27001, ISO 9001, ISO 20000, BS 76000:2015, BS 76005, SDI (Service Desk Institute Standard)	

HEALTH CARE STANDARD	Staying Healthy
If more than one standard applies, please list below: Safe Care, Staff and Resources	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: 03.10.22
Yes, applicable	Outcome: Approved
Statement: Digital Health and Care Wales (DHCW) is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups. An Equality Impact Assessment (EQIA) has been undertaken on this policy and the way it operates. The Organisation wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh Language, religion or belief, gender identity, age or other protected characteristics. The assessment found that there was no impact to the equality groups mentioned and this policy will have a positive impact on all the 'protected characteristic' groups. Where appropriate, the organisation will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	01/04/19	Approved (adopted version from Velindre Trust 01.04.2019)
Local Partnership Forum		

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The contents of this Policy contribute towards the health and safety of staff
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The contents of this Policy follow Welsh Language Legislation relating to public/shared spaces
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	This Policy sets out behaviours expected of management and staff
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
08/10/2019	5	Velindre NHS Trust (as adopted by DHCW on 01/04/21)	Policy finalised
03/10/22	6	Joanne Jamieson	Annual Review

1.2 REVIEWERS


This document requires the following reviews:

Date	Version	Name	Position
30/06/2022	6	Julie Ash	Head of Corporate Services
	6	Sarah-Jane Taylor	Director of People and Organisational Development

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Joanne Jamieson		
Role:	Senior Workforce Business Partner		
Signature:	08/02/2023 X Joanne Jamieson _____ Joanne Jamieson Senior Workforce Business Partner Signed by: Joanne Jamieson (Jo110030)	Date:	30/06/2022

Approver's Name:	Sarah-Jane Taylor		
Role:	Director of People and Organisational Development		
Signature:	08/02/2023 X  _____ Sarah-Jane Taylor Director of People and OD Signed by: Amanda Murray (Am208426)	Date:	03.10.22

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

2 PURPOSE

This Smoke/Vaping Free Policy ensures the rights of everyone to breathe smoke/vape free air on all Digital Health & Care Wales (DHCW) premises and when working from a non-DHCW office site. The policy recognises that the organisation has a responsibility to promote public health to all its employees and visitors.

The aim of this policy is to protect all employees and those who use or access the services of or attend the premises leased or used by Digital Health & Care Wales from exposure to second hand smoke and to ensure compliance with the smoke free provisions of the Smoke Free Premises and Vehicles (Wales) Regulations 2018.

3 SCOPE

The Smoke/Vaping Free Policy applies to all employees, without exception, and will form part of the organisation's Terms and Conditions of Employment. This policy also applies to those organisations utilising premises managed by the organisation and when working from a non-DHCW office site. Therefore, all DHCW employees are expected to comply with the Smoke/Vaping Free Policy and the Policy will form part of any agreement for utilisation of DHCW premises and when working from a non-DHCW office site.

The Smoke/Vaping Free Policy also applies to all workers of external agencies, voluntary workers /volunteers, students, contractors, and visitors to any of the organisation's premises, grounds and all organisation vehicles. These groups, hereafter will be collectively referred to as "employees" and as such all of the above are required to comply with the Smoke/Vaping Free Policy.

Smoking is prohibited in all DHCW premises, grounds (leased and hired) and vehicles, with no exceptions. Restrictions include all areas up to the premises' boundaries, including car parks and vehicles parked in them, outdoor seating areas, walkways etc. Any employee etc. wishing to smoke/Vape, using any tobacco or electronic cigarette related products, during the working day or while on organisation premises, must leave the organisation grounds to do so. Smoking/Vaping is not permitted at the entrance to organisation premises.

The Smoke/Vaping Free Policy applies to all tobacco products and electronic cigarettes / vaping machines.

4 AIMS AND OBJECTIVES

4.1 Aims

The aim of the Smoke/Vaping Free Policy is to promote a smoke/vape free environment in all premises, grounds and property occupied by Digital Health & Care Wales, to ensure compliance with current smoke free legislation and to encourage employees etc. to give up smoking by role modelling positive health and wellbeing behaviours to the communities we serve.

4.2 Objectives

DHCW wishes to set a positive example to the communities we serve by;

- making non-smoking/vaping the normal practice in all organisation premises, grounds and vehicles;
- promoting health and wellbeing, by encouraging and assisting employees etc. to make a lifestyle choice to give up smoking/vaping to reap the health benefits. This policy will also apply when working at a non-DHCW office;
- offering smoking cessation support to employees etc. to give up smoking/vaping;
- fulfilling the organisation's legal duty of care to all its employees etc. to provide a safe working environment and for this purpose this policy will apply when working at a non-DHCW office.

5 ROLES AND RESPONSIBILITIES

5.1 Executive Lead

Overall responsibility for the implementation of the Smoke/Vaping Free Policy and review rests with the Chief Executive Officer (CEO) and the Executive Team.

The CEO, through delegated powers, shall ensure that all employees etc. are aware of the Smoke/Vaping Free Policy and of their role in the implementation and monitoring of it.

5.2 Managers

All managers are responsible for ensuring that the employee's they line manage comply with the Smoke/Vaping Free Policy.

All managers are responsible for supporting their employees who bring the Smoke/Vaping Free Policy to the attention of those in breach of it.

All managers are responsible for supporting any employee who wishes to quit smoking/vaping by providing reasonable time off during working hours, to access support including Occupational Health or smoking cessation courses. Managers must agree any time in advance and attendance will be subject to the needs of the service.

Managers are responsible for monitoring the Smoke/Vaping Free Policy in their departments.

5.3 Employees

All employees have a duty to fully comply with the Smoke/Vaping Free Policy.

Employees wishing to smoke/vape during their working hours, must do so away from organisation premises and grounds (including immediately outside the entrance of organisation premises). Line Managers are responsible for ensuring that all employees have equitable access to unpaid breaks.

Employees must not smoke/vape when wearing an NHS name badge or uniform, regardless of their location.

5.4 Volunteers, Contractors, Service Providers, Visitors and the Public

All of the above are required to fully comply with the organisation's Smoke/Vaping Free Policy.

6 IMPLEMENTATION AND POLICY COMPLIANCE

The Smoke/Vape Free Policy aims to achieve its objectives by ensuring that all employees are aware of the importance of the policy and of their responsibility to ensure its effective implementation.

DHCW will ensure that the selling or promoting of tobacco products, e-cigarettes and vaping devices are prohibited on all of its premises.

The organisation will not directly invest in tobacco or e-cigarette related subsidiaries. In accordance with relevant legislation the organisation will, at no time, accept sponsorship from tobacco or e-cigarette companies or, tobacco, e-cigarette related companies. The advertising and sales of tobacco or e-cigarette related products will not be allowed on organisation premises, grounds or in any of its publications.

The Smoke/Vape Free Policy recognises that second-hand smoke/vape in the workplace adversely affects the health of employees. The organisation respects an individual's right to smoke/vape but balances this against our duty to prevent them from smoking or vaping on organisation premises or when working at a non-DHCW premises. It is the duty of DHCW to prevent the introduction of carcinogenic substances, which have been proven to have a negative impact on the health and wellbeing of those individuals who are exposed to them.

The organisation would encourage its staff to give up smoking/vaping for their own wellbeing. As representatives of the organisation all employees also have a duty to role model positive health and wellbeing behaviours, as one of our primary objectives is to improve the health and wellbeing of the population we serve. Therefore, all employees who wish to stop smoking/vaping and request support to do so will be given access to smoking/vaping cessation support.

6.1 Time Off to Attend Smoking Cessation Sessions

The organisation will provide employees with a maximum of six hours paid time off, over a timeframe of eight weeks (pro rata if working part-time), to attend smoking cessation sessions. This does not

include any time taken to travel to the appointment, which must be made in the employee's own time. Smoking cessation sessions must be face to face consultations, with a stop smoking advisor. All sessions must be documented and signed off by the employee's line manager, who will discuss with the employee the time off required, to ensure that they fit with service delivery needs. The line manager will be expected to monitor the time taken.

Alternatively, the employee's GP or Community Pharmacist can also offer help and support.

See Appendix 1 for useful information

7 INSTRUCTION AND TRAINING

All new employees of the organisation should be made aware of the organisation's Smoke/Vape Free Policy during their induction, to ensure that there is a safe working environment for all.

Appendix 1

GETTING HELP

Help Me Quit

Help Me Quit are available to support individuals on every step of their smoke free journey. Support is available in:

- Meetings with other smokers (research shows that this is the best way to stop smoking);
- One to one appointments. These may be face to face or over the telephone.
- Community venues; • Hospitals; and
- Pharmacies.

Help Me Quit provides free telephone support on 0800 0852219 or at www.helpmequit.wales

Help Me Quit - Find Services in your Local Area

The organisation supports the 'Stoptober Campaign' and annually provides information, to encourage Digital Health & Care Wales staff to stop smoking.

Advice and support is also available from your GP or your Community Pharmacist.

Appendix 2

8 INFORMATION AND DETAILS OF RELEVANT LEGISLATION

Tobacco is the leading single cause of premature death in Wales and a major contributor to health inequalities. This publication shows that smoking-attributable mortality has decreased in Wales. However it still accounts for over 5000 deaths each year, around 1 in every 6 of all deaths of all people aged 35 and over (Public Health Wales, 2022)

Passive smoking (breathing other people's tobacco smoke) has been medically proven to cause lung cancer and heart disease in non-smokers, as well as many other illnesses and minor conditions. At this time the impact of breathing in other people's e cigarette smoke is not known, as research findings are not currently available.

The organisation has a legal duty to protect and minimise the risks to employees etc. on DHCW premises and grounds and whenever working at a non-DHCW site, from the harmful effects of exposure to second hand smoke as directed by the ***Smoke Free Premises and Vehicles (Wales) Regulations 2018***.

The Health and Safety at Work Act 1972 places a duty on employers to '*...provide and maintain a safe working environment which is, so far as is reasonably practical, without risk to health and adequate as regards facilities and arrangements for their welfare at work*'.

Action to tackle the harm caused by smoking continues to be a priority for the Welsh Government.

The Well-being of Future Generations Act 2015 is encouraging all public sector organisations to ensure that wellbeing planning across communities will limit the impact of tobacco on individuals, now and in the future.

A Smoke-Free Wales: A long term Tobacco Control Strategy for Wales and Towards a Smoke.

DIGITAL HEALTH AND CARE WALES

COUNTER FRAUD ANNUAL PLAN 2023-2024

Agenda Item	2.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 - Counter Fraud Manager
Presented By	Gareth Lavington - Counter Fraud Manager

Purpose of the Report	For Approval
Recommendation	The Audit and Assurance Committee is being asked to REVIEW and APPROVE the contents of the Annual Plan that details the Counter Fraud work proposed for 2023-2024.

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
No, (detail included below as to reasoning)	Outcome: NA
Statement: NA	

[Workforce EQIA page](#)

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

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

Acronyms			
NHSCFA	National Health Service Counter Fraud Authority	LCFS	Local Counter Fraud Specialist
GovS	Government Functional Standard		

2 SITUATION/BACKGROUND

- 2.1 As part of the functional requirements of the NHS Counter Fraud Authority, the Counter Fraud Manager, or deputy, is required to provide a detailed annual plan of proposed work for the upcoming financial year. This [Counter Fraud Annual Plan](#) is fully aligned to the NHS requirements as prescribed by the Gov.13 Standard in relation to Counter Fraud work which aims to bring a consistent approach to all Counter Fraud work across all government and public bodies.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The content of the Counter Fraud Annual Plan 2023-2024 .

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 Audit and Assurance Committee is being asked to **REVIEW** and **APPROVE** the contents of the plan that relate to the proposed Counter Fraud work for the financial year 2023-2024.

6 APPROVAL / SCRUTINY ROUTE

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

DIGITAL HEALTH AND CARE WALES

COUNTER FRAUD ANNUAL REPORT 2022-2023

Agenda Item	2.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 - Counter Fraud Manager
Presented By	Gareth Lavington - Counter Fraud Manager

Purpose of the Report	For Noting
Recommendation	The Audit and Assurance Committee is being asked to review, DISCUSS and NOTE the contents of the Annual Report that details the Counter Fraud work carried out on behalf of the organisation during the financial year 2022-2023.

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
No, (detail included below as to reasoning)	Outcome: NA
Statement: NA	

[Workforce EQIA page](#)

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

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

Acronyms			
LCFS	Local Counter Fraud Specialists	DHSC	Department of Health and Social Care
NHSCFA	National Health Service Counter Fraud Authority	DoF	Director of Finance

2 SITUATION/BACKGROUND

- 2.1 As part of the functional requirements of the NHS Counter Fraud Authority, the Counter Fraud Manager, or deputy, is required to provide a detailed annual report of work carried out at the end of the financial year. This report details the cost, the allocation of days, any investigatory work, any pro-active work and a summary of compliance with the Gov Standard 13 Requirements.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The content of the Counter Fraud Annual Report 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 **DISCUSS** and **NOTE** the contents of the report that relate to the Counter Fraud work carried out in the financial year 2022-23.

6 APPROVAL / SCRUTINY ROUTE

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



NHS WALES
Digital Health and Care Wales
Annual Counter Fraud Report
01/04/2022- 31/03/2023

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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1. INTRODUCTION

This Counter Fraud Annual Report has been written in accordance with Welsh Government Directions on Fraud and Corruption, which requires Local Counter Fraud Specialists (LCFS') to provide a written report at least annually to Digital Health Care Wales on Counter Fraud work undertaken. All NHS organisations, in compliance to their service conditions of their NHS standard contract, must comply with the NHS Counter Fraud Authority's (NHSCFA's) fraud, bribery and corruption standards for providers.

This annual report will highlight the activities undertaken by the LCFS team, and demonstrate how they have delivered their counter fraud, bribery and corruption activities. Additionally, in compliance to the NHSCFA's standards for providers, this annual report will also document and present the following details,

- Days used to deliver counter fraud, bribery and corruption work
- The cost of counter fraud, bribery and corruption work carried out during the year
- Details of any risk based proactive exercises conducted during the year
- The number of incident reports and cases recorded on the NHSCFA Case management system
- Number and type of sanctions imposed, including recoveries made.

Further to this at Appendix 1 a comprehensive breakdown of the activities of the Counter Fraud Team for the financial year is provided, (this will in the future contain benchmarking data from the previous year.) The aim of this is to provide relevant outcome based metric data to identify areas of strength and areas of need. This data is then used to inform the work for the coming year.

This report has been complimented throughout the year with detailed progress reports presented to the Audit Committee and additional briefings being presented to the Executive Director of Finance. Following acceptance and approval by the Audit Committee, this Counter Fraud Annual Report will be distributed to the NHS Counter Fraud Service (Wales) and is available to the NHSCFA Quality Assurance and compliance team for review if requested.

The NHSCFA is a Special Health Authority charged with identifying, investigating and preventing fraud within the NHS and the wider health groups. The legislation which created the NHSCFA transferred all functions and powers from NHS Protect to the NHSCFA. The NHSCFA is independent from other NHS bodies and is directly accountable to the Department of Health and Social Care (DHSC). For more information, the NHSCFA website is www.cfa.nhs.uk. For the purposes of

this report, the term 'fraud' refers to a range of economic crimes, such as fraud, bribery and corruption or any other illegal acts committed by an individual or group to make a financial or professional gain, or to cause an economic loss.

2. SUMMARY OF COMPLIANCE

In January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services (those receiving partial or full NHS funding). The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The final engagement which sealed the implementation of the Government Functional Standard GovS 013: Counter Fraud occurred at the All Wales Directors of Finance meeting on 19th February 2021.

The section below highlights how LCFS' has demonstrated compliance towards the recognised standards, with some of the key aspects summarised. The NHS CFA measures compliance as follows: **Green – fully compliant**; **Amber – partially compliant**; **Red – non-compliant**. The self-assessment provided below, is monitored and tested by the NHS Counter Fraud Authority by way of compliance visits to the local team.

(A similar breakdown of the actions undertaken by the LCFS team in direct measurement against the Standard requirements for 2021-2022 will be recorded in the NHS CFA Functional Standard Return. This is due for completion by 31st May 2022. This document will be completed by the Counter Fraud Manager and is required to be submitted to the Director of Finance and the Audit Committee Chair for sign-off prior to submission to the NHS CFA.)

- **Accountable Individual and Audit Assurance**

The LCFS' overall governance is held by the Executive Director of Finance. The LCFS' has ensured to notify her of any referrals received and regular updates are provided throughout the investigation process. Additional to this, the LCFS' have extended this exchange of information to ensure that where appropriate, the senior workforce members have been briefed where aspects of a Counter Fraud investigation may overlap with that of a

disciplinary concern. During the course of the year regular updates and meetings have taken place between the LCFS and DoF, Head of Internal Audit, the Counter Fraud Champion and other senior managers where appropriate.

The LCFS is an invited member of the Audit Committee and as such has presented regular progress reports of Counter Fraud work undertaken throughout the year. All quarterly progress reports have been provided to committee in a timely manner in order that they are appraised prior to the meetings. The Counter Fraud Manager has attended as required any Audit Committee pre-meetings with the Independent Members, Internal Audit and Audit Wales. The Annual Plan has now been completed in and awaits approval from Director of Finance and Audit Committee. The Govt. Standard 013; NHS Requirements Functional return has been completed and submitted to the NHS Counter Fraud Authority Compliance Team.

GREEN

- **Counter Fraud Bribery and Corruption Strategy / Policy and Response Plan**

The organisation has adopted the All Wales Counter Fraud, Bribery and Corruption Policy. This still awaits review by the LCFS at NWSSP to ensure that it is in date and fully aligned to the NHS CFA strategy.

The policy is available to staff via the Intranet and has been promoted during fraud awareness work carried out by the team throughout the year. Further work will be carried out in the year ahead to ascertain if possible to make the relevant documents more visible. The LCFS team this year has ensured to align its counter fraud, bribery and corruption work to the recent changes in NHSCFA counter fraud, bribery and corruption requirements.

AMBER

- **Risk Assessment**

The LCFS' team have, where appropriate continued to effectively work across the service to share expertise and guidance around fraud proofing, risks and vulnerability. Counter Fraud maintain a direct review and input role in relation to policy which aims to strengthen the wider practices to reducing the risk of fraud through poor policy or governance controls. Throughout the year the team has carried out risk profiling work in relation to the organisation. Over one hundred and fifty inherent fraud risks to all NHS Organisations have thus far been identified by the NHS Counter Fraud Authority. These are not all relevant to all organisations. Fourteen (14) Fraud Risks have been identified as being directly relevant to Digital Health and Care (DHCW). A report of this Risk Profile has been provided to Audit

Committee (February 2023). Work has commenced into carrying out comprehensive fraud risk assessments into these areas. The Organisational Fraud Risk Profile will remain a 'living' document. Further to the inherent risks known, specific risks are also added to the profile as they arise as a result of investigation or external reporting e.g. Thematic Exercise, Fraud Prevention Notice, Local Intelligence Report. (A breakdown of the risk assessments carried out is provided below.) Where local risks have been identified, assessment work has been carried out accordingly.

In order to comply with the organisational risk management policy a new system of reporting has been introduced. A new Fraud Risk Assessment Document that complies with local procedure has been developed and implemented. All fraud risk work is now reported on the CLUE case management system and each report remains open with a review date placed upon it. This is to ensure that fraud risks remain under constant review. Every fraud risk that is assessed is now reported to relevant stakeholders by way of the new document. Requests are then made for this risk to be added to the local risk register. All fraud risk assessment work is reported to the Audit Committee by way of quarterly progress reports. Further in-house training has been provided to staff to ensure consistency in approach.

This is reported as partially compliant as a result of some risks not being added to the local risk register. All other areas of this work are fully compliant with the NHS CFA requirements.

It is anticipated that the All Wales risk reporting module on Datix will be introduced this year that will add further assurance to this model.

AMBER

- **Annual Action Plan**

An annual action plan has been completed for the year ahead that has been produced in direct alignment to the new Government Standard 13. This document has approval / agreement and sign off from the Director of Finance and has been submitted to Audit Committee for approval. Progress of the LCFS teams work will be reported periodically at the Audit Committee. Due to the nature of Counter Fraud work the plan remains flexible and subject to change throughout the year as new risks and requirements are identified, and investigation referrals received.

GREEN

■ Outcome Based Metrics

Throughout the year new data systems have been developed and implemented with the aim of assisting in recording the work of the LCFS team. These new systems supplement existing systems such as ESR, CLUE case management, NFI, and All Wales Statistical reporting. These are constantly measured and statistics produced as at Appendix 1. This has been carried out in the areas of raising awareness, investigation, risk, awareness, joint working, strategic planning, sanctioning, and financial loss and recovery. The service has been successful in documenting direct results. The collection and review of these figures aims to identify the effectiveness of the team and its activity in all areas of its work with a view to the identification of areas that are proving effective and areas that may require further resource or improvement.

GREEN

■ Reporting Routes

Staff and contractors have been made aware throughout the year of the reporting routes available to them. In the last year these included direct contact with the team via email, phone and in person, the use of the online CFA reporting tool, the National Reporting Hotline maintained by Crime stoppers, and an internal reporting interactive form. All instances of fraud reporting have been initially assessed and those that are furthered to formal investigation have been recorded on the case management system (CLUE) and reviewed accordingly. New reporting methods introduced this year involving QR coding, generic email address and Interactive Referral forms have proven effective. They have been publicised by way of the Intranet system, the Counter Fraud Intranet Suite, placement of posters at key venues, Fraud Pop Up stalls, screen saver messaging, all staff News emailing and via awareness sessions. This will continue throughout the upcoming year.

GREEN

■ Reporting Identified Loss

The CF team has reported all incidents of suspected fraud, bribery using the CLUE management system that was introduced on 9th April 2021. This

reporting tool is used to record all investigations, sanctions, recoveries and losses and also has a mechanism to record system weakness and Local Proactive Exercise work. This system has been supervised by CFS Wales and all information has been used to inform progress reporting to Audit Committee and CFS Wales. All identified loss to fraud is reported in the Annual report. This year for the first time, in compliance with the NHS CFA requirements, figures in relation to prevention have also been recorded and are reported in the body of this document.

GREEN

■ Access to trained investigators

At the start of the year the organisation employed three fully trained and accredited investigators (ACFS) and one fully qualified investigator undertaking accreditation. This accreditation was achieved in July 2022. During the course of the year one full time team member left for another role. This resulted in the team being understaffed by 25% for a period of time totalling one quarter. A recruitment campaign successfully attracted a new team member that commenced in the role in January 2023. This team member is already qualified and accredited. Therefore, at the close of the financial year, the team is made up of four qualified and accredited Counter Fraud Specialist investigators.

GREEN

■ Undertake Detection Activity

Where anomalies have been identified through counter fraud work e.g. investigations, the CF team strives to carry out detection activity to assess whether there are any weaknesses present. Where this is the case corrective activity is proactively undertaken to mitigate the identified risk. A PPV programme is undertaken by the organisation and the Counter Fraud Manager attends quarterly meetings in relation to this. Final reports are submitted to counter fraud, and where appropriate an investigation will be started in relation to outlier information. There has been no requirement to commence any investigation as a result of PPV reporting in this year. Regular liaison has taken place with the head of internal audit. Data mining has also been undertaken within the context of the NFI database and all investigations carried out in relation to the 2020-2021 exercise have now been successfully closed. The new NFI exercise went live on 27th January 2023 and the investigation of high risk matches has begun. All referrals to the team have been fully investigated. All actions taken by the CF team in

relation to work in this area have been reported accordingly on CLUE inclusive of any recoveries/preventions made.

GREEN

■ Access to and Completion of Training

Due to the aftermath of the COVID situation fraud awareness sessions to staff members continue to be disrupted. However, the team have successfully commenced a program of in person sessions to different staffing cohorts. Remotely delivered sessions have continued in support of this. A new program of remote webinar Fraud Training Sessions and Q and A sessions have been developed and implemented and are open to all members of staff within the organisation. They take place twice a month focussing on General Fraud Awareness and Mandate fraud awareness every other week. It is too early to measure how effective this roll out will be. This requires pre-registration and continues to be advertised throughout the organisation via the communications department.

All wales fraud awareness training has remained available throughout the year via ESR. The report at Appendix 1 shows the uptake of this training module. This module remains non-mandatory training.

A counter fraud newsletter has been published quarterly in order to keep staff appraised. CF team staff have attended all sessions of training provided by CFS Wales and NHS CFA and a number of webinars from NHS CFA have also been undertaken in relation to update training into areas such as risk assessment and CLUE implementation. A full breakdown of Staff CPD undertaken is provided at within the report at Appendix 1.

GREEN

■ Policies and Registers for Gifts and Hospitality and Conflicts of Interest

The organisation has in place policies and registers in compliance with this requirement. The register of Conflicts is managed by the Director of Governance and where appropriate liaison with CF can be sought.

GREEN

3. Allocation of Resources

At 31st March 2023 **89** 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 as shown below. The days have been used investigating allegations of fraud; interviewing witnesses; preparing, delivering and analysing the feedback from the fraud awareness presentations; preparing quarterly and annual reports for, and attending, the organisation's audit committee meetings; interviewing suspects; preparing reports for the Crown Prosecution Service and designing and developing the fraud Risk Profile for the organisation. The days provided are more than planned due to a resource a heavy investigation carried out by the team and the extra work involving fraud risk assessment development.

Strategic Requirements 30 Days

(inclusive of corporate governance undertaking, attendance of departmental team at staff training events, report writing, planning and attendance all wales meetings.)

Proactive Work 24 Days

(inclusive of fraud awareness sessions, and publicity work such as newsletters and bulletins, detection work including PPV review, system weakness reviews and reporting, Local Proactive work eg pre-employment Risk Assessment. NHSCFA procurement exercise, and National Fraud Initiative work.)

Reactive Work 35 Days

(inclusive of the investigation of all referrals, attendance at court hearings, preparation of reports for disciplinary processes, preparation of reports for professional body investigations.)

4. Summary of Costs to the Organisation

Total Costs	£ 11,130
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5. Breakdown of Investigative work areas

At 1st April 2022 a total of 0 investigations were open and being investigated by the team. At 31st March 2023 there are no live investigations open.

During the course of this financial year a total of 1 new referrals were received and investigated by the team. A total of 1 of these referrals was promoted to formal investigation. This case would have progressed through the criminal justice system but due to unforeseen circumstances beyond the control of the investigation team the investigation concluded prior to prosecution. A total of 0 cases remain open as at 31st March 2023.

6. Sanctions and Recoveries

During the financial year the team has achieved the following sanctions and recoveries.

Disciplinary Sanctions	0
Criminal Sanctions	1 (Would have resulted in criminal prosecution)
Professional Sanctions	0
Identified Financial Loss (attributed to fraud related offences)	£168,228
Financial Recoveries	£0
Financial Prevention*	£54,848

* as defined by NHS CFA formula and requirements.

7. Fraud Awareness

During the period 1st April 2022 – 31st March 2023 a total of (14) awareness sessions were delivered to staff members across the organisation. A total of (210) staff were presented to. The feedback from these presentations was positive.

8. Fraud Risk Assessments

During the course of the year a Fraud Risk Profile has been developed for the organisation. This has been presented through audit committee. It is intended to be a live document subject to review. As it develops, it will inform future detection and compliance activity via the use of Local Proactive Exercise. The Fraud Risk Profile details the risks identified as inherent to the organisation as identified by the NHS Counter Fraud Authority and the local Counter Fraud Manager. Local/Specific risks will be added to the profile as they arise. These will be informed externally by Fraud Prevention Notices, and intelligence from other agencies and organisations; and, internally, from identified system weakness reporting post/during investigation work.

During this year the following subject areas have been subject to Fraud risk assessment work by the team:

- Credit Card Fraud
- Mandate Fraud
- Cyber Enabled Mandate Fraud
- Pre-Employment
- Staff Expenses

9. Lines of Reporting

CEO – Helen Thomas

Executive Director of Finance – Claire Osmundsen-Little

Counter Fraud Manager – Gareth Lavington

LCFS – Nigel Price

LCFS – Nicola Tillings

LCFS – Henry Bales

10. Executive Sign Off / Declaration

I declare that the Counter Fraud work carried out on behalf of Digital Health and Care Wales for the year 2021/2022 has been reviewed against the NHSCFA requirements (as stipulated in the Government Functional Standard 13). The

ratings that have been achieved are reported above and meet that standards set as shown.

Counter Fraud Manager: Gareth Lavington

Executive Director Finance: Claire Osmundsen-Little

Date: 28/03/2023



Annual Counter Fraud Report

01/04/2022 - 31/03/2023

APPENDIX 1

Performance Charts

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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Figure 1 – Planned Days vs Actual Days Provided by Counter Fraud Team - 2022-23 (All Organisations)

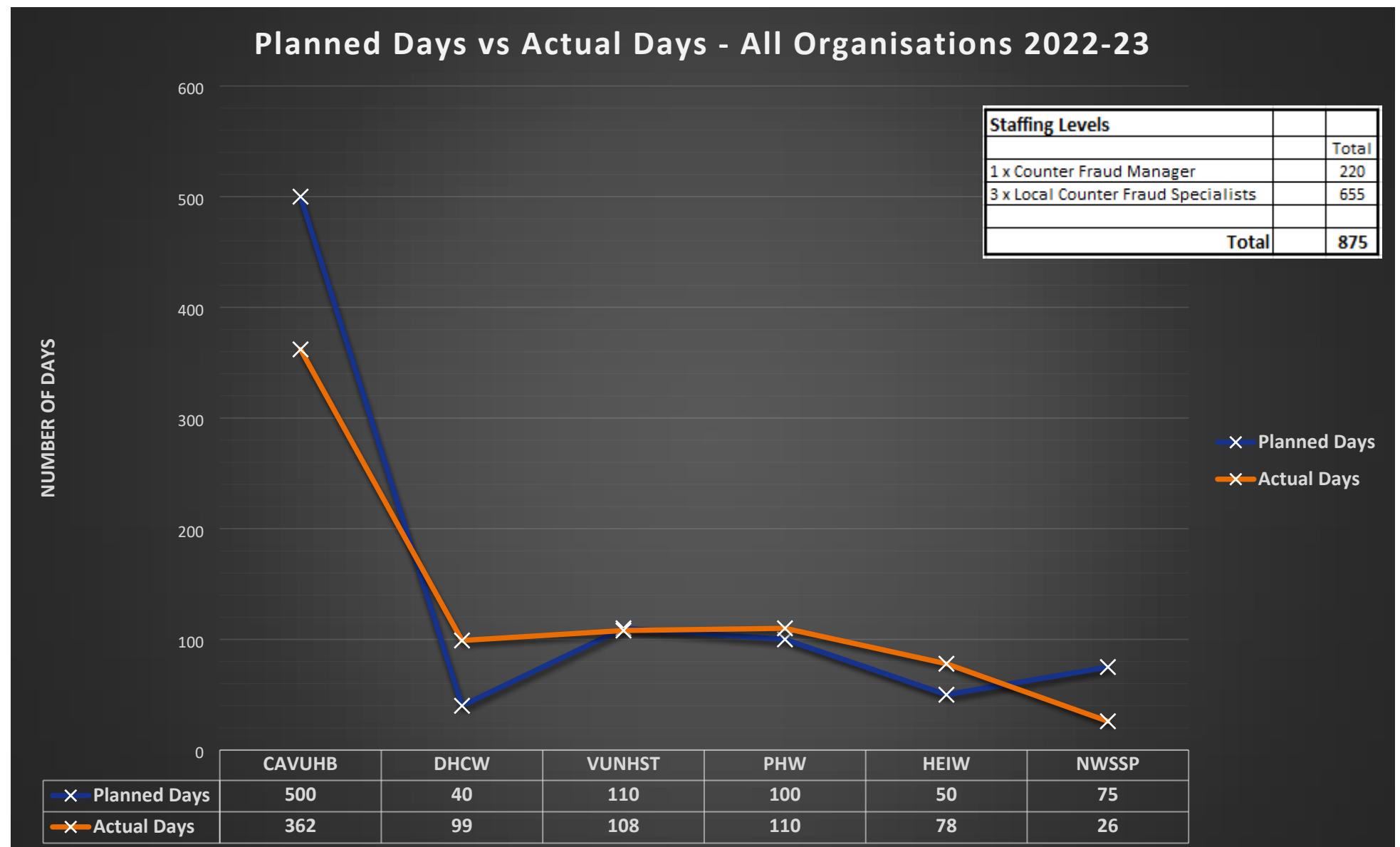


Figure 2 – Referral Forms Submitted to Counter Fraud Team - 2022-2023

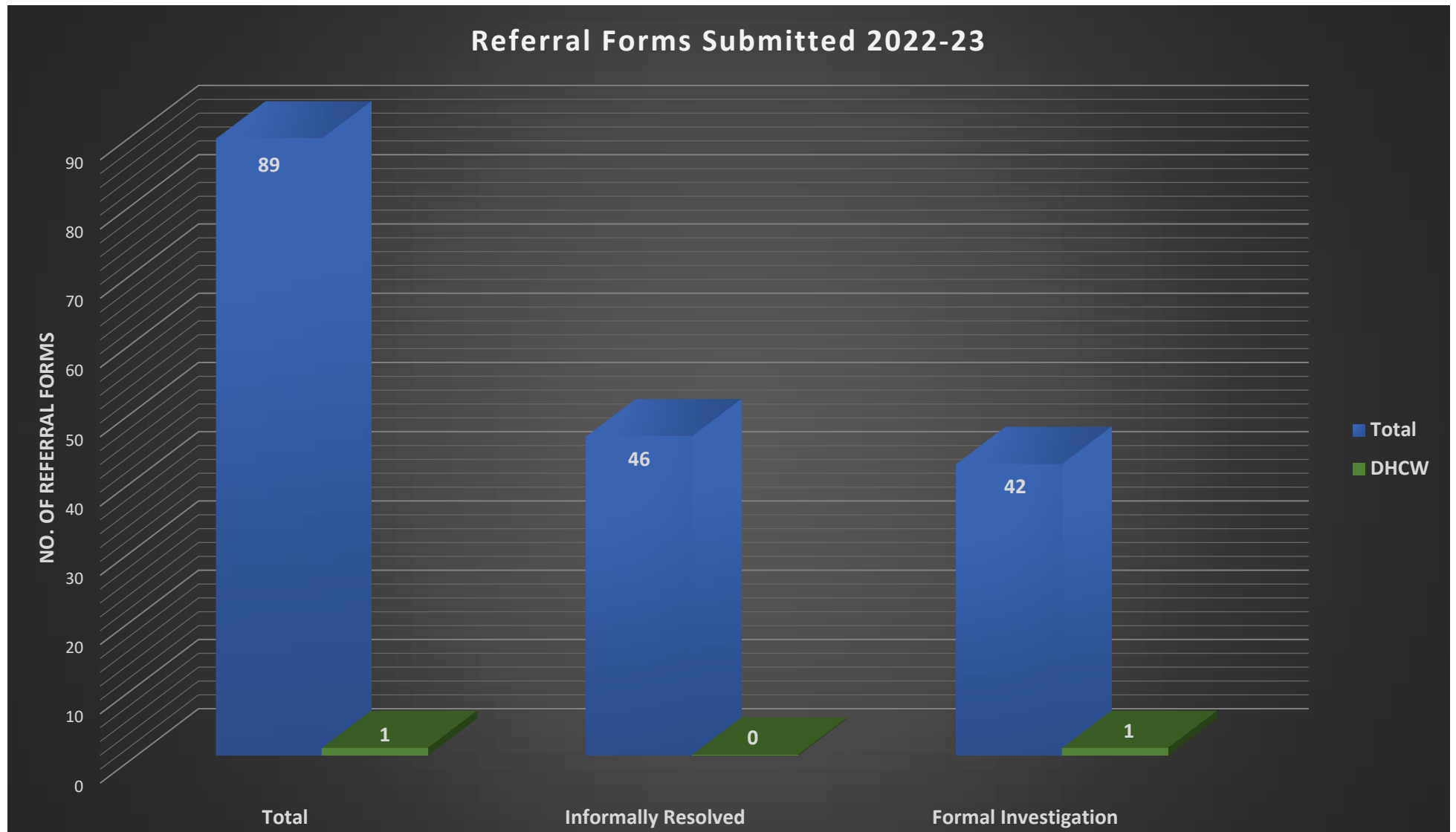


Figure 3 – Investigation Outcome Breakdown 2022-23 (All Organisations)

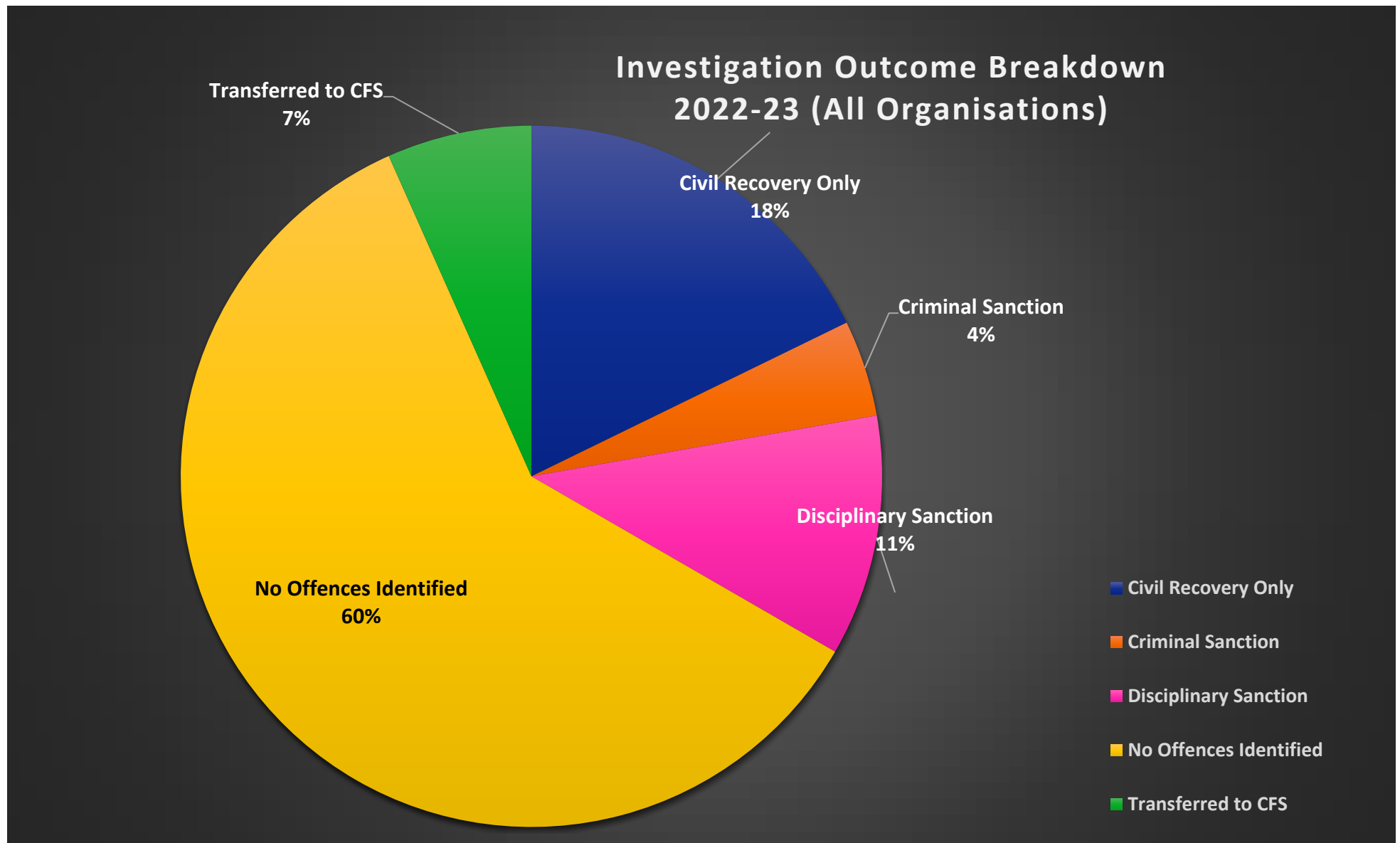


Figure 4 – Fraud Awareness Sessions by Type – 2022-23

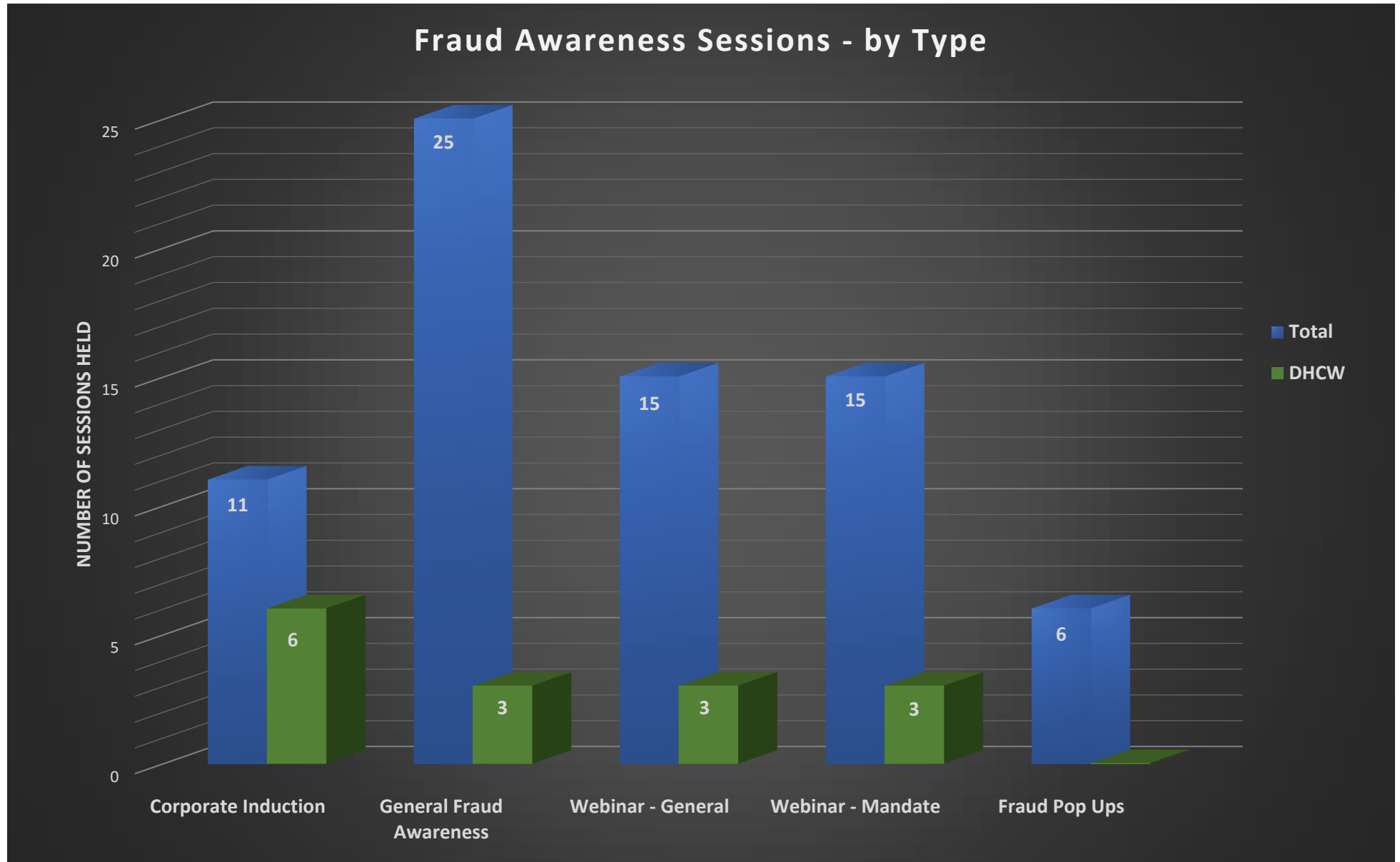
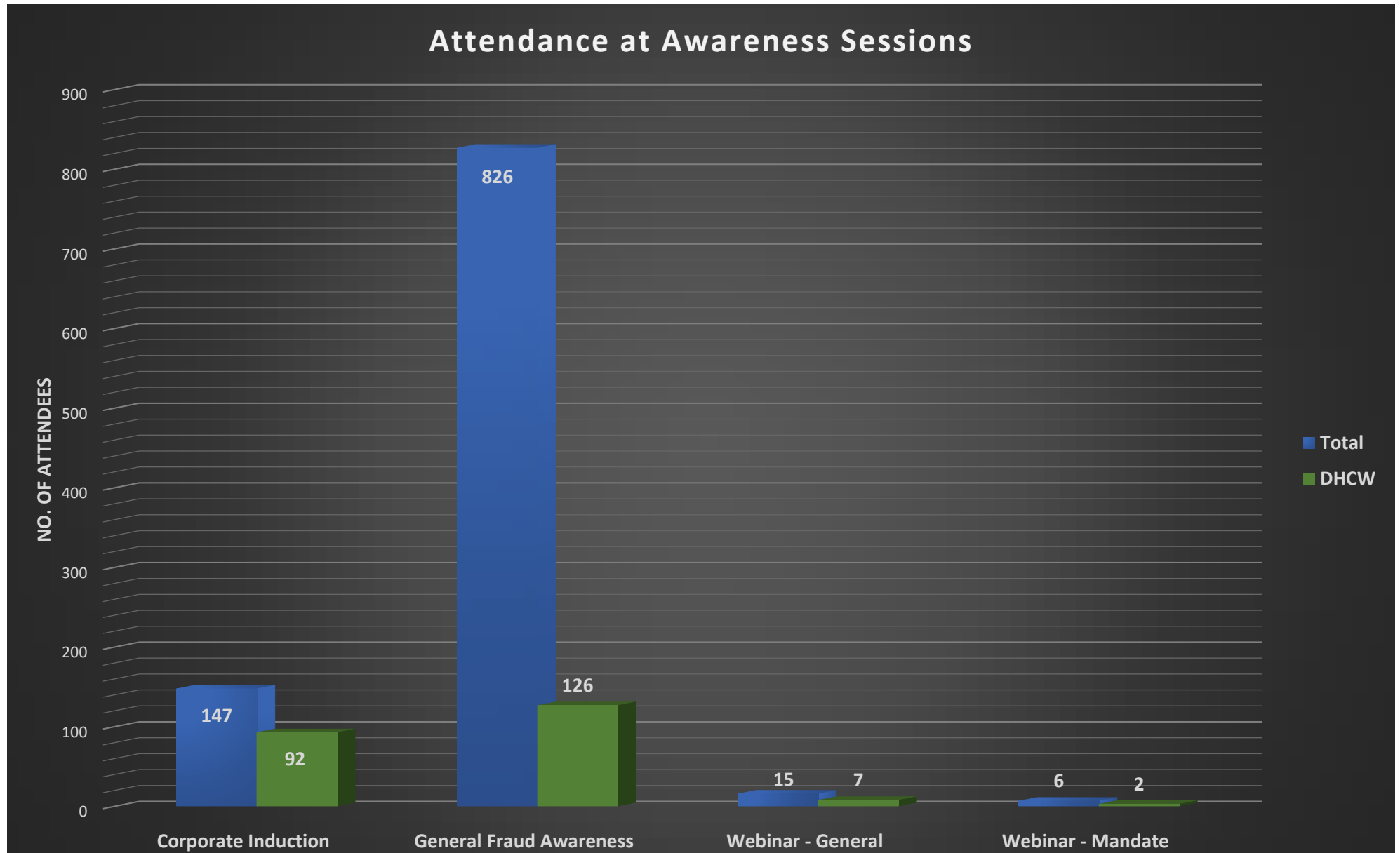


Figure 5 – Attendance at Awareness Sessions – 2022-23



DIGITAL HEALTH AND CARE WALES

QUALITY AND ENGAGEMENT ACT PROGRESS REPORT

Agenda Item	2.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Paul Evans, Interim Head of Quality Assurance & Regulatory Compliance
Presented By	Paul Evans, Interim Head of Quality and Regulatory Compliance

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE the content of this report.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
----------------------------	--

CORPORATE RISK (ref if appropriate)	N/A
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WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: All standards are reflected	

HEALTH CARE STANDARD	Governance, leadership and accountability
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	Yes, please see detail below Duty of Quality and Candour apply to all DHCW activity
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.
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		

2 SITUATION/BACKGROUND

- 2.1 The Health and Social Care (Quality and Engagement Act) (Wales) 2020 comes into force on 1st April 2023. Reports are provided monthly to Welsh Government on each NHS body's progress against the implementation framework.
- 2.2 These reports are reviewed by the Duty of Quality and Candour Implementation Board, attended by Executive Director of Finance (or deputy).

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Duties of Candour & Quality progress report February 2023 is included [Here](#).

4 RECOMMENDATION

- 4.1 The Committee is asked to **NOTE** the Duties of Candour & Quality progress report February 2023

5 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	28/03/2023	

DIGITAL HEALTH AND CARE WALES

QUALITY ASSURANCE AND REGULATORY COMPLIANCE ANNUAL PLAN 2023/24

Agenda Item	2.9
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Paul Evans, Interim Head of Quality Assurance & Regulatory Compliance
Presented By	Paul Evans, Interim Head of Quality and Regulatory Compliance

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE the content of this annual plan.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
----------------------------	--

CORPORATE RISK (ref if appropriate)	N/A
--	-----

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

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: All standards are reflected	

HEALTH CARE STANDARD	Governance, leadership and accountability
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	Yes, please see detail below Ref section 2.2 Impact of internal audits
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.
RESEARCH AND INNOVATION	No, there are no specific research and innovation implications

IMPLICATION/IMPACT	relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	MHRA	Medicines and Healthcare products Regulatory Agency
IMS	Integrated Management System	QIAL	Quality Improvement Action List
WIAG	Wales Informatics Assurance Group	SaMD	Software as a Medical Device

2 SITUATION/BACKGROUND

- 2.1 The Quality Assurance & Regulatory Compliance annual plan has been developed in line with the DHCW IMTP. There is a particular focus within the plan on the legislative requirements of the Health and Social Care (Quality and Engagement Act) (Wales) 2020 in regard to the Duty of Quality within the Act.
- 2.2 The Quality Assurance & Regulatory Compliance team have developed a comprehensive implementation plan, based on the Welsh government roadmap, to capture all duty of quality requirements for DHCW. Actions within the plan are currently 25% complete, this is in line with expectations at this point.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Quality Assurance & Regulatory Compliance 2023-24 Annual Plan document is included [Here](#) for information.

4 RECOMMENDATION

- 4.1 The Committee is asked to **NOTE** the Quality Assurance & Regulatory Compliance Annual Plan 2023-24

5 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	28/03/2023	

DIGITAL HEALTH AND CARE WALES

CYBER RESILIENCE UNIT ANNUAL PLAN

Agenda Item	2.10
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Mike Prasad, Cyber Resilience Lead
Presented By	Paul Evans, Interim Head of Quality and Regulatory Compliance

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to NOTE the 2023-4 Cyber Resilience Unit Annual Plan	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	N/A
If more than one standard applies, please list below:	

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

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

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
NIS	Network and Information Systems	CRU	Cyber Resilience Unit
OES	Operator of Essential Services - Organisations that can significantly disrupt the delivery of essential services to the public e.g. health care	CAF	Cyber Assessment Framework
NCSC	National Cyber Security Centre	RDSP	Relevant Digital Service Providers

2 SITUATION/BACKGROUND

- 2.1 The Cyber Resilience Unit Annual plan has been developed in line with the DHCW IMTP and to support Welsh Government in their role as competent authority for the NIS regulations.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The CRU 2023-24 Annual Plan document and
- 3.2 The CRU 2023-24 Annual Plan PowerPoint are included [Here](#)

4 RECOMMENDATION

- 4.1 The Committee is asked to **NOTE** the Cyber Resilience Unit 2023-4 Annual Plan.

5 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	28/03/2023	Approved

Agenda item 3.1

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20230214-A01	14/02/2023	The Performance Management Audit Review to be referred to Management Board and the SHA Board.	Chris Darling (DHCW - Board Secretary)	02/03/2023	Integrated Organisational Performance Report being reviewed/refined with Board input.	Complete			Public
20230214-A02	14/02/2023	The NFI Self Appraisal checklist to be presented to the next Committee	Mark Cox (DHCW - Finance & Business Assurance)	03/04/2023	Added to the April committee agenda.	Complete			Public
20230214-A03	14/02/2023	Review how we take EQIA processes forward and incorporate into our digital work.	Shikala Mansfield (DHCW - People & OD)	15/03/2023	The EQIA incorporated as standard working practices as part of the digital work.	Complete			Public
20230214-A04	14/02/2023	Include in the workplan work that had been undertaken to meet the requirements of the Health and Social Care (Quality Engagement) Act	Paul Evans (DHCW - QA and Regulatory Compliance)	15/03/2023	Presentation to be received at Audit and Assurance Committee in April.	Complete			Public

DIGITAL HEALTH AND CARE WALES

2023-24 INTERNAL AUDIT PLAN

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

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 Approval
Recommendation	The Committee is asked to APPROVE the Internal Audit Progress Report.

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A More Equal Wales
If more than one standard applies, please list below: A Healthier Wales	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

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

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 proposed Internal Audit Plan for 2023/24 (the 'Plan') for DHCW, by detailing the audits to be undertaken. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service. It has been developed and agreed with the Senior Leadership Team.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Committee is asked to approve the proposed plan for the year.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year. The Plan is developed by determining and analysing key areas of risk within DHCW.

5 RECOMMENDATION

- 5.1 The Committee is asked to **APPROVE** the Internal Audit Plan for 2022/23.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Senior Leadership Team	23 rd March 2023	

Annual Internal Audit Plan: Draft Internal Audit Charter

April 2023

Digital Health and Care Wales



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



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



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Disclaimer notice - please note

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

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of Digital Health and Care Wales 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.

1. Introduction

This document sets out the Internal Audit Plan for 2023/24 (the 'Plan') detailing the audits to be undertaken and an analysis of the corresponding resources. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (the SHA Chief Executive) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit and Assurance Committee, with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the findings and recommendations from internal audit reviews may be used by the organisation's management to improve governance, risk management, and control within their operational areas.

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

Accordingly, this document sets out the risk-based approach and the Plan for 2023/24. The Plan will be delivered in accordance with the Internal Audit Charter and the agreed KPIs which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by NWSSP, WHSSC and EASC on behalf of NHS Wales. These audits will be included in Appendix A when agreed formally. These audits are part of the risk-based programme of work for NWSSP and Cwm Taf Morgannwg UHB (for WHSSC and EASC) but the results, as in previous years, are reported to the relevant Health Boards and s, SHAs and are used to inform the overall annual Internal Audit opinion for those organisations.

2. Developing the Internal Audit Plan

2.1 Link to the Public Sector Internal Audit Standards

The Plan has been developed in accordance with Standard 2010 – Planning, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- confirmation of the audit resources required to deliver the Internal Audit Plan;
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning takes into account the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place, in particular the significant backlog in NHS treatment. In addition, the plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging issues throughout the year. Any necessary updates will be reported to the Audit and Assurance Committee in line with the Internal Audit Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the audit universe). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

In addition, we will, if requested, also agree a programme of work through both the Board Secretaries and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular subset, for example at Health Boards only.

Therefore, our audit plan is made up of a number of key components:

- 1) Consideration of key governance and risk areas: We have identified a number of areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance and Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management and an overall IM&T assessment. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required.
- 2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the Corporate Risk Register together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.
- 3) Follow up: this is follow-up work on previous limited and no assurance reports as well as other high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.
- 4) Work agreed with the Board Secretaries, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by a number of organisations. This may be advisory work in order to identify areas of best practice or shared learning.
- 5) The impact of audits undertaken at other NHS Wales bodies that impacts on the organisation, namely NHS Wales Shared Services Partnership (NWSSP), WHSSC and EASC.
- 6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into

the Final Business Case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

2.3 Link to Digital Health and Care Wales' systems of assurance

The risk based internal audit planning approach integrates with the organisation's systems of assurance; therefore, we have considered the following:

- a review of the Board's vision, values and forward priorities as outlined in the Annual Plan and three year Integrated Medium Term Plan (IMTP);
- an assessment of the organisation's governance and assurance arrangements and the contents of the corporate risk register;
- risks identified in papers to the Board and its Committees (in particular the Audit and Assurance Committee and the Digital Governance and Safety Committee);
- key strategic risks identified within the corporate risk register and assurance processes;
- discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility;
- cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions);
- new developments and service changes;
- legislative requirements to which the organisation is required to comply;
- planned audit coverage of systems and processes provided through NWSSP, WHSSC and EASC;
- work undertaken by other supporting functions of the Audit and Assurance Committee, where appropriate;
- work undertaken by other review bodies including Audit Wales and Healthcare Inspectorate Wales (HIW); and
- coverage necessary to provide assurance to the Accountable Officer in support of the Annual Governance Statement.

2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with a number of the organisation's Executives and Non-Executive Directors to discuss current areas of risk and related assurance needs. Meetings have been held, and planning information shared, with the organisation's Executive team, the Chair of

the Audit and Assurance Committee and the Chair of the Board.

The draft Plan has been provided to the Executive Management Team to ensure that Internal Audit's focus is best targeted to areas of risk.

3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and Corporate Risk Register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also takes into account corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

4. Planned internal audit coverage

4.1 Internal Audit Plan 2023/24

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan makes cross reference to key strategic risks identified within the corporate risk register and related systems of assurance together with the proposed audit response within the outline scope.

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

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit and Assurance Committee will be kept appraised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit and Assurance Committee meeting.

The majority of the audit work will be undertaken by our regionally based teams with support from our national Capital & Estates team, in terms of capital audit and estates assurance work, and from our IM&T team, in terms of Information Governance, IT security and Digital work.

4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on

priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose.

Consistent with previous years, and in accordance with best professional practice, an unallocated contingency provision has been retained in the Plan to enable Internal Audit to respond to emerging risks and priorities identified by the Executive Management Team and endorsed by the Audit and Assurance Committee. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit and Assurance Committee for approval.

Regular liaison with Audit Wales as your External Auditor will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

5. Resource needs assessment

The plan has been put together on the basis of the planning process described in this document. The plan includes sufficient audit work to be able to give an annual Head of Internal Audit Opinion in line with the requirements of Standard 2450 – Overall Opinions.

Audit & Assurance Services confirms that it has the necessary resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit and Assurance Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services by the organisation, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

6. Action required

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

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

Simon Cookson

Director of Audit & Assurance Services
NHS Wales Shared Services Partnership

Appendix A: Internal Audit Plan 2023/2024

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Annual Governance Statement	N/A	N/A	To provide commentary on key aspects of Board Governance to underpin the completion of the statement.	Chief Executive / Board Secretary	Q4
Stock Management	1		A review to ensure that the recently implemented IT stock management system is operating effectively.	Director of Finance / Director of Operations	Q1
Financial and Service Delivery Sustainability	2	DHCW0239 DHCW0259 DHCW0289 DHCW0284 DHCW0292	To review the financial management arrangements in place to ensure sustainability of services and project delivery, including workforce resourcing, as services move across to business as usual.	Director of Finance	Q3
Board Assurance Framework	3	DHCW0259	To provide an opinion on the effectiveness of the Board assurance reporting, including the risk management arrangements.	Board Secretary	Q2

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Follow-up of Internal Audit Recommendations	4		A follow-up of high and significant medium priority recommendations raised within the 2021/22 and 2022/23 internal audits.	Board Secretary	Q4
Hybrid Working	5		To provide an opinion over the arrangements for supporting hybrid working, including how ensuring staff whether appropriate progress has been made with the improvement plan.	Director of People and Organisational Development	Q1
Decarbonisation	6		To consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan. Following on from the advisory review delivered in 2022/23, the proposed scope will include governance, strategy progress and implementation.	Director of Finance	Q4
Benefits Realisation	7	DHCW0284 DHCW0292	To determine if the principles of an appropriate benefits realisation framework have been implemented to support decision making.	Director of Finance	Q2
Programme Management*	8	DHCW0237 DHCW0284 DHCW0289 DHCW0292	To review the effectiveness of the management of a key programme (e.g. DSPP) of work underway.	Director of Strategy	Q3

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Data Quality	9		To assess the accuracy of a sample of data utilised within the Integrated Organisational Performance Report.	Director of Strategy	Q4
Business Continuity Arrangements*	10	DHCW0284 DHCW0292	The review will assess the adequacy and effectiveness of business continuity arrangements, including in the event of a cyber-attack (e.g. ransomware).	Director of Operations / Director of ICT	Q3
Legacy Software Modernisation*	11	DHCW0292	A review to identify and determine if risks associated with major legacy systems in operation are appropriately mitigated.	Director of Operations	Q2
GDPR*	12	DHCW0263 DHCW0264	A review to assess the adherence to the General Data Protection Regulation within the SHA.	Medical Director	Q2
Implementation of Laboratory Informatics Network Cymru (LINC)*	13	DHCW0298	Having transitioned from the Collaborative to DHCW on the 1 st January 2023, has DHCW put appropriate mechanisms in place to manage the delivery of LINC.	Director of Strategy	Q1
NHS Wales national audit work	N/A	N/A	To collate the assurances derived from the review of NHS Wales bodies that provide services to this organisation and contribute to its overall system of control.	Board Secretary	Q4
NWSSP Audit and Assurance Services			This will cover some of our work at Health Education & Improvement		12

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
* refers to audit work that may also provide assurance to other NHS Wales organisations			Wales, Public Health Wales, NHS Wales Shared Services Partnership, Digital Health and Care Wales, Welsh Health Specialised Services Committee and Emergency Ambulance Services Committee.		

Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2023/24
Audit plan 2023/24 agreed/in draft by 30 April	✓	100%
Audit opinion 2022/23 delivered by 31 May	✓	100%
Audits reported versus total planned audits, and in line with Audit and Assurance Committee expectations	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 days]	✓	80%
Report turnaround management response to draft report [15 working days minimum]	✓	80%
Report turnaround draft response to final reporting [10 days]	✓	80%

Appendix C: Internal Audit Charter

1 Introduction

- 1.1 This Charter is produced and updated annually to comply with the Public Sector Internal Audit Standards. The Charter is complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.
- 1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:
- Board means the Board of Digital Health and Care Wales with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit and Assurance Committee in terms of providing a reporting interface with internal audit activity; and
 - Senior Management means the Chief Executive as being the designated Accountable Officer for Digital Health and Care Wales. The Chief Executive has made arrangements within this Charter for an operational interface with internal audit activity through the Board Secretary.
- 1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

2 Purpose and responsibility

- 2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of Digital Health and Care Wales. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.
- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit and Assurance Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.
- 2.3 The organisation's risk management, internal control and governance arrangements comprise:

-
- the policies, procedures and operations established by the organisation to ensure the achievement of objectives;
 - the appropriate assessment and management of risk, and the related system of assurance;
 - the arrangements to monitor performance and secure value for money in the use of resources;
 - the reliability of internal and external reporting and accountability processes and the safeguarding of assets;
 - compliance with applicable laws and regulations; and
 - compliance with the behavioural and ethical standards set out for the organisation.

2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

3 Independence and Objectivity

3.1 Independence as described in the Public Sector Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit and Assurance Committee and Accountable Officer.

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

- approving the internal audit charter;
- approving the risk based internal audit plan;
- approving the internal audit resource plan;
- receiving outcomes of all internal audit work together with the assurance rating; and
- reporting on internal audit activity's performance relative to its plan.

-
- 3.3 While maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
 - 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.
 - 3.5 This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
 - 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit and Assurance Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.
- 4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public Sector Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit and Assurance Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit and Assurance Committee and the Chair of the organisation if deemed necessary.
- 4.5 The Audit and Assurance Committee approves all Internal Audit plans

and may review any aspect of its work. The Audit and Assurance Committee also has regular private meetings with the Head of Internal Audit.

- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee or sub-committee of the Board charged with aspects of governance.

5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Board Secretary will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Board Secretary in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as NHS Wales Shared Services Partnership, WHSSC and EASC.
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The Audit and Assurance Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit and Assurance

Committee will remain the final reporting line for all our audit and consulting reports.

6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Definition of Internal Auditing, the Core Principles, Public Sector Internal Audit Standards and the professional Code of Ethics, as published on the NHS Wales e-governance website.
- 6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2021) and associated performance standards agreed with the Audit and Assurance Committee and the Shared Services Partnership Committee. The Service Level Agreement includes a number of Key Performance Indicators, and we will agree with each Audit and Assurance Committee which of these they want reported to them and how often.

7 Scope

- 7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:
 - reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
 - reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
 - reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
 - reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
 - reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned;
 - reviewing specific operations at the request of the Audit and Assurance Committee or management, this may include areas of concern identified in the corporate risk register;
 - monitoring and evaluating the effectiveness of the organisation's

- risk management arrangements and the overall system of assurance;
 - ensuring effective co-ordination, as appropriate, with external auditors; and
 - reviewing the Annual Governance Statement prepared by senior management.
- 7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation’s risk environment.
- 7.3 If the Head of Internal Audit or the Audit and Assurance Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

8 Approach

- 8.1 To ensure delivery of its scope and objectives in accordance with the Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

Figure 1: Audit planning hierarchy

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales requirements of the Charter
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives priorities and risk assessment
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

- 8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit

services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by NWSSP on behalf of NHS Wales.

- 8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:
- the provision to the Accountable Officer and the Audit and Assurance Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement;
 - audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks;
 - improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work;
 - an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan';
 - effective co-operation with external auditors and other review bodies functioning in the organisation; and
 - the allocation of resources between assurance and consulting work.
- 8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.
- 8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.
- 8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.
- 8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit and Assurance Committee on behalf of the Board.
- 8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit

approach applied to the provision of internal audit and consulting services.

- 8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead and will also be copied to the Board Secretary.

9 Reporting

- 9.1 Internal Audit will report formally to the Audit and Assurance Committee through the following:

- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement.
- The Head of Internal Audit opinion will:
 - a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;
 - b) Disclose any qualification to that opinion, together with the reasons for the qualification;
 - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies;
 - d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual Governance Statement;
 - e) Compare work actually undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria; and
 - f) Provide a statement of conformity in terms of compliance with the Public Sector Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit and Assurance Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit and Assurance Committee requirements; and
- The Audit and Assurance Committee will be provided with copies of individual audit reports for each assignment undertaken unless

the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage through issue of a discussion draft report;
- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the closure of fieldwork. Operational management will be required to respond to the discussion draft report within 5 working days of issue.
- The discussion draft report will give an assurance opinion on the area reviewed in line with the criteria at Appendix B (unless it is a consulting review). The discussion draft report will also indicate priority ratings for individual report findings and recommendations;
- Following the receipt of comments on the discussion draft (for factual accuracy etc), operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken;
- Reminder correspondence will be issued to the Executive Director and the Board Secretary 5 working days prior to the set response date.
- Where management responses are still awaited after the 20 working days deadline, or are of poor quality, the matter will be immediately escalated to the Executive Director and copied to the Board Secretary and Chair of the Audit and Assurance Committee.
- If non-compliance continues, the Board Secretary and the Chair of the Audit and Assurance Committee will decide on the course of action to take. This may involve the draft report being submitted to the Audit and Assurance Committee, with the Executive Director being called to the meeting to explain the situation and why no responses/poor responses have been received;
- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary return the responses, requiring them to be strengthened.

-
- Responses to audit recommendations need to be SMART:
 - Specific
 - Measurable
 - Achievable
 - Relevant / Realistic
 - Timely.
 - The relevant Executive Director, Board Secretary and the Chair of the Audit and Assurance Committee will be copied into any correspondence.
 - The final report will be copied to the Accountable Officer and Board Secretary and placed on the agenda for the next available Audit and Assurance Committee.
- 9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.
- 9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

10 Access and Confidentiality

- 10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.
- 10.2 All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access shall be granted to the organisation's external auditors.
- 10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

11 Irregularities, Fraud & Corruption

- 11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

-
- 11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.
- 11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

12 Quality Assurance

- 12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Public Sector Internal Audit Standards, is being achieved.
- 12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit and Assurance Committee.
- 12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit and Assurance Committee through the reporting mechanisms outlined in Section 9.

13 Resolving Concerns

- 13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.
- 13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

14 Review of the Internal Audit Charter

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

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



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DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT PROGRESS REPORT 2022/23

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

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 NOTE the Internal Audit Progress Report

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A More Equal Wales
If more than one standard applies, please list below: A Healthier Wales	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

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

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 is asked to note the Progress Report.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 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. 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.

5 RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the Internal Audit Progress 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
N/A		

Internal Audit Progress Report

Audit and Assurance Committee

April 2023

Digital Health and Care Wales

NWSSP Audit and Assurance Services



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



Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales



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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	12
Draft reports	0
Work in progress	2
Planning	0

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
Financial Sustainability	Final Report	Reasonable	6 Medium, 6 Low Priority
Risk Management	Final Report	Substantial	No recommendations
Performance Management	Final Report	Reasonable	3 Medium Priority
Corporate Governance	Final Report	Substantial	1 opportunity for improvement
Embedding the Stakeholder Engagement Plan	Final Report	Reasonable	3 Medium, 1 Low Priority
Centre of Excellence	Work in Progress		
Workforce Planning - PADR	Final Report	Reasonable	2 Medium, 3 Low Priority
Recommendation Tracker	Final Report	Reasonable	3 Medium, 1 Low Priority
Switching Services	Final Report	Reasonable	1 High, 3 Medium, 1 Low Priority
Technical Resilience	Final Report	Substantial	2 Medium, 1 Low Priority
Cyber Security	Work in Progress		
Decarbonisation	Final Report	N/A	N/A
Estates Compliance	Final Report	Substantial	1 Medium, 2 Low Priority
IT Stock Review	Final Report	N/A	32 recommendations (15 priority, 17 other)

DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT PROGRESS REPORT 2022/23

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

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 Assurance
Recommendation	
The Committee is asked to RECEIVE for ASSURANCE the Internal Audit reports which have been agreed with the relevant Executive Leads.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
----------------------------	----------------------

CORPORATE RISK (ref if appropriate)	
-------------------------------------	--

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

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below We examined waste management arrangements, including the disposal of electronic waste.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below We have provided assurance over the PADR arrangements in place, including the selection of a sample of existing staff members and how training and development is provided to assist with career development.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

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
PADR	Personal Appraisal and Development Review		

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:
- Corporate Governance (substantial assurance);
 - Risk Management (substantial assurance);
 - Estates Compliance – Waste Management (substantial assurance); and
 - Workforce Planning – PADR (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 (other relevant committees) to be determined by the Committee following the 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
N/A – Executive Leads		

Corporate Governance Final Internal Audit Report February 2023

Digital Health and Care Wales



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



Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales



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Review reference:	DHCW-2223-05
Report status:	Final
Fieldwork commencement:	20 th January 2023
Fieldwork completion:	8 th February 2023
Draft report issued:	13 th February 2023
Debrief meeting:	8 th February 2023
Management response received:	16 th February 2023
Final report issued:	17 th February 2023
Auditors:	Simon Cookson, Acting Head of Internal Audit Stephen Chaney, Deputy Head of Internal Audit Krisztina Kozlovsky, Audit Manager
Executive sign-off:	Chris Darling, Board Secretary
Distribution:	Laura Tolley, Corporate Governance Manager
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 review the effectiveness of corporate governance within Digital Health and Care Wales, by undertaking a follow-up on the recommendations raised within the 2021/22 internal audits of Corporate Governance (parts one and two).

Overview
We have provided **substantial assurance** over the follow-up of the previous recommendations.

In this report, we completed a follow up review of eight recommendations, while another five recommendations were assessed within other 2022/23 Internal Audit Reports.

We found all eight recommendations have been implemented in full. However, we identified an opportunity for improvement, which is an optional action for the organisation to consider.

The above points are detailed further in Appendix A.

Report Classification

Substantial



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

Low impact on residual risk exposure

Corporate Governance Arrangements prior year reports:

Part One Report	Substantial
Part Two Report	Reasonable

Follow up: All recommendations were implemented.

Assurance summary¹ (by prior year priority)

	High	Medium	Low	Total
Closed	0	5	3	8
Partially implemented	0	0	0	0
Superseded	0	0	0	0
Not implemented	0	0	0	0
Total	0	5	3	8

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

1. Introduction

- 1.1 We undertook a follow-up review of the recommendations raised within the 2021/22 internal audits of Corporate Governance (parts one and two) for Digital Health and Care Wales (DHCW), to determine if each had been appropriately implemented. This review was included in our Internal Audit Plan for the year.
- 1.2 The Corporate Governance reports (parts one and two) included 13 recommendations. From these recommendations we followed up a total of eight recommendations within this audit. The other recommendations were followed up as part of separate planned audits (i.e. Performance Management and Risk Management) during the year.
- 1.3 The original recommendations related to:
 - public access to the Standing Orders documents on the website;
 - Board oversight of the implementation of the Standing Orders; and
 - key strategies, frameworks and related reporting to the Board.
- 1.4 The key risk was the failure to implement internal audit recommendations, thus leading to:
 - a failure to comply with the requirements of the organisation's Standing Orders;
 - a failure to manage risks and achieve strategic objectives;
 - a failure to effectively align strategic planning with strategic objectives of DHCW;
 - insufficient performance management monitoring;
 - reputational damage due to poor governance arrangements; and
 - increased financial costs.
- 1.5 We did not assess the recommendations that were included within the audit objectives of the DHCW 2022-23 Risk Management or Performance Management audits.

2. Detailed Audit Findings





2022/23 Follow up Work

- 2.1 We undertook a review of the eight recommendations reported previously, as set out above. The target dates for the implementation of the required actions were all prior to the conclusion of the fieldwork testing. We also confirmed that no extensions to the timeframes for implementation were requested.
- 2.2 We performed detailed testing on each action listed within the original reports and found that all actions have been implemented in full. We consider each of the eight recommendations to be closed. A summary of our findings is provided below within Section Three.

- 2.3
- Furthermore, we reviewed the Audit Log (the 'Log') for January 2023 and note that the Log included 70 recommendations. From these recommendations, 53 recommendations (75.71%) were marked as 'closed'.
- 2.4
- We confirm that all of the eight recommendations, that we tested as part of this review were included in the Log and showed an 'action closed' status.
- 2.5
- While we did not identify any further issues within our testing of the follow up recommendations, we have included an opportunity for improvement. We have not identified this point as a control weakness, but rather, as an improvement consideration for the organisation. A summary table has been included below within Section Four and further detail within Appendix A.

3. Summary of 2022/23 Recommendations Assessed

The eight recommendations tested, together with our conclusions are summarised below:

Prior Year Finding	Original Recommendation Reference	Previous rating	Audit Log Status	Audit & Assurance Conclusion	Direction of travel	Further Opportunities for Improvement
Corporate Governance Arrangements Part One report						
1. Access to DHCW Standing Orders	1.1	Low	Closed	Closed		No
2. Review of Implementation of Standing Orders	2.1a 2.1b	Medium	Closed	Closed		No
Corporate Governance Arrangements Part Two report						
3. Development of DHCW Strategy and its Implementation	1.1a 1.1b 1.1c	Medium	Closed	Closed		Yes
4. Health and Care Standards for Wales	3.1a 3.1b	Low	Closed	Closed		No

4. Summary of Opportunities for Improvement Identified

The following table outlines the optional opportunity for improvement.

Description	Reference to Matter arising in Appendix A
Standard approach to the ongoing management / review of strategy documents	3.1

Appendix A: Management Action Plan

Report: Governance Arrangements Part One (DHCW-2122-02)

1. Previous Matter Arising: Access to DHCW Standing Orders (Design)

Original recommendation and management response		Original priority
<p>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.</p> <p>Management response:</p> <p>The radial button error will be addressed to ensure access to the Standing Orders via this route on the public website is available to members of the public. Copies of the standing orders are available to the public via the public Board papers, but it is acknowledged the access should be easier via the radial button and this will be addressed as soon as possible.</p> <p><i>Responsible Officer: Chris Darling, Board Secretary</i> <i>Target date: 14/01/2021</i></p>		Low

Current findings				Potential Improvement
Follow up audit status	Closed	Audit Log status	Closed	N/A

We reviewed the webpage for DHCW and found that the link to the Model Standing Orders (MSOs) is now operating as intended. As such, the public has access to this information through the organisation’s website.

2. Previous Matter Arising: Review of Implementation of Standing Orders (Design)

Original recommendation and management response	Original priority
<p>We recommend that the Board Secretary ensures that:</p> <ul style="list-style-type: none"> 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. <p>Management response:</p> <ul style="list-style-type: none"> a. The Standing Orders were approved and adopted at its first two Board meetings held in April and May 2021, respectively. Updates on areas relating to the Standing Orders implementation have taken place during the first nine months, but not under one Standing Orders implementation item, rather updates have been provided on specific areas e.g., the Policies update provided to the Board in November 2021. In addition, at the meeting held in May the Board approved the Board annual cycle of business, the annual cycle includes an annual review of the DHCW Standing Orders by the Board to take place at the March 22 public Board meeting, to be held on the 31/03/22. This review will include the level of implementation of the Standing Orders and any proposed amendments to the Standing Orders. An annual review of the Standing Orders will be included in the Board Annual Cycle of Business as a standing item. <p><i>Responsible Officer: Chris Darling, Board Secretary</i> <i>Target date: 31/03/2022</i></p> <ul style="list-style-type: none"> b. The Board will consider 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 on the 31/03/22 public Board meeting. This timeline also ensures that there should be some certainty about the appointment of the full Board (there is currently one IM vacancy and two Executive vacancies), and even if not all Board members are in post, there should be clarity in terms of start dates. <p><i>Responsible Officer: Chris Darling, Board Secretary</i> <i>Target date: 31/03/2022</i></p>	<p>Medium</p>

In addition, there is a Board Development session planned on the 06/01/22 to review the outcome of the Audit Wales Baseline Governance Review which will discuss broad DHCW governance arrangements and the adequacy of these arrangements, taking into account the level of implementation of the Standing Orders. There may be relevant actions falling out of this review and discussion which link back to this action point.

Responsible Officer: Chris Darling, Board Secretary
Target date: 06/01/2022

Current findings

Potential Improvement

Follow up audit status

Closed

Audit Log status

Closed

N/A

- a. We reviewed the Board meeting minutes and confirmed that the Standing Orders were approved on the 31st March 2022. Through reviewing additional Board minutes, we also found evidence of progress reporting on the implementation of the Standing Orders. Typically, these updates related to specific areas and as such, they did not provide a full picture of the overall implementation position (e.g. in November 2021 the Board received an update on policies, which we were able to verify from the Board minutes). However, an annual review is included within the Board’s Annual Cycle of Business, with the next review to be completed during March 2023.
- b. The implementation of the Standing Orders is formally monitored on an annual basis by the Board, with no significant gaps identified to date. As referenced above, the next full review is scheduled for March 2023.

We note that all Board vacancies have been filled within the Board. The current Board comprises of five Executive Directors, seven independent members and three Board level directors.

The Baseline Governance (AWBG) review was carried out by Audit Wales during 2021. The related report was issued in January 2022. We note that the report did not identify any formal recommendations, just opportunities for innovation, learning and improvement for the Board to consider.

As a result of the review, an action plan was developed with 14 actions, and the completion of the actions was monitored and formally reported to the Audit and Assurance Committee (AAC) during 2022. We confirmed that progress updates were formally provided throughout 2022. We also found that two actions were outstanding at the time of our fieldwork.

Audit Wales completed their first Structured Assessment for DHCW and issued their report in December 2022. This report is a continuation of the AWBG review and recommendations will be added onto the Log. We were informed that the two outstanding actions from the AWBG review will be monitored separately.

Report: Governance Arrangements Part Two (DHCW-2122-01)

3. Previous Matter Arising: Development of DHCW Strategy and its Implementation (Design)

Original recommendation and management response

Original priority

We recommend that that DHCW ensures that:

- a. 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.
- b. 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.
- c. 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.

Management response:

- a. The Board Development session on the 3 March will review and agree/approve the mission and vision. The strategic objectives will also be reviewed at this session as part of the IMTP 2022-2025. The Board Development discussions will confirm if the strategic objectives remain valid and will go to Public Board on 31 March for formal approval.

Responsible Officer: Chief Operating Officer

Target date: 31/03/2022

- b. The supporting strategies, frameworks and programmes included in the reservation of decisions for the Board will be reviewed as part of the IMTP 2022-2025, development of DHCW's long term strategy and Board forward workplan.

Responsible Officer: Chief Operating Officer / Board Secretary

Target date: 31/03/2022

Medium

- c. The Board Development discussions will confirm if the strategic objectives remain valid, and will go to Public Board on 31 March for formal approval.

Responsible Officer: Chief Operating Officer
Target date: 31/03/2022

Current findings				Potential Improvement
Follow up audit status	Closed	Audit Log status	Closed	<ul style="list-style-type: none">• Transparency on strategies and the associated process(es)• Consistency with strategy related documentation
<p>a. We reviewed the presentation on the mission and vision statement for the Board Development Day during March 2022 and the related notes. We found that this area was substantially covered by the Board members, along with the review of the strategic objectives. The mission and vision statement were formally approved by the Board on the 31st March 2022 and we were able to confirm this from the related meeting minutes.</p> <p>b. <u>Long-term strategy:</u> We were informed that no changes were made to the original IMTP plan for 2022-25 as the plan was not materially impacted. However, we are aware that scenario calculations have been prepared as a result of recent Digital Cost Pressures (DCPs) and these were reported separately to the Board. We tested DCPs as part of our Financial Sustainability audit, and in the related audit report we raised a recommendation that the organisation should formally set, and when required, adjust medium and longer-term plans.</p> <p>During our fieldwork, we were informed that the long-term strategy is due to be developed in 2023/24, and this has been delayed as the Welsh Government Health and Care Strategy has not yet been published and there will be implications for DHCW as a main delivery partner for this.</p> <p>The 'Long-Term Strategy' approach is scheduled for Board Development discussion during June 2023 and the strategy will be presented to the Board during September 2023.</p> <p><u>Forward Workplan:</u> There were regular reports on the forward workplan to the Board during 2022/23. We were able to verify this through our review of the Board meeting minutes.</p>				

Supporting strategies, frameworks and programmes:

We reviewed current strategy documents and note that in certain areas, there were only plans and / or schemes in place without a formal strategy (e.g. Estates Plan).

We were informed that in case of Welsh language, and Decarbonisation the title name of documents was dictated by the Welsh Government and as such, DHCW is not able to deviate from these. Hence, they are referred to as "Scheme" and "Plan".

See summary findings of our strategy review below:

Title	Period covered	Version	Approved by the SHA Board ***	Available on the website
1. Cloud Strategy	not defined	not defined	Yes	No
2. Decarbonisation Strategic Delivery – Plan**	2021-30	not defined	Yes	Two versions.
3. Estates Plan**	2022-25	not defined	N/A*	No
4. External Stakeholder Engagement Strategy and Framework	2021/22 – 2022/23	1.0	No	No
5. National Data Resources Strategy (NDR) Data Strategy	2022-25	5.1	No	No
6. Open Architecture Strategy	not provided for review		No	No
7. People and Organizational Development Strategy	2022-25	not defined	N/A*	No
8. Research and Innovation Strategy	2022-25	not defined	N/A*	Draft only.
9. Risk and Board Assurance Framework Strategy	not defined	6.3	Yes	Yes
10. Digital Medicines Transformation Portfolio (DMTP) strategy	2022-26	1.0	No	No
11. Welsh Language Scheme**	2022-25	0.5	N/A*	No

*: Confirmed Board meeting minutes were not available on the website.

** : No formal strategy in place.

***: Information based on SHA Board meeting minutes.

We note that MSOs require that the corporate strategies are approved by the Board. However, this is not formally defined by them. We also note that DHCW does not have a formal document in place to define corporate strategies either, as such, this is open for interpretation.

Some strategies (e.g. NDR) were not approved by the Board as they are linked to major programmes, as such, they are subject to special programme governance arrangements by WG. We were informed that the DHCW has recently commissioned an independent external review in this area.

Furthermore, we were informed that the Strategic Equality Plan is currently out for consultation.

We were also informed that there is an action plan in place to make all strategies available on the organisation's website, including their translation to Welsh.

- c. We reviewed the Board development notes for 3rd March 2022 and confirmed that strategic objectives have been discussed. Furthermore, we were able to confirm that the strategic objectives were approved by the Board on 31st March 2022.

Opportunity for Improvement		Priority
3.1	Characteristics of the strategies should be standardised, and a consistent approach should be applied in the development of the documents (e.g. ensure their period is clearly defined, that they are subject to version control, and they have a due date for when their next review is due.). Furthermore, details over which strategies should be approved by the Board and / or other committees should be documented, to assist the public in viewing the end-to-end process of each strategy.	N/A

4. Previous Matter Arising: Health and Care Standards for Wales (Design)

Original recommendation and management response

Original priority

We recommend that DHCW ensures that:

- a. the Audit and Assurance Committee provides the Board with assurance on compliance with the Health and Care Standards for the 2021-2022 period; and
- b. future IMTP and annual plans comment on planned compliance with the Health and Care Standards, linking to key evidence.

Management response:

- a. The Audit and Assurance Committee reviewed the Health and Care Standards for 2021-22 on the 18 January and reported to the Board on the 27 January that the Health and Care Standards report had been received for assurance. In addition, the standards relevant to the DG&S Committee will go to the DG&S Committee on the 18 February for further scrutiny and a Health and Care Standards report to the Board on the 31 March.

Responsible Officer: Board Secretary
Target date: 31/03/2022

- b. The IMTP 2022-2025 will include information on compliance with the Health and Care Standards.

Responsible Officer: Chief Operating Officer
Target date: 31/03/2022

Low

Current findings

Potential Improvement

Follow up audit status

Closed

Audit Log status

Closed

N/A

- a. A self-review to assess compliance with the Health and Care Standards takes place annually. We found that the assessment for 2021/22 was reported to the Audit and Assurance Committee (AAC) during January 2022, and the assessment for 2022/23 was reported to the Digital Governance and Safety Committee (DG&S) during February 2023. We were able to review both reports and the related Committee meeting minutes.

We note that while the reports were prepared on the annual basis, the results were reported to different Committees. We also note that the assessment report for 2021/22 to the AAC did not include a formal action plan, however, the report for 2022/23 to the DG&SC did. We also found that both reports, prior to the committee reporting, were approved and scrutinised by the Risk Management Group and the Management Board. Per the annual self-assessments, 10 out of 23 Health and Care standards were not applicable for DHCW. We found that non-compliance with the Standards was not identified, and there was no rating below three amongst the assessment results. Furthermore, we found that the self-assessment results have improved each year, as illustrated below.

Rating Category	Rating description	Year 2020/21	Year 2021/22	Year 2022/23
Rating 3	<i>"We are developing plans and processes and can demonstrate progress with some of our key areas for improvement"</i>	2	2	2
Rating 4	<i>"We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business."</i>	5	9	2
Rating 5	<i>"We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from"</i>	6	2	9
TOTAL number of applicable Standards		13	13	13

- b. We note that there is a dedicated Health and Care Standards page in the IMTP for 2022-25. This page states that 'DHCW will work to improve compliance with the Standards'. Comparing the annual self-assessments for 2021/22 and 2022/23 to the IMTP, we found that Standard 4.2. Patient Information was listed in the IMTP as an applicable standard with 'Example Evidence' and was marked as a new area of focus. However, in the assessment report this Standard was classed as not applicable for the organisation. We recognise that this will be incorporated going forward under the updated duty of quality requirements from the 1st of April 2023.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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Estates Compliance – Waste Management

Final Internal Audit Report

March 2023

Digital Health and Care Wales



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Partneriaeth
Cydwasaethau
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Review reference:	DHCW-2223-14
Report status:	Final
Fieldwork commencement:	27 th January 2023
Fieldwork completion:	19 th February 2023
Draft report issued:	28 th February & 15 th March 2023
Management response received:	15 th March 2023
Final report issued:	15 th March 2023
Auditors:	Simon Cookson, Director of Audit & Assurance Services Stephen Chaney, Deputy Head of Internal Audit Philip Lewis-Davies, Principal Auditor
Executive sign-off:	Clare Osmundsen-Little, Director of Finance
Distribution:	Julie Ash, Head of Corporate Services Michael McGrath, Estates Compliance Manager
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

This internal audit has been undertaken to provide an opinion over the arrangements and regulatory compliance of waste management. of Digital Health and Care Wales (DHCW). We reviewed activity during 2022 and considered planned activity and development for 2023.

Overview


Substantial assurance has been recorded across the objectives of the audit with the exception of the following matters:

- The Waste Management Policy is out of date, but has since been updated and is being reviewed prior to being re-issued. We have noted two topics that need to be considered before any re-issuance, covering documents to be read in conjunction, and clarity over the duty of care audits and related activities.
- Procurement compliance with DHCW’s financial instructions could be strengthened where suppliers’ arrangements are subject to roll over and variation from year to year. This may result in a supplier exceeding the £5k cumulative threshold, thus requiring three quotes to be obtained and assessed to support competitive procurement.
- A waste management supplier was omitted from the Waste Licences and Information spreadsheet maintained by DHCW in error. The supplier may not have been subject to future licence checking.

All matters arising are detailed in Appendix A.

Report Classification

Substantial



Few matters require management attention in control design or compliance.

Low impact on residual risk exposure.

Assurance summary¹

Assurance objectives	Assurance
1 To ensure that an appropriate policy is in place to address waste management issues and addresses DHCW’s strategic targets for recycling / waste reduction, including those mandated at national level.	Reasonable
2 To ensure that supporting procedures are in place, detailing the proper and safe storage, handling, transportation, and disposal of waste, in compliance with relevant legislation, in particular WHTM 07-01 and the WEEE Regulations.	Substantial
3 To ensure that an appropriate governance structure is operating, with clearly defined accountability, reporting and approval processes that ensures that risks are appropriately recorded, monitored and escalated.	Substantial
4 To ensure that appropriate waste budgetary control arrangements are applied including the control, evaluation and payment of invoices.	Substantial
5 To ensure that waste management contracts are appropriately procured and performance effectively monitored.	Reasonable
6 To ensure that operational practices reflect national guidance, regulations and local procedural requirements e.g.	Substantial

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

	segregation, storage, safe handling, transfer etc., and associated record keeping.	
	7 To ensure that there are effective procedures in place to review waste reduction / recycling initiatives in support of the achievement of agreed / mandatory targets.	Substantial
	8 To ensure that adequate arrangements are in place to record, monitor and report waste management activities, and that reporting is appropriately directed at both operational and executive level.	Reasonable

Matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Waste Management Policy is not current and does comment on Duty of Care activities required	1,8	Design	Medium
2	Waste management supplier procurement does not consider cumulative value of services when determining the procurement approach to be followed.	5	Design	Low
3	One waste management supplier was not listed by DHCW and as a result may not be checked periodically to confirm that the supplier holds current licences.	8	Operating	Low

1. Introduction

- 1.1 This internal audit provides an opinion over the over the arrangements and regulatory compliance of waste management.
- 1.2 DHCW's Waste Management Policy (the 'Policy') is designed to provide guidance to ensure DHCW's waste management approach is safe and in full compliance with all statutory requirements, including the Waste Electrical and Electronic Equipment (WEEE) Regulations. The Policy forms part of a wider DHCW Environmental and Sustainability Policy that sets out the principles for environmental management and sustainability within the organisation.
- 1.3 DHCW has a BS EN ISO14001: 2015 accreditation, being the international standard that specifies requirements for an effective environmental management system.
- 1.4 The Integrated Medium Term Plan for 2022/23 to 2024/25 includes a section on Embedding a Sustainable Culture that is linked to the DHCW Decarbonisation Strategic Delivery Plan. This sets out the continued improvement in carbon management within several key areas including waste management and WEEE waste.
- 1.5 Objectives of the area under review were to ensure that:
 - an appropriate policy is in place to address waste management issues and addresses DHCW's strategic targets for recycling / waste reduction, including those mandated at national level;
 - supporting procedures are in place, detailing the proper and safe storage, handling, transportation and disposal of waste, in compliance with relevant legislation, in particular WHTM 07-01 and the WEEE Regulations;
 - an appropriate governance structure is operating, with clearly defined accountability, reporting and approval processes that ensures that risks are appropriately recorded, monitored and escalated;
 - appropriate waste budgetary control arrangements are applied including the control, evaluation and payment of invoices;
 - waste management contracts are appropriately procured and performance effectively monitored;
 - operational practices reflect national guidance, regulations and local procedural requirements e.g. segregation, storage, safe handling, transfer etc., and associated record keeping;
 - there are effective procedures in place to review waste reduction / recycling initiatives in support of the achievement of agreed / mandatory targets; and
 - adequate arrangements are in place to record, monitor and report waste management activities, and that reporting is appropriately directed at both operational and executive level.
- 1.6 The risks considered in the review included:
 - safety of DHCW staff, visitors and contractors is adversely impacted;

- environmental damage is caused by action or inaction;
- non-compliance with legislation, risking financial penalties or prosecution; and
- failure to achieve mandated waste reduction targets.

1.7 Whilst the audit has considered the waste management arrangements and regulatory compliance in 2022, the audit has also considered any planned activity and development during 2023. Consequently, this has been reflected within our conclusions and assurance ratings.

2. Detailed Findings

The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	1	1	2
Operating Effectiveness	-	-	1	1
Total	-	1	2	3

Objective 1: to ensure that an appropriate policy is in place to address waste management issues and addresses DHCW’s strategic targets for recycling / waste reduction, including those mandated at national level

- 2.1 The Waste Management Policy (POL-CG-019) (the ‘Policy’) was obtained and reviewed, as was the Environmental and Sustainability Policy. These policies address waste management issues directly. DHCW’s strategic targets reflect sustainability and decarbonisation objectives aligned to national targets. These targets are detailed in the Sustainability Plan and Sustainability Strategy and in the Decarbonisation Action Plan.
- 2.2 However, we noted that the Policy went out of date in March 2022. We understand that an update has been drafted and that this version is out for consultation. Our review of the Policy identified that a list of documents are to be read in conjunction with the Policy and that some of these are also out of date, for example, Incident Reporting and Investigation Policy; Environment and Sustainability Policy; and Control of Contractors Policy - all of which having a review date of March 2022. We have raised these findings in [matter arising one in Appendix A](#).
- 2.3 In addition, we noted that the Policy does not comment in detail on the Duty of Care Audits and related activity that is required to ensure any legislative obligations placed on DHCW are met. We identified that suppliers’ waste management licences regarding the transfer of waste are checked when a

supplier is engaged and that licences are reviewed at least annually. It was less clear as to whether DHCW check that sites receiving waste from the suppliers are licenced to receive specific classification of waste, or whether those parties engaged have any current regulatory issues that may impact services provided to DHCW.

Conclusion:

- 2.4 Whilst the policies and documents that are to be read in conjunction with the Policy, and the related sustainability and decarbonisation objectives are aligned and address waste management matters, there is a need to update the Policy and related documentation. In particular, whilst Duty of Care activity is referred to within the standard operating procedures, it is not included within the Policy. Therefore, we have provided **reasonable assurance** over this area.

Objective 2: to ensure that supporting procedures are in place, detailing the proper and safe storage, handling, transportation, and disposal of waste, in compliance with relevant legislation, in particular WHTM 07-01 and the WEEE Regulations

- 2.5 The following procedural documents were reviewed: the Environmental Management Document and the IT Hardware Removal, Redeployment and Disposal Document. The latter document has been updated and reissued under the title of IT Hardware Lifecycle Procedure.
- 2.6 These documents, together with the Waste Management Policy, comment on safe storage, handling, transportation, and disposal of waste matters and guide staff to act compliantly with guidelines and policy. Reference is made to legislative requirements, specifically the WEEE Regulations and to NHS Wales Welsh Health Technical Memorandum (WHTM 07-01). However, it should be noted that DHCW are not actively engaged in clinical waste management related activity. DHCW waste relates to general office and IT hardware waste only.

Conclusion:

- 2.7 We have not raised a matter arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 3: to ensure that an appropriate governance structure is operating, with clearly defined accountability, reporting and approval processes that ensures that risks are appropriately recorded, monitored and escalated

- 2.8 The governance structure is linked to the clearly defined roles and responsibilities set out in the Waste Management Policy. The Chief Executive has overall responsibility and is accountable to the DHCW Board for the management of waste within the organisation, and the Executive Director of Finance & Business Assurance has been given delegated responsibilities to ensure that waste is managed appropriately throughout the organisation and advises the DHCW Board accordingly. Responsibilities are also defined to levels of all staff within DHCW.

-
- 2.9 Waste management related matters are managed within Estate Compliance within Corporate Services, with Estates Compliance reporting provided to every Audit and Assurance Committee and the opportunity to highlight matters to the Board as required.
- 2.10 Risk related matters can be identified by any member of staff and can then be recorded on the Datix risk database, as a general member of staff, a Datix risk controller or owner. In such cases, the risk may have been identified as a result of an incident, actual or near miss – although these are rare. No such risk is currently recorded on the Datix risk database with no such incidents detailed in Estates Compliance Reports presented to the Audit and Assurance Committee in 2022 either.
- 2.11 There is an effective waste management governance structure in place with roles and responsibilities defined. The reporting of risks and incidents is embedded across DHCW and allows for such information to be shared with Estates Compliance, as well as with line management where any event was initially captured.

Conclusion:

- 2.12 We have not raised a matter arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 4: to ensure that appropriate waste budgetary control arrangements are applied including the control, evaluation and payment of invoices

- 2.13 The budget for waste management is split between Corporate Services, regarding general office waste and Client Services regarding IT hardware disposal. The budget / actual spend is monitored at monthly Finance Reviews, between budget holder and their Finance Business Partner and also via the provision of monthly Power BI Budget Reports. It was noted that the absolute annual budget values involved are not significant to either function.
- 2.14 These waste management services are provided by a handful of suppliers who operate at the various DHCW sites for general waste and at Ty Glan-yr-Afon site for IT hardware disposal. It was noted that for some sites, general office waste collection is managed under the landlord agreement and not directly under the control of DHCW.
- 2.15 A sample of waste management supplier invoices was reviewed and it was evidenced that invoices are supported by detailed information regarding the waste collected and the transfers made, including waste transfer notices and certificates of destruction where relevant. Sufficient information is provided to allow DHCW managers to check the correctness of the invoice and evidence legal compliance of activity before approving invoices for payment on Oracle.
- 2.16 Any adverse variances would be identified promptly as most of the spend is fairly evenly spread across the year, as cost is based on pick ups rather than actual weights or volumes, in the case of general office waste. However, IT hardware

disposal is more variable in nature with more detailed supporting information provided by the suppliers and scrutinised by Client Services.

Conclusion:

- 2.17 We have not raised a matter arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 5: to ensure that waste management contracts are appropriately procured and performance effectively monitored

- 2.18 The waste management related suppliers' procurement arrangements are defined by the value of services provided. As no one supplier has an annual activity with DHCW in excess of £5k, there is no requirement to seek three quotations and demonstrate competitive procurement. Performance is managed with waste collection and destruction monitored and activity matched to invoices, together with evidence of legal compliance of the waste transfer activity of the suppliers.
- 2.19 However, we noted that some suppliers' services are rolled over to subject variation from year to year. The services provided may exceed the £5k threshold cumulatively and require three quotes to be obtained and evaluate, it not being appropriate to continue to use the same suppliers from year to year without any competitive evaluation. We have raised this finding in [matter arising two in Appendix A](#).

Conclusion:

- 2.20 We have raised one matter arising under this objective with regard to compliance with procurement policy, as established in the DHCW Financial Instructions. Therefore, we have provided **reasonable assurance** over this area.

Objective 6: to ensure that operational practices reflect national guidance, regulations and local procedural requirements e.g. segregation, storage, safe handling, transfer etc., and associated record keeping

- 2.21 Documentary review of procedures and policy with regard to the segregation, storage, safe handling, and transfer of waste has been commented on in objective two above. With regard to the associated record keeping, the Waste Management Policy provides guidance on those documents that those held responsible for waste should retain them for a minimum of three years.
- 2.22 Operational practices are subject to audit, externally under the ISO accreditation, and internally where Safety, Health and Environmental (SHE) visits are undertaken at each site quarterly and include a review of waste management related activity. The current SHE Corrective Action and Preventative Action Plan was reviewed and we noted that there were no specific waste management issues listed.

Conclusions:

- 2.23 We have not raised a matter arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 7: to ensure that there are effective procedures in place to review waste reduction / recycling initiatives in support of the achievement of agreed / mandatory targets

- 2.24 Waste minimisation is managed via the waste hierarchy as noted in the appendix of the Waste Management Policy. This consists of prevention, minimisation, re-use, recycling, energy recovery, disposal. Currently 99% of waste is recycled or produces energy recovery.
- 2.25 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 31st March 2022. Significant progress has been reported having achieved a 29% reduction in emissions during 2021-22 compared to the baseline year 2019-20. DHCW are well on the way to achieving the reduction targets for Scope 1 and 2 Emissions (excluding Procurement data) of 19% reduction by 2025 and 34% reduction by 2030.
- 2.26 Given DHCW's performance to date there are no specific waste reduction or recycling initiatives in force at the time of the audit. However, the situation is under periodic review and initiatives would be developed if performance were to deteriorate.

Conclusions:

- 2.27 We have not raised a matter arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 8: to ensure that adequate arrangements are in place to record, monitor and report waste management activities, and that reporting is appropriately directed at both operational and executive level

- 2.28 The key report produced is the monthly Estates Compliance Report which is presented to each Audit and Assurance Committee meeting. The report includes specific comment on waste management activity and performance.
- 2.29 As noted in para 2.10 above, waste management risks would be captured on the DHCW Datix risk database and subject to standard risk management procedures. These would be reported as part of Corporate Services risk and be subject to a directorate review and escalation to the Corporate Risk Register, if warranted. At the time of the audit no such risks were held on the database.
- 2.30 In addition, monitoring of waste management activity is performed including detailed review of invoices and related supporting documentation, quarterly

Safety, Health and Environmental (SHE) visits to each site, and specific review of supplier licences and Duty of Care related controls.

- 2.31 We noted that Duty of Care Audits and related activities are not clearly defined in the Waste Management Policy, as noted in para 2.3 above. The activities undertaken to support monitoring of the legality of supplier operations are not robustly stated.
- 2.32 We also noted that whilst waste management suppliers have their licences checked at least annually, to ensure that they are able to operate legally, we identified one supplier that was not on the Waste Licences and Information spreadsheet maintained by DHCW. The spreadsheet is used to perform timely supplier licence update reviews. There is a need to independently review the spreadsheet to ensure that all new suppliers are promptly added. We have raised this finding in [matter arising three in Appendix A](#).

Conclusions:

- 2.33 Whilst the recording, monitoring and reporting of waste management activities is well developed and embedded, we did note that procedures can be further enhanced. The Waste Management Policy needs to be updated for the Duty of Care Audit activity, as noted under objective one. In addition, the procedure for checking licences needs to be strengthened. Therefore, we have provided **reasonable assurance** over this area.

Appendix A: Management Action Plan

Matter arising 1: Policy Management (Design)	Impact
<p>The Waste Management Policy (POL-CG-019) was originally approved by Velindre NHS Trust in March 2018 and is now out of date, the policy review date being 31/3/22. We understand that a review of the policy has been performed by DHCW and redrafting has been made, and the revised draft is now out for consultation.</p> <p>Further review of the Waste Management Policy highlighted that the policy should be read in consultation with several related DHCW policies, many of which are also out of date, for example, Incident Reporting and Investigation Policy, Environment and Sustainability Policy and Control of Contractors Policy, all of which having a review date of 31/2/22. There is a need to ensure that those policies referenced in the redrafted Waste Management Policy, as to be read in conjunction with the policy, are also current.</p> <p>We did note that the key procedural waste management documentation relating to Environmental Management and the IT Hardware Lifecycle were both current.</p> <p>From our review of the Waste Management Policy, we also noted that there was limited comment on the Duty of Care Audit activity to be undertaken. Duty of Care activities are actioned when a new contractor is engaged, with at least annual checks to ensure that contractors hold current relevant licences thereafter.</p> <p>To ensure consistency of approach, there is a need for the policy to incorporate the approach to be followed by DHCW, to audit those contractors engaged in general office waste and IT hardware disposal, directly or via landlords. This approach should be detailed to be compliant with the legislative obligations of DHCW.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none">• The non-current Waste Management Policy may not reflect current legislative requirements and may adversely impact staff, visitor and contractor safety, and may result in environmental damage due to actions or inactions of DHCW and result in reputational damage.• The Waste Management Policy does not provide sufficient clarity on the Duty of Care activities to be undertaken and may result in inadequate monitoring of the activities of those companies that manage DHCW waste on its behalf, and contrary to current legislative obligations placed on DGHWCW as a waste producer.

Recommendations		Priority
1	We recommend that DHCW management ensures that: 1.1 Those policies that are to be read in conjunction with the Waste Management Policy should be checked to ensure that they are also current or are brought up to date as a matter of urgency. 1.2 The Waste Management Policy redraft comments in detail on the approach to Duty of Care activities to be followed by DHCW and that this approach is compliant with the legislative obligations of DHCW. 1.3 The Waste Management Policy redraft is approved promptly and made available to all staff.	Medium

Management Responses		Target Date	Responsible Officer
1.1	Agreed. DHCW will review all Policies that are to be read in conjunction with the Waste Management Policy to ensure that they are current and up to date.	June 2023	Estates Compliance Manager
1.2	This recommendation is agreed. The redrafted Waste Management Policy detail on the approach to duty of care.	June 2023	Estates Compliance Manager
1.3	Agreed. Review of the Policy will commence imminently and the Policy will then go through consultation and formal approval processes prior to publication.	July 2023	Estates Compliance Manager

Matter arising 2: Procurement of Waste Management Services (Design)

Impact

Waste management services relating to general office waste and IT hardware are provided by six companies directly engaged by DHCW, and via the landlords at some sites where these services are provided under the rental lease agreements for the properties concerned.

In the case of the suppliers directly engaged by DHCW, a review of activity indicates that supplied services do not exceed £5k for any one supplier for the year. The Procurement Policy, as detailed in the Standing Financial Instructions, does not require quotations to be obtained and assessed before appointing a supplier. However, where a supplier is employed over a number of years with any agreement rolled over, or subject to variation, then the £5k limit may be exceeded cumulatively.

There is a need to review each waste management contract cumulatively and consider obtaining three quotations where a supplier may have, or will in the next year, exceed the £5k cumulative threshold. In such instances DHCW should not continue to roll over agreements and seek to evidence competitive procurement in compliance with the DHCW Procurement Policy.

Potential risk of:

- Procurement of waste management services is not compliant with Procurement Policy, failing to evidence a competitive procurement approach and therefore demonstrate a value for money solution.

Recommendations

Priority

- 2 We recommend that DHCW management ensure that:
- 2.1 Waste management services for the management of general office waste and IT hardware should be reviewed annually to assess the cumulative value of services supplied by each contractor and where the value exceeds the threshold of £5k. Any existing supplier agreement should not roll over, or be subject to variation, rather the service provided should require the obtaining and assessment of three competitive quotes on which to engage any supplier for the forthcoming year.

Low

Management Responses

Target Date

Responsible Officer

- 2.1 This recommendation is agreed. All new contracts will be reviewed to ensure value for money and where appropriate competitive quotes will be sought.
- June 2023
- Estates Compliance Manager

Matter arising 3: Contractor Licences (Operating Effectiveness)

Impact

The details of all contractors employed by DHCW directly or via the landlords of the DHCW sites are listed (Waste Licences and Information spreadsheet) and an exercise is performed to ensure that relevant licences are currently held by each contractor. The listing details the licences held and the dates that they are effective, most only running for a 12 month period. This listing is updated at least quarterly with updated details of current licences held.

However, we noted that the list did not contain one of the waste management companies directly engaged by DHCW, where office waste is removed from one site. There is a need to independently review the list each quarter to ensure that any new contractors are added and subject to licence checks thereafter.

Potential risk of:

- Not all contractors engaged by DHCW to manage waste may be subject to scrutiny on a continuing basis to ensure they hold current relevant licences, risking adverse reputational damage and possible financial penalties.

Recommendations

Priority

- 3 We recommend that DHCW management ensure that:
- 3.1 All companies are added to the listing of the waste licences (Waste Licences and Information spreadsheet) held by the Estates Compliance Team and evidence of current licences held by the company obtained and details recorded on the listing.
- 3.2 The contractor listing of the waste licences (Waste Licences and Information spreadsheet) held by the Estates Compliance Team is independently reviewed each quarter to ensure that all new contractors are added and are subject to periodic licence checks thereafter.

Low

Management Responses

Target Date

Responsible Officer

- 3.1 Agreed. The list of waste licences has been reviewed and it is confirmed that it is complete and holds all relevant information.
- 3.2 Agreed. The waste licence information is reviewed as part of the current Safety, Health and Environmental process and is independently reviewed as part of ISO 14001:2015 External Audits, which take place every six months.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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Risk Management

Final Internal Audit Report

March 2023

Digital Health and Care Wales



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Review reference:	DHCW-2223-02
Report status:	Final
Fieldwork commencement:	12 th January 2023
Fieldwork completion:	19 th February 2023
Draft report issued:	23 rd February 2023
Debrief meeting:	19 th February 2023
Management response received:	N/A
Final report issued:	31 st March 2023
Auditors:	Simon Cookson, Director of Audit & Assurance Services Stephen Chaney, Deputy Head of Internal Audit Philip Lewis-Davies, Principal Auditor
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Distribution:	Julie Ash, Head of Corporate Services Laura Tolley, Corporate Governance Manager Bethan Walters, Risk and Regulation Officer
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

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Executive Summary

Purpose

This internal audit has been undertaken to provide an opinion over the arrangements in place to ensure that risk is being appropriately managed to enable the delivery of DHCW’s key objectives. The audit focussed at an operational / service level (e.g. department, directorate and project / programme).

Overview

Significant progress has been made in embedding the Risk Management and Board Assurance Framework Strategy (the ‘Strategy’) approved by the Board in May 2021.

The Strategy, policy, and associated policies and procedures have been communicated effectively with training provided.

Based upon sample testing of operational risks selected from the Datix risk database maintained by DHCW we found:

- Risk assessment and documentation is compliant with guidance provided.
- The management of recorded risk is compliant with guidance provided. However, it was noted that many application, development and support related risks may potentially require transfer from DHCW to other NHS Wales organisations. This is a recognised issue and work is underway to continue to identify and affect such transfers promptly.
- Monitoring and reporting is compliant with guidance provided.
- Escalation procedures are adhered to with the Corporate Risk Register and Datix risk database consistently presenting information over the management of risks.

We have not raised any matters from this review.

Report Classification



Few matters require attention and are compliance or advisory in nature.
Low impact on residual risk exposure.

Assurance summary

Assurance objectives		Assurance
1	The implementation, and communication of, the Risk Management and Board Assurance Framework Strategy, and associated policies and procedures.	Substantial
2	The effectiveness of how assessment and documentation of operational risk at a service level is delivered.	Substantial
3	The effectiveness of the management of operational risks (e.g. risk score, actions, target dates, responsible owners and impact on strategic objectives)	Reasonable
4	The effectiveness of monitoring and reporting of operational risk information and escalation procedures for risks that cannot be resolved at an operational level	Substantial

1. Introduction

- 1.1 This internal audit provides an opinion over the arrangements in place to ensure Digital Health and Care Wales (DHCW) risk is being appropriately managed, to enable the delivery of DHCW key objectives. This audit focused at an operational / service level (e.g. department, directorate and project / programme).
- 1.2 The Chief Executive as Accountable Officer of DHCW has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of governance, which encompasses risk management.
- 1.3 The Board approved the Risk Management and Board Assurance Framework Strategy at its May 2021 meeting, following endorsement from the Audit and Assurance Committee earlier that month. The document's purpose is to provide guidance to all staff on the management of strategic and operational risks and the Board Assurance Framework within DHCW.
- 1.4 We completed two internal audits during 2021-22 (Corporate Governance Part One and Part Two) that included commentary and recommendations on strategic risk management matters. These were considered within this review too, where relevant.
- 1.5 Objectives of the area under review were the:
 - implementation, and communication of, the Risk Management and Board Assurance Framework Strategy, and associated policies and procedures;
 - effectiveness of how assessment and documentation of operational risk at a service level is delivered;
 - effectiveness of the management of operational risks (e.g. risk score, actions, target dates, responsible owners and impact on strategic objectives); and
 - effectiveness of monitoring and reporting of operational risk information and escalation procedures for risks that cannot be resolved at an operational level.
- 1.6 The risks considered in the review included:
 - lack of awareness of the Risk Management Strategy and Board Assurance Framework Strategy within DHCW;
 - key operational risks are not being identified, assessed, and / or recorded;
 - operational risks identified are not being effectively managed; and
 - operational risks are not being escalated within DHCW.
- 1.7 The audit has considered the management of operational risks actioned and evidenced during 2022. Sample testing of operational risks was also undertaken based on the Datix risk database information held in January 2023.

2. Detailed Findings

Objective 1: The implementation, and communication of, the Risk Management and Board Assurance Framework Strategy, and associated policies and procedures

- 2.1 The Risk Management and Board Assurance Framework Strategy, (the 'Strategy') and associated policy and procedures are available to all staff. A risk management page on the intranet / SharePoint has been created by the Corporate Governance Team as a repository of the Strategy, policy, procedures and related templates. The risk management site consists of a number of sections, including:
- Risk Management Group;
 - Guidance and Risk Resources;
 - Risk Strategies and Policies;
 - Risk Training; and
 - DHCW Risk Register.
- 2.2 Support and guidance is available from the Board Secretary via email, but has since been subsumed into the intranet resources, where all risk related information is available. Queries can be logged for the Corporate Governance Team members to address. A specific training log is maintained of all staff who raise queries and training, be it standard or bespoke, provided. Communications with staff are also made via the insider magazine and can cover changes to the risk management system or reinforcement of key messages.
- 2.3 In addition, to addressing specific queries from staff, communication is provided via training commensurate with the seniority of staff within DHCW. The Corporate Governance Team manages training required and provided. For example, specific training is provided to staff before they can become risk handlers, risk owners or are promoted into a senior position. This ensures that access to the Datix risk database is controlled and users are fully trained.
- 2.4 All staff can access the risk management page on the intranet via SharePoint and can access training modules. Slide presentations are available currently, but these are scheduled to be developed into video presentations.
- 2.5 All staff also receive a risk management awareness training element, even if they are not Datix users. The policy is for all staff to be risk aware and to report incidents and risks. There is a general risk awareness training module on the intranet too.

Conclusion:

- 2.6 We recognise that considerable effort has been invested to communicate with staff and that the development of the risk management page on the intranet and control over training given, has enhanced the effectiveness of risk management within DHCW. We have not raised any matters arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 2: The effectiveness of how assessment and documentation of operational risk at a service level is delivered

- 2.7 The assessment and documentation of operational risk is detailed in the Strategy and in the Risk Management Policy. The guidance provided is consistent between the Strategy and the Risk Management Policy with regard to the assessment and documentation of operational risk. The guidance provides an appropriate structure detailing the following:
- a standard risk assessment form;
 - standard risk scoring (which details domains, consequence, likelihood); and
 - a standard risk register format.
- 2.8 In addition, all risks are recorded on the Datix risk database using an established reporting format. The Datix risk data is reviewed closely by the Corporate Governance Team and drives a consistency of approach to the recording and documenting of individual risks. However, not all risks recorded on Datix are fully managed by DHCW. For example, we noted that DHCW maintains the record of NHS Wales national cyber risks, but is not responsible for the management of such risks.
- 2.9 The assessment and documentation of DHCW operational risk, based on the risk sample tested, is compliant with guidance. It is driven by the structured Datix risk database input field requirements of risk owners and risk handlers.
- 2.10 We did note that one of the sample risks selected for testing had the same initial and target risk score. This can occur when a risk is initially recorded on the Datix risk database and further work is required to evaluate the risk and target outcome required. A scan of the whole database was then performed which identified that there are 25 such risks recorded, 16 of which have either been accepted or identified for transfer to other NHS Wales organisations. The final nine are to be reviewed by the Corporate Governance Team alongside the risk owners. In addition, a periodic review of such instances is to be included into the monthly metrics going forward. This has not been raised as a matter arising as the number of instances is low and action has been taken to address the issue.

Conclusion:

- 2.11 We have not raised any matters arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 3: The effectiveness of the management of operational risks (e.g. risk score, actions, target dates, responsible owners and impact on strategic objectives)

- 2.12 The management of operational risk is detailed in the Strategy and in the Risk Management Policy. All risks within the Datix risk database are subject to periodic update reviews that vary in frequency based on the risk score. Higher risk score values are reviewed more frequently. Updates focus on the progress made in the delivery of actions to mitigate the risk identified.

- 2.13 The management of identified operational risk including actions plans, based on the risk sample tested, is compliant with the guidance. It is also driven by the structured Datix risk database input field requirements of risk owners and risk handlers.
- 2.14 The frequency of risk updates and comments on action plan activity is evidenced in the sample of risks tested where the risk was initially recorded in the last year. However, the Datix risk database does not contain a full history on those risks relating to legacy issues dating back to the NWIS era. For example, one of the samples selected relates to WCCIS and was initially recorded in 2017. The history of this risk is not fully loaded on to the Datix risk database with the monthly reviews evidenced since August 2022.
- 2.15 We did note that five out of six sample risks selected from the Application, Development and Support (ADS) directorate had update comments that the risk was to be transferred from DHCW to health board(s), with the transfer process via the relevant Service Management Board due to start or in progress. These risks relate mainly to issues identified via the Patient Safety process with risks being assigned to DHCW in the first instance.
- 2.16 This process ensures that all such risks are captured in one location. However, historically a large number of such risks may not have been transferred promptly to the organisations that are best placed to hold and monitor the risk within NHS Wales. Whilst the volume of such risks within the ADS directorate have reduced in the last year, as risk transfers have been successfully made, continued efforts are required. We have not raised a recommendation, as work is already underway to identify and complete such a transfer promptly. We reviewed the steps being completed and are satisfied that this will reduce the risk going forward.

Conclusion:

- 2.17 Whilst we have not raised any matters arising under this objective, the volume of risks that may potentially require transfer from DHCW is a recognised issue and work is still underway. Therefore, we have provided **reasonable assurance** over this area, as the risk is still present.

Objective 4: The effectiveness of monitoring and reporting of operational risk information and escalation procedures for risks that cannot be resolved at an operational level

- 2.18 The monitoring and reporting of risk is detailed in the Strategy and in the Risk Management Policy and includes the escalation processes to be followed.
- 2.19 As above, the monitoring and reporting of identified operational risk including escalation, based on the risk sample tested, is compliant with the guidance. The Corporate Governance Team reviews entries to the Datix risk database during each month and identifies missing information / review updates required. A monthly directorate review slide presentation is compiled and access for each directorate is provided to their section of the Datix risk database. The Corporate

Governance Team attends each Executive Director's meeting and provides commentary on poor performance identified from their review of the Datix risk database.

- 2.20 We did note that two of the departments selected in our sample had bespoke reporting and oversight structures that were the responsibility of parties outside of DHCW, notably WCCIS (local authorities) and NHS Wales national cyber security risks (Service Management Boards and Directors of Digital Peer Group). DHCW make available their section of the Datix risk database, but do not provide any other reporting.
- 2.21 For the sample risks tested, we identified risks that were escalated and matched the Datix risk database record with the movement on the Corporate Risk Register changes reported to the Board during 2022. We also selected a sample of escalated and de-escalated risks as noted on the Corporate Risk Register in 2022 and agreed these movements to the Datix risk database record.

Conclusions:

- 2.22 We have not raised any matter arisings under this objective. Therefore, we have provided **substantial assurance** over this area.

Appendix A: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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Workforce Planning - PADRs Final Internal Audit Report April 2023

Digital Health and Care Wales



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Review reference:	DHCW-2223-01
Report status:	Final
Fieldwork commencement:	1 st March 2023
Fieldwork completion:	27 th March 2023
Debrief Meeting:	27 th March 2023
Draft report issued:	28 th & 30 th March 2023
Management response received:	5 th April 2023
Final report issued:	5 th April 2023
Auditors:	Stephen Chaney, Acting Head of Internal Audit Krisztina Kozlovszky, Audit Manager
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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

To provide Digital Health & Care Wales (DHCW) with assurance that there are appropriate processes in place for ensuring the quality of staff performance appraisals and development reviews (PADRs) as part of workforce planning, including the training and development of existing staff.

Overview


We have provided **reasonable assurance** over the audited areas.

Overall, we found good arrangements in place, which can be refined further, including:

- utilising the functionality within ESR;
- regular quality checks on objectives and performance reviews. Alongside emphasising the key requirements of the Policy; and
- use of exception reports for monitoring purposes.

The above points are detailed further in Appendix A.

Report Classification

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

Assurance summary¹

Assurance objectives	Assurance
1 Monitoring and reporting	Reasonable
2 Personal objective setting and reporting	Reasonable
3 Training and development plans	Substantial

Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Policy	1	Design	Medium
3 Objective Setting	2	Operation	Medium

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

1. Introduction

- 1.1
- We undertook a review of Workforce Planning - PADR within Digital Health and Care Wales (DHCW). This review was included in our Internal Audit Plan for the year.
- 1.2
- DHCW is committed to the performance management and continuous development of its employees to meet service needs and organisational ambitions.
- 1.3
- The process of regular appraisal and development reviews allows for constructive discussion about individual performance, sets and measures achievement of objectives, and establishes individual personal development plans.
- 1.4
- The key risks considered in this review were as follows:
 - the PADR process is not adhered to;
 - untimely or informal PADR resulting in performance issues not being appropriately addressed;
 - staff not having appropriate training and development opportunities;
 - staff lacking motivation or feeling unsupported, leading to an increase in staff turnover.
- 1.5
- We selected a sample of 50 PADRs for testing but were only provided with 25 within the testing timeframe. Nonetheless, the total sample received was consistent with our sampling methodology and thus, we were able to provide an opinion based on the sample received.
- 1.6
- The sample selected and response rate is detailed below.

Sample description	Number of employees selected	Supporting evidence provided	%
25 new employees (employed in the last 12 months) selected for testing	25	9	36%
25 existing staff (employees with over 12 months employment) selecting for testing	25	16	64%
TOTAL	50	25	50%

2. Detailed Audit Findings

The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	1	-	1
Operating Effectiveness	-	1	3	4
Total	-	2	3	5

Audit objective 1: Staff performance is formally monitored and reported in a timely manner, including areas with low completion rates investigated and appropriate action undertaken

Policies and procedures

- 2.1
- The latest policy, titled Appraisal and Development Review Policy (version 3) (the 'Policy') was approved on 16th February 2023. However, on the DHCW's website the old policy (version 1, WFOD-POL-016) was the only version available. This issue was rectified during the course of our fieldwork.
- 2.2
- We noted that the Policy does not list all of the menu options that are available within ESR for recording purposes. As such, it does not provide an overview of when the options should be used. See further information about the available options in objective two. See [matter arising one](#) in [Appendix A](#).

Training to staff and managers

- 2.3
- The Policy states that managers who are responsible for undertaking appraisal processes must attend the following training:
 - The Managers Programme, which includes equality and diversity training; and
 - Pay Progression & Appraisal training.

We were informed that there are variety of methods for ensuring staff complete their training, including exceptions raised at a weekly directors meeting.
- 2.4
- We also note that there is no refresher version of this course for the more senior and experienced line managers. We have included this as part of the comments within the Lessons Learnt section below.

Audit and monitoring

- 2.5
- We found the PADR completion rates across the organisation to be consistently in line with or in excess of the Welsh Government KPI target of 85%.
- 2.6
- We were informed that there are no quality reviews on PADRs completed (e.g. comparison of best practice across different service areas). However, there are templates in place for both objectives settings, and performance reviews. We also note that while the current Policy includes a dedicated section for audit and

monitoring (section 11), this section also does not refer to any formal quality checks. Whilst we have been informed that quality checks are due to be introduced in the future, we have raised this within [matter arising one](#).

- 2.7 Furthermore, there are plans to include specific questions regarding the PADR process in the next staff survey. This will be rolled out during May 2023.

Lessons learned

- 2.8 While lessons learned are fed through from various service areas, there is no consolidated register / tracking of each of the best practice examples identified, to enable easier sharing / embedding across the organisation. However, we were told that feedback from staff – e.g. discussions from exit interviews, findings through external reviews, questions / comments from the staff forums and results from surveys are often followed up.
- 2.9 There is a preference to carry out an organic development in this area. As such, it is preferred to make changes as and when required for the process (e.g. through issuing helpful aids, launching workshops with new agendas or formally revising policy requirements, instead of increasing the number of mandatory training courses).

KPI setting, monitoring and reporting

- 2.10 PADR completion rate is set in line with the Welsh Government's target (85%).
- 2.11 Based on the figures reported to the Management Board for October 2022, we note that six out of ten directorates were under the target line. However, this picture has improved in the subsequent months, and as of December 2022 only three service areas remained short of the target.
- 2.12 The latest Integrated Organisational Performance Report (the 'report') submitted to the Board during January 2023 showed that the appraisal compliance rate was 86% - above the target level for the organisation as a whole.
- 2.13 Divisions are monitored and their KPIs are reported on a monthly basis. We reviewed three monthly reports (September, November and December 2022) for two divisions (Finance and Business Assurance (FBA) and Application Development and Support (ADS)) and found that PADR completion rates were reported for both divisions, and we were also able to agree the reported figures to their underlying reports within ESR.
- 2.14 As the current reporting is based on ESR data (e.g. the reports are run from ESR to calculate appraisal compliance rate), the calculation assumes that the ESR records are up-to-date and reliable.

Conclusion:

- 2.15 We identified one matter arising from a lack of quality reviews, but overall, there are strong controls in place. Whilst we have provided [reasonable assurance](#) over this audit objective, the implementation of the recommendations will

enhance the overall robustness of the controls and strengthen the arrangements further.

Audit objective 2: Staff are set appropriate (SMART) personal objectives which is recorded on ESR, supported by the completion of quality PADR

Records keeping

- 2.16 Templates are in place to record each step of the appraisal process. However, there is freedom to deviate from them.
- 2.17 The Policy states that signed, completed copies of these documents must be kept by both manager and member of staff as evidence of the appraisal discussions and agreements. Per the policy, these documents must be stored electronically on the employee’s personal file.

a) Records on individual objectives

- 2.18 ESR has a functionality to record personal objectives. However, this is not utilised. From our sample of 50 employees (including 25 new employees, and 25 existing staff), no one had recorded objectives in ESR. In the case of one employee, we found that a form called ‘SMART objectives’ was uploaded to ESR.
- 2.19 Detailed in the Policy, uploading or recording SMART objectives to ESR is not mandatory. However, the current functionalities of the system support this option. This has been included within [matter arising one](#) in [Appendix A](#)
- 2.20 We note that the low number of uploads limits the People and OD Team to carry out centralised checks and to draw overarching conclusions from them. For example, to help inform a centralised training and development approach.
- 2.21 Furthermore, whilst we sampled 25 new employees, we only received supporting evidence for nine of them (36%). Summary of findings for these items are as follows:

Elements of the documentation	Number of cases	%
Template was used	7	77.78%
The document was dated	8	88.89%
Time period was defined	2	77.78%
SMART objectives were set	2	22.22%
Skill and knowledge were defined	1	11.11%
Objectives were in-line with the Job description	4	44.44%
Learning was identified	6	66.67%
The document was signed (both by the line manager and the employee)	2	22.22%

Whilst the above points are minor in nature, there is a possible impact on the quality of the employees’ records. This has been raised as [matter arising three](#).

Staff b) Records on individual performance

- 2.22 There are 13 review types in ESR which can be selected from a drop-down menu, but the current training course only refers to three types. We found that in total, five types were used by staff at DHCW (Review; Performance Appraisal; AfC Development review; PDP; and Pay Progression Meeting). We note that there is no written guidance to the different types, as such, we were unable to establish when the different categories are required to be utilised. It is likely, that there may have been an inconsistent use of the different review types. This has been included within [matter arising one](#).
- 2.23 Similarly to the objective setting process explained above, a template is in place to record performance reviews. We note that while ESR has the option to upload such a document, many of the line managers choose not to attach any documents to ESR, although the uploading documents to ESR is not mandatory.
- 2.24 From the 50 employees sampled on ESR (including 25 new employees and 25 existing staff), we found that one person had an uploaded "pre-appraisal form" (4%), and four employees had their PADRs uploaded (8%), from which one PADR was in a draft format.
- 2.25 In the case of our 25 existing staff sample, we were only able to review supporting evidence for 16 employees (64%) – other than those stored in ESR. For the remainder of the sample (nine - 36%) no PADR was provided for us to review.
- 2.26 We found that only four PADRs (25%) included a balanced overview / feedback (e.g. listing negative and positive behaviours); recognised achievements of the employee; or provided credit for actions carried out by the employee. We also found that some of the PADRs were not properly dated, or their time period was not formally defined. Overall, the quality of the reviewed PADRs varied. These points have been included within [matter arising three](#) in [Appendix A](#).
- 2.27 We also note that it was not clear as to whether the appraisal reviewer role had been delegated to someone else, other than the line manager. This has also been included within [matter arising three](#) in [Appendix A](#).
- 2.28 In terms of date recording, from the 25 employees sample mentioned above, we found that while dates had been recorded in ESR, some recorded time parameters were confusing. In some cases, we also found that there were significant time gaps between the review periods. This has been raised as [matter arising two](#).
- 2.29 Furthermore, we note that the system allows back dated recording as it does not date stamp the actual recordings. There are also no formal checks regarding the recorded dates, as such, no exception reports are reviewed to eliminate anomalies in ESR. This has been included within [matter arising two](#).

Policy adherence

- 2.30 As stated in objective one, the Policy dictates the timeframe when line managers and staff are required to carry out objective settings and reviews. See example extract from the Policy below:

"The organisation is committed to ensuring that all employees who take up new posts will have an induction plan and short-term objectives agreed within the first fortnight of their employment with longer-term performance and personal development objectives agreed within the first 6 months of them taking up the post. Annual appraisals will be required in accordance with the Pay Progression Policy and where a pay step is due, a Pay Progression meeting arranged at least 12 weeks prior to the employee's incremental date."

- 2.31 Testing the same samples above, we found that adherence to these policy requirements were not always met with no formal monitoring or action plans in place for them. This has been included within [matter arising three](#).

Conclusion:

- 2.32 We identified two medium and three low priority matters arising regarding the PADR records and adherence issues to the current Appraisal and Development Review Policy (WFOD-POL-016, version 3). Therefore, we have provided **reasonable assurance** over this audit objective

Audit objective 3: Appropriate training and development plans within the PADR are detailed, where skill and knowledge gaps are identified

- 2.33 The PADR template includes a 'Personal Development' section where training needs / requirements can be recorded. However, this data is not consolidated and analysed, and is not used to support organisational decisions.
- 2.34 A new template titled, Integrated Workforce Plan for 2023-26 (the 'IWP') has been launched this year. This was due to be completed by all directorates by 16th February 2023 (later extended to 23rd February 2023) for the first time, with quarterly reviews scheduled going forward, as part of the IMTP workForce planning cycle.
- 2.35 This template includes a tab titled 'SIP and Skills requirements' where training requirements can be recorded along with their timeframe, priority, cost and funding implications for the division. We note that it is down to the individual managers to make sure that reporting on this template is aligned with the individual PADR.
- 2.36 We also note that the current PADR annual completion cycle is different from the IWP reporting cycle as such information presented in these documents may not be comparable.
- 2.37 Furthermore, we note that there is an expectation that if the circumstances change e.g. upskilling required in certain areas, after the IWP has been submitted, then this will be formally reported to the People and OD Team. However, we note that the reporting format for such reporting has not yet been finalised.

Conclusion:

2.38 We did not identify any reportable issue in this area. Therefore, we have provided **substantial assurance** over this audit objective.

Appendix A: Management Action Plan

Matter arising 1: Policy		Impact	
<p>While ESR has a functionality to upload supporting documents as evidence of the PADR process, this functionality is not utilised often. We reviewed 25 new employees and 25 employees with more than 12 months employment and found that supporting evidence was not always uploaded to ESR.</p> <p>Currently, there are no quality checks carried out as part of the PADR monitoring process and this was also excluded from the Appraisal and Development Review Policy (the 'Policy').</p> <p>Furthermore, we note that the Policy does not list all of the menu options that are available in ESR for recording purposes. As such, it does not give an overview of which option should be used by the member of staff / the line manager.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none">• Lack of retrievable evidence• Limitation for centralised monitoring	
Recommendations		Priority	
1.1	DHCW should consider if PADR documents should be uploaded to ESR and if so, promote this position.	Low (Operation)	
1.2	Quality checks should be carried out on a regular basis, and the need to carry out these checks should be formally documented in the Policy, together with clear descriptions of the review types available.	Medium (Design)	
Management response		Target Date	Responsible Officer
1.1	Additional guidance will be provided on how to upload the signed Values Based Appraisal onto ESR. The policy will be amended to reflect this at the next review in September 2023.	30 th Sept 2023	Sarah Brooks, OD, Culture & Engagement Lead
1.2	Internal Audits will be undertaken on a quarterly basis. The current policy states to use two review types which are 'AFC Development Review' and 'Pay Progression Meeting'. A note will be added to disregard all other review types on ESR, as these are not relevant for DHCW, this will be amended at the next policy review in September 2023. This will also be reflected in guidance as per 1.1.	30 th Sept 2023	Sarah Brooks, OD, Culture & Engagement Lead

Matter arising 2: Recorded Dates		Impact
<p>We selected 25 employees with over 12 months employment status and reviewed their PADR recording within ESR. We found the following anomalies:</p> <ul style="list-style-type: none"> the review period was not properly set; the next appraisal date was not recorded / or it was not scheduled appropriately; the appraisal date was logged at the first day of the period or before / after the period end; there were no clear references as to whether the review related to a mid-year or end-of-year period; and there were gaps between the review periods with no explanations as to why, or the review periods were overlapping. <p>Furthermore, we note that there are no formal checks of the recorded dates. As such, no exception reports are reviewed to eliminate anomalies identified within ESR.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Inaccurate data held within ESR. Inaccurate reports resulting in incorrect management decisions made.
Recommendations		Priority
2.1 Management should promote the importance of accurate recording.		Low (Operation)
2.2 Be-spoke management reports should be created and monitored to identify anomalies.		Low (Operation)
Management response	Target Date	Responsible Officer
2.1 The POD team currently deliver Pay Progression and Appraisal training which includes a section on accurate recording. The importance of accurate recording will form part of the quarterly internal audits and evaluation of the workshops. We will continue to communicate the importance of accurate recording via internal newsletters and Sharepoint.	30 th July 2023	Sarah Brooks, OD, Culture & Engagement Lead
	30 th May 2023	Sarah Brooks, OD, Culture & Engagement Lead
2.2 The findings from the internal audits and evaluation will be shared with Directorates and individuals, as appropriate.	30 th August 2023	Sarah Brooks, OD, Culture & Engagement Lead

Matter arising 3: Objective Setting

Impact

We reviewed objectives for nine, new employees (from our original sample of 25, 36%) and found that the supporting documents lacked certain elements. The findings have been summarised below.

Potential risk of:

- Incorrect objective setting.
- PADR process not adhered to.
- Different approaches to the completion of PADRs.
- PADR objectives are not SMART.

Elements of the documentation	Number of cases	%
Correct template was used	7	77.78%
The document was dated	8	88.89%
Time period was defined	2	77.78%
Objectives were in-line with the job description	4	44.44%
Skills and knowledge were defined	1	11.11%
Learning opportunities were identified	6	66.67%
The document was signed (both by the Line Manager and employee)	2	22.22%

We repeated the same test for the sample of 16 employees that have worked at DHCW for more than 12 months. We found the following findings.

Elements of the documentation	Number of PADRs	%
Template was used	7	43.75%
The document was dated	11	68.75%
Both names (employee and appraiser) were clearly presented	10	62.50%
Time period was defined	9	56.25%
Information on values in behaviour was provided	4	25.00%
Information on talent and career planning was provided	4	25.00%
Learning was identified	7	43.75%
Readiness to progress was defined	3	18.75%
The document was signed (both by the Line Manager and employee)	1	6.25%

Furthermore, we evaluated the objectives for the nine new employees and found that not all of them were SMART. We have provided a summary of the results below.



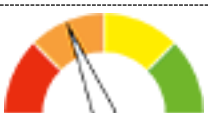
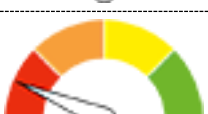

Type	Number of employees	%
SMART objectives	2	22.22%
Partially SMART objectives	2	22.22%
Not SMART objectives	3	33.33%
Only next year objectives – not SMART	1	11.11%
Only next year objectives – SMART	1	11.11%
TOTAL	9	100%

Recommendations		Priority	
3.1	Management should emphasize the importance that the Policy is adhered to, including the setting of objectives e.g. SMART, linkable to the job description and organisation's strategies. Skill development, learning and training should be clearly identified with clear actions for the staff member to complete.	Medium (Operation)	
Management response		Target Date	Responsible Officer
3.1	We will maximise opportunity to continuously communicate the importance of the adherence to the policy which includes accurate completion of the Values Based appraisal document (this includes SMART objectives and skills development) via internal newsletters, Staff Briefings and Sharepoint and through POD team.	30 th May 2023	Sarah Brooks, OD, Culture & Engagement Lead

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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Digital Health and Care Wales

Outline Audit Plan 2023

Audit year: 2022-2023

Date issued: March 2023



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

About Audit Wales

Our aims:

Assure



the people of Wales
that public money is
well managed

Explain



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

Inspire



and empower the
Welsh public sector
to improve

Our ambitions:



Fully exploit our
unique perspective,
expertise and
depth of insight



Strengthen our
position as an
authoritative,
trusted and
independent voice



Increase our
visibility,
influence and
relevance



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

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Audit timeline	7
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Introduction

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

My audit responsibilities

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. and the proper preparation of key elements of your Remuneration and Staff Report. I lay them before the Senedd together with any report that I make on them. I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material will be reported to you in my Detailed Audit Plan.



Adrian Crompton
Auditor General for
Wales

I am also required to certify a return to the Welsh Government which provides information about the Special Health Authority (SHA) to support preparation of the Whole of Government Accounts.

Performance audit work

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

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

Fees and audit team

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

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

Your engagement team:

Dave Thomas	Engagement Director & Audit Director (Performance Audit)
Derwyn Owen	Audit Director (Financial Audit)
Mike Whiteley	Audit Manager (Financial Audit)
Darren Griffiths	Audit Manager (Performance Audit)
Sabel Wiliam	Audit Lead (Financial Audit)
Nathan Couch	Audit Lead (Performance Audit)

We confirm that our audit team members are all independent of the SHA and your officers.

Audit timeline

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

Planned output	Work undertaken	Report finalised
2023 Outline Audit Plan	March 2023	March 2023
2023 Detailed Audit Plan	February - April 2023	May 2023
Audit of financial statements work: <ul style="list-style-type: none"> Audit of Financial Statements Report Opinion on the Financial Statements 	May - July 2023	July 2023
Performance audit work: <ul style="list-style-type: none"> Structured Assessment, incorporating a deep dive into a specific thematic area which will be confirmed in the detailed plan in May 2023 Local project work – a review of the SHA's approach to stakeholder engagement 	Timescales for individual projects will be discussed with you and detailed within the specific project briefs produced for each study.	
Review of national financial IT systems hosted and managed by the SHA	March - May 2023	September 2023
2023 Annual Audit Report	Throughout 2023	January 2024

Audit quality

My commitment to audit quality in Audit Wales is absolute.

I believe that audit quality is about getting things right first-time.

We use a three lines of assurance model to demonstrate how we achieve this.

We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD¹ and our Chair acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2022](#).



Our People

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

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



Arrangements for achieving audit quality

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

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



Independent assurance

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

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

¹ QAD is the Quality Assurance Department of ICAEW

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

Key change	Potential impact on your organisation
More detailed and extensive risk identification and assessment procedures	<p>Your finance team and others in your organisation may receive a greater number of enquiries from our audit teams at the planning stage of the audit. Requests for information may include:</p> <ul style="list-style-type: none">• information on your organisation's business model and how it integrates the use of information technology (IT);• information about your organisation's risk assessment process and how your organisation monitors the system of internal control;• more detailed information on how transactions are initiated, recorded, processed, and reported. This may include access to supporting documentation such as policy and procedure manuals; and• more detailed discussions with your organisation to support the audit team's assessment of inherent risk.
Obtaining an enhanced understanding of your organisation's environment, particularly in relation to IT	<p>Your organisation may receive more enquiries to assist the audit team in understanding the IT environment. This may include information on:</p> <ul style="list-style-type: none">• IT applications relevant to financial reporting;• the supporting IT infrastructure (e.g. the network, databases);• IT processes (e.g. managing program changes, IT operations); and• the IT personnel involved in the IT processes.

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

Audit and Assurance Committee Update – Digital Health and Care Wales

Date issued: April 2023

Document reference: 3504A2023

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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About this document

- 1 This document provides the Audit and Assurance Committee with an update on our current and planned accounts and performance audit work at Digital Health and Care Wales. We presented our most recent Audit Plan to the committee in May 2022. We will present an Outline Audit Plan to the committee on 18 April 2023; and present a detailed Audit Plan at the subsequent meeting.
- 2 We also provide additional information on:
 - Other relevant examinations and studies published by the Audit General.
 - Relevant corporate documents published by Audit Wales (e.g. fee schemes, annual plans, annual reports), as well as details of any consultations underway.
- 3 Details of future and past Good Practice Exchange (GPX) events are available on our [website](#).

Accounts audit update

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

Exhibit 1 – Accounts audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of 2022-23 financial statements	Claire Osmundsen-Little – Executive Director of Finance	Planning and risk assessment work under International Standard on Auditing (ISA) 315 and audit of the draft financial statements.	Planning and risk assessment work is in progress. Audit of the draft financial statements to commence in May 2023.	Findings presented to the Committee and Board in July 2023.

Performance audit update

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

Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2022	Helen Thomas – Chief Executive Officer	<p>The structured assessment work assessed the corporate arrangements in place at the Special Health Authority in relation to:</p> <ul style="list-style-type: none">• Governance and leadership;• Financial management;• Strategic planning; and• Managing the workforce, digital, resources, estates, and other physical assets.	Completed	Findings presented to the committee in February 2023 and to the Board in March 2023.

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Annual Audit Report 2022	Helen Thomas – Chief Executive Officer	The Annual Audit Report summarises the findings from the Auditor General's 2022 work at Digital Health and Care Wales undertaken to fulfil his responsibilities under the Public Audit (Wales) Act 2004.	Completed	Findings presented to the committee in February 2023 and to the Board in March 2023.
GMS Digital Programme Board Governance and Financial Management Review	Sam Hall – Director of Primary, Community Care, and Mental Health Digital Services	This review will specifically focus on the governance and financial management arrangements of the GMS Digital Programme Board.	Set-up Set-up meeting arranged for 4 April 2023	To be confirmed
All-Wales thematic on workforce planning arrangements	Sarah-Jane Taylor – Director of People and Organisational Development	This work will examine the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce needs. The work will be tailored to align to	Fieldwork	To be confirmed

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		the responsibilities of individual NHS bodies in respect of workforce planning.		

Other relevant publications

6 **Exhibit 3** provides information on other relevant examinations and studies published by the Auditor General in the last six months. The links to the reports on our website are provided. The reports highlighted in **bold** have been published since the last committee update.

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

Title	Publication Date
<u>Orthopaedic Services in Wales – Tackling the Waiting List Backlog</u>	March 2023
<u>Digital Inclusion in Wales</u> and <u>Key questions for public bodies</u>	March 2023
Learning from Cyber Attacks	October 2022

Additional information

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

Exhibit 4 – Audit Wales corporate documents

Title	Publication Date
<u>Audit Wales Annual Plan 2023-24</u>	April 2023

8 There are no relevant Audit Wales consultations currently underway.



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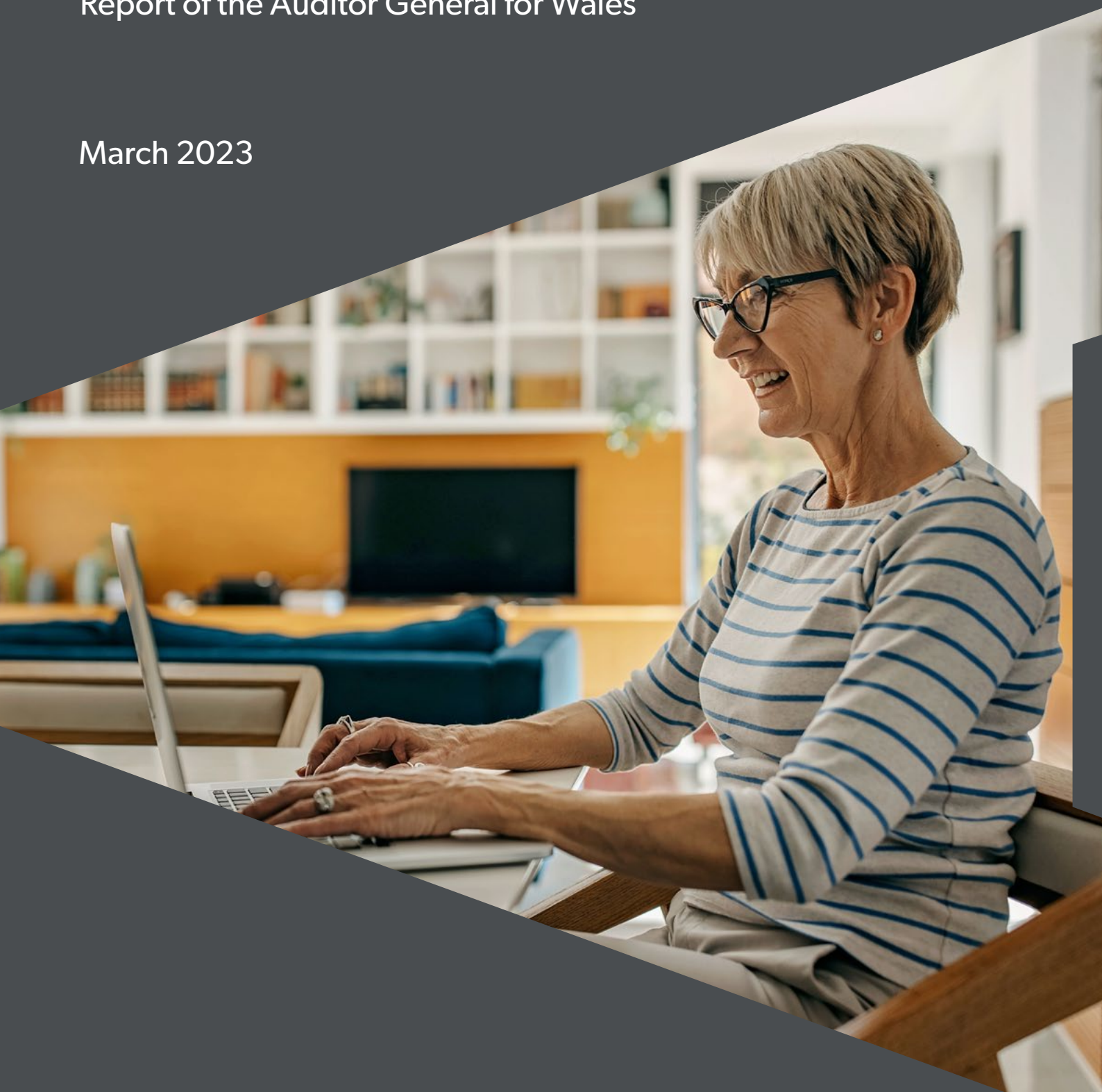
Website: www.audit.wales

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

Digital inclusion in Wales

Report of the Auditor General for Wales

March 2023



This report has been prepared for presentation to the Senedd under the Government of Wales Act 2006.

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 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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Summary

- 1 This report provides a high-level overview of issues relevant to digital inclusion in Wales. Digital inclusion is complex, and our report is not intended to be comprehensive. We summarise terminology, key data and interventions in Wales. **Appendix 1** provides more information about our work. We have also released a document alongside this report that sets out questions for public bodies to ask themselves as they consider their approach to digital inclusion.
- 2 In summary, our report highlights:
 - **7% of adults in Wales are ‘digitally excluded’**, meaning they have not personally used the internet in the previous three months.¹
 - the percentage of households with **access to the internet has steadily increased since 2012** but some groups in society are more likely to be excluded.
 - while there is enough data to suggest high-level trends, **there are data gaps** that make it difficult to give a complete picture and gain an understanding of the ‘lived experience’ of people who are excluded.
 - digital inclusion is **complex and is not simply an issue of access to technology**. It is not just an issue of rurality or just an issue for older people. Even when people have access and digital skills, some people may still prefer to access services face-to-face.
 - there is a trend of public bodies moving some of their services online, which has many potential benefits but also **risks disadvantaging digitally excluded people**.
 - While the UK Government is responsible for digital infrastructure across the UK, the **Welsh Government is investing in broadband infrastructure**.
 - the **Welsh Government has a specific mission around digital inclusion** and is investing in digital inclusion projects.

¹ Welsh Government, [National Survey for Wales](#), 2021-22. Adults are defined as people aged 16 and over.



The Welsh Government has invested heavily in improving broadband infrastructure and the past few years have shown how reliant many of us have become on good quality internet access. However, spending on infrastructure needs to be balanced with work to tackle the root causes of digital exclusion to manage the risk of creating a two-tier society when it comes to access to public and other services.

We have published a key questions document alongside this report to help public bodies reflect on their approach to digital inclusion.

Adrian Crompton
Auditor General for Wales



Background

3 **Exhibit 1** defines terms used in our report. Our work follows several other reports related to digital inclusion, infrastructure and connectivity in Wales. These include, among others, our 2015 report on the Welsh Government’s Superfast Cymru agreement with BT², the 2020 National Infrastructure Commission for Wales report on digital infrastructure strategy³, and the 2022 Senedd Climate Change, Environment, and Infrastructure Committee report on digital connectivity.⁴

Exhibit 1: definitions of key terms



Digital is a term that describes internet or technology-based activities for example emailing, internet shopping or booking an appointment online.



Digital exclusion describes the challenges people face when they do not have access, skills or confidence to use the internet.

Digital inclusion is the opposite of digital exclusion. Being digitally included means being willing and able to use digital tools or services independently.



Internet speed is a key measure of how effective and suitable internet access is for users. The greater the speed, the more users and activities that can be accommodated using that internet connection.

Upload speed: the speed information moves from your device (phone or computer) to the internet. For example, uploading a document to send in an email.

Download speed: the speed information moves from the internet to your device. For example, loading a shopping webpage or watching a film on your tablet or computer.

Megabits per second (Mbps): the speed of an internet connection is measured in megabits per second. This is the standard measure for how fast information moves over the internet to your device.

2 Auditor General for Wales, [Welsh Government investment in next generation broadband infrastructure](#), May 2015

3 National Infrastructure Commission for Wales, [Digital Communications Infrastructure in Wales](#), December 2020

4 Senedd Climate Change, Environment, and Infrastructure Committee, [Digital connectivity – broadband](#), August 2022

Exhibit 1: definitions of key terms



Broadband is a way of connecting to the internet, which is seen as generally faster and more reliable than older internet connections.

The following describe types of broadband:

- **Asymmetric Digital Subscriber Line (ADSL)** was used mostly in the earlier days of the internet. Uses copper telephone lines. Depending on the line, ADSL speeds can be around 1-8 Mbps.
- **Broadband connections through fibre-optic lines.** Fibre can be used for the whole line (full fibre) or part of the line alongside copper. Quicker and more reliable than ADSL.
- **Superfast broadband** has no single definition but suggests faster internet access than ADSL. Can mean full-fibre or partly through fibre cabling. UK telecoms regulator, Ofcom and the Welsh Government define superfast as a speed of at least 30 Mbps.
- Ofcom defines **ultrafast** as broadband with download speeds of greater than 300 Mbps.
- **Gigabit broadband** describes an internet connection that can deliver speeds of 1 gigabit per second (Gbps). 1 Gbps is equal to 1,000 Mbps.



Mobile based internet access is another way people can gain access to the internet. It can be used alongside broadband or as an alternative to broadband. An example of mobile based internet access is using a 4G smartphone.

2G/3G/4G/5G: These numbered terms describe advancing 'generations' of mobile communications technology. 2G was the initial technology for mobile to allow calls and text messages. 3G added the option of accessing the internet. 4G and 5G use similar radio signal technology, but these newer generations can provide faster internet speeds.



Satellite technology is another way people can gain access to the internet. Satellite related broadband access can be used by businesses or individuals, and can be suitable in particular for more remote locations.

Source: Audit Wales

Why digital inclusion is important

- 4 The internet has changed many of our everyday tasks. The benefits of using the internet were highlighted during the height of the COVID-19 pandemic when many people relied heavily on internet-based services. **Exhibit 2** shows how people can benefit.

Exhibit 2: benefits of using the internet



'I can connect with family, friends and communities'



'I can work from home'



'I can use the internet to access research, learning or education opportunities'



'I can access businesses online and/or my business can reach more people'



'Public services and organisations can share and/or collect information online'



'I can book or pay for services online'



'I can try and find the best offer or access a wider range of choices'



'I can access hobbies, culture and leisure activities'

Source: Audit Wales

- 5 Digital inclusion is important in the context of public services ‘digitising’. This means moving services online and/or using technology to deliver services. Examples include virtual classrooms, online record keeping and online forms to access public services. For all organisations and sectors ‘digitising’ services, there is an inherent risk that the needs of digitally excluded people could be overlooked.
- 6 Our recent report on Poverty in Wales highlighted that shifting services online continues to grow in importance for councils, but digital exclusion remains a major challenge, especially for people who experience or live in poverty.⁵ We found that most Welsh councils recognise the problem of digital inclusion, with 14 of the 22 having adopted a digital strategy and many of these focusing on tackling digital inclusion. However, only 12 councils were providing people with access to a digital skills inclusion programme.
- 7 **Exhibit 3** summarises the main reasons for people being digitally excluded. Digital exclusion can be a real problem, for individuals and for public bodies. It can make it more difficult to keep in touch with friends, family and organisations. It can mean that people miss key information from public bodies. And it can mean people miss the chance to take advantage of cheaper goods and services offered online.⁶

Exhibit 3: main reasons for digital exclusion



Digital infrastructure not available

- To get online and access the internet, people need broadband or mobile infrastructure to be available.
- The infrastructure needs to deliver sufficient internet speeds for everyday use.



Can't afford to be digital

- There are people who can't afford electronic devices, sufficient data and/or broadband/mobile contracts.
- The rising cost of living risks excluding more people who can't afford digital devices or ongoing internet costs.

5 Auditor General for Wales, [Time for change – Poverty in Wales](#), November 2022

6 Good Things Foundation, [The economic impact of digital inclusion in the UK](#), July 2022.
Good Things Foundation is a digital inclusion charity in the UK.

Exhibit 3: main reasons for digital exclusion

Lack of basic digital skills



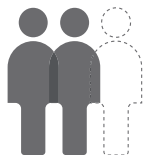
- Some people lack the skills, motivation and confidence to use the internet.
- People need to know how to find support, training or learning to develop their digital skills.

Accessibility, usability and language



- Some people are excluded because they need additional help or different solutions to help them use and access technology.
- People need to be able to access technology using the language of their choice, including the Welsh language.
- Examples of tools to support accessibility include text to speech readers, translation services, larger fonts and other assistive technologies.

Some people choose not to use digital services



- Some people might have the access and skills but from time to time choose not to use digital services and choose to access services in person.
- There will always be some people who prefer not to be digitally included, which is of course their choice. This does not mean that they are necessarily digitally excluded, but by choice are not digitally included.

Safety online can be a barrier



- Some people might be excluded because they do not feel able or confident to use online services because of worries about online safety and security issues.
- Online safety as a barrier could be linked to affordability of secure technology.

Source: Audit Wales

Data on digital inclusion – gaps and challenges

- 8 **Exhibits 4, 5, 6 and 7** summarise key data about digital inclusion in Wales. Some of the data focuses on access to digital and telecommunications infrastructure, while the National Survey for Wales provides data about whether people have personally used the internet in the previous three months.⁷ However, there are limitations with this data. For example, the data relies on self-assessment and an imperfect definition of someone being classed as digitally included if they have personally used the internet once in the past three months. However, with the same question being asked over time, the data are still helpful in showing trends.
- 9 Ofcom⁸ reports data and information about premises that can access broadband or mobile coverage as well as some data on take-up rates of full-fibre and superfast broadband.⁹ This data helps provide key information about premises that can access internet services and the coverage of broadband networks. However, the data alone does not provide a complete picture of whether premises and individuals are fully exploiting the opportunities from the digital infrastructure available.
- 10 While the data suggests most areas of Wales have access to the internet, the reality on the ground for people using the internet may be quite varied. There might be data limits on phone packages, download limits on some broadband contracts or unstable connections. Cost of living pressures may also force people to reflect on the affordability of their current arrangements for internet access. Feedback we collated about people's experiences of using the internet highlights connectivity issues even when homes have access. For example, one person described how 'when we are using the internet it constantly loses connection ... This can be frustrating as the issue can take several hours to be resolved.' Another person stated: 'I work from home a lot and at peak times of the day there is an impact on my internet speed'.

7 Welsh Government, [National Survey for Wales](#), 2021-22. While not without its limitations, data about whether people have used the internet in the last three months is a widely used indicator across the UK and beyond. It is an indicator used for example by the [Office for National Statistics](#), [Organisation for Economic Co-operation and Development](#) and the [University of Oxford](#).

8 Ofcom is the UK telecommunications regulator and has responsibility along with the UK Government for most telecommunications policy in Wales. Ofcom aims to make sure people get the best from their broadband, home phone and mobile services.

9 Ofcom's [Connected Nations](#) reports include data on communications infrastructure such as performance of broadband and mobile networks. The data reported covers the UK and Ofcom produce an annual [Wales Report](#). Ofcom releases annual reports and two further updates each year.

- 11 Rurality has been a long-standing theme around digital connectivity challenges in Wales.¹⁰ Ofcom's 2021 Connected Nations report (see **footnote 9**) highlights key differences in performance and availability of internet connections in rural and urban premises. Data sets can overlook the additional challenges and costs of delivering infrastructure transformation within the landscape of Wales. Data sets can also overlook the complexity of challenges in rural areas. In 2020, British Telecommunications plc (BT) produced a report about digital connectivity in rural Wales. The report highlighted evidence that infrastructure is only part of the picture and emphasised the importance of understanding the wider barriers to making greater use of the digital infrastructure which is increasingly available in rural areas.¹¹

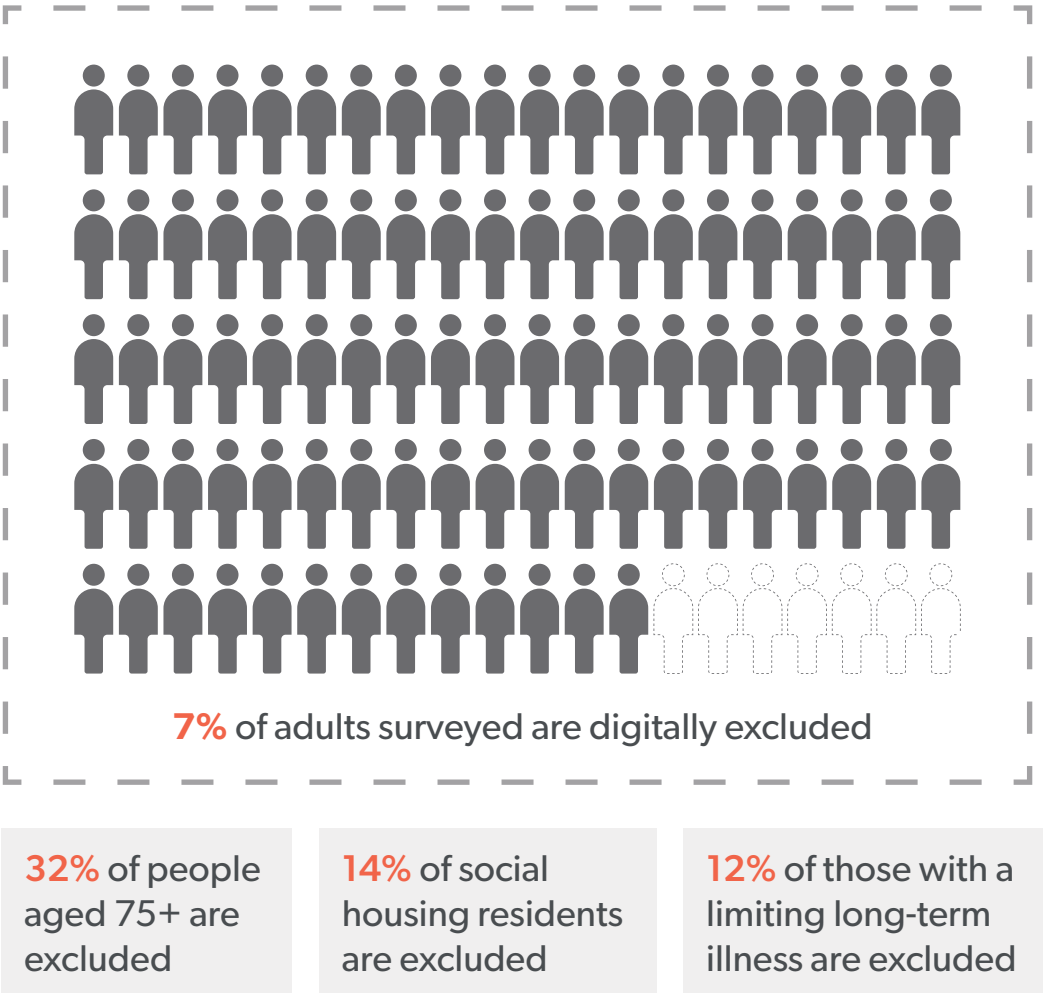
10 Welsh Government Farming Connect website, [Digital disregard and inequality in rural areas](#), October 2020 and Cardiff University's Superfast Broadband Business Exploitation Project, [Digital technologies and future opportunities for rural businesses and areas in Wales](#), January 2019.

11 BT, [Smart rural – The utilisation of digital infrastructure by the agricultural and tourism sectors in rural Wales](#), September 2020

Data on digital inclusion – what does the data show?

Exhibit 4: data on who is digitally excluded in Wales in 2021-22

In the Welsh Government’s **National Survey for Wales**, people were asked about their **personal use of the internet** and whether they have used the internet in the last three months



Source: Audit Wales analysis of data from the Welsh Government’s National Survey for Wales, 2021-22

Exhibit 5: data on digital skills in Wales in 2021-22

In the Welsh Government’s **National Survey for Wales**, people were asked if they had completed activities on the internet. These activities were then grouped into five digital skills categories below:

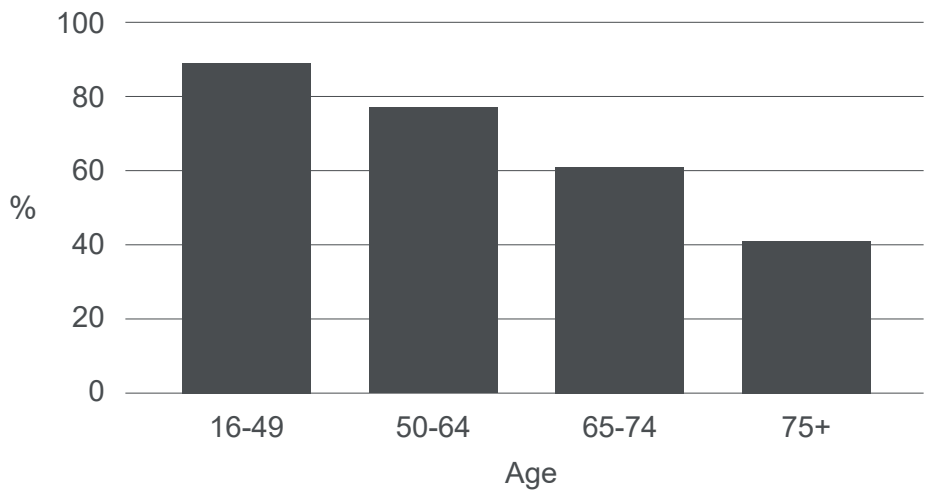
- 1 Handling information and content
- 2 Communicating
- 3 Transacting
- 4 Problem solving
- 5 Being safe and legal online



78% of adults surveyed had accomplished **five digital skills** in the previous three months

41% of internet users **over 75** had all five digital skills compared to **89%** of internet users **aged between 16-49**

The percentage of people surveyed who had accomplished **5 digital skills** in past 3 months by age category

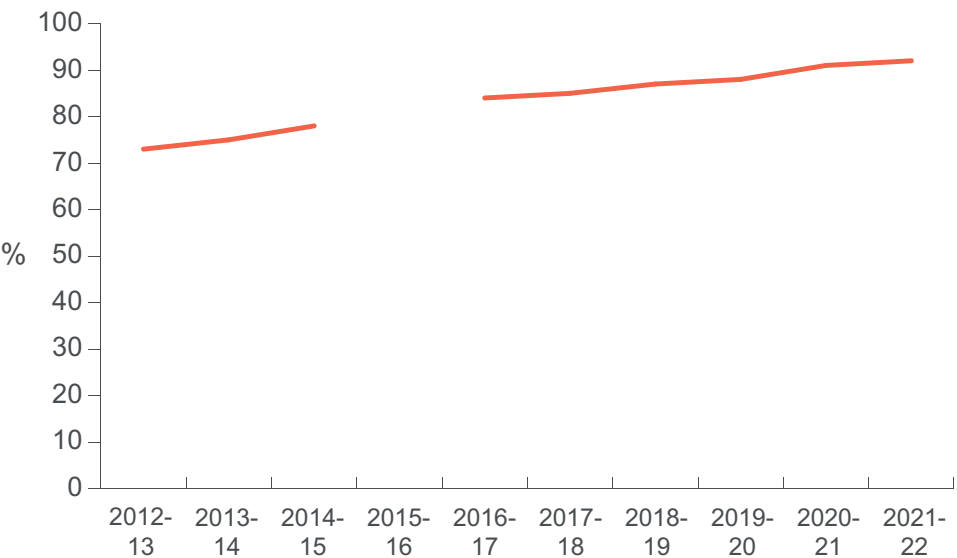


Note: The five digital skills are widely recognised across the UK and based on the essential digital skills framework developed by the UK Government. The framework is aimed at those involved in supporting adults to improve their essential digital skills.

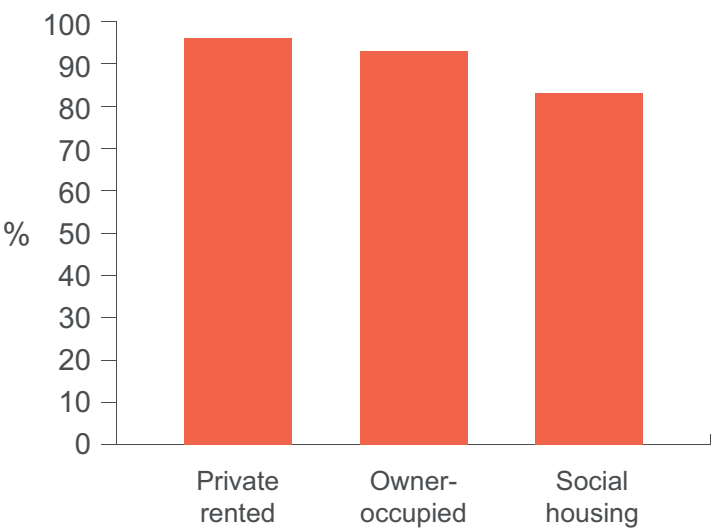
Source: Audit Wales analysis of the Welsh Government’s National Survey for Wales, 2021-22

Exhibit 6: data on digital infrastructure in Wales

The percentage of households that have access to the internet has **steadily increased** since 2012-13



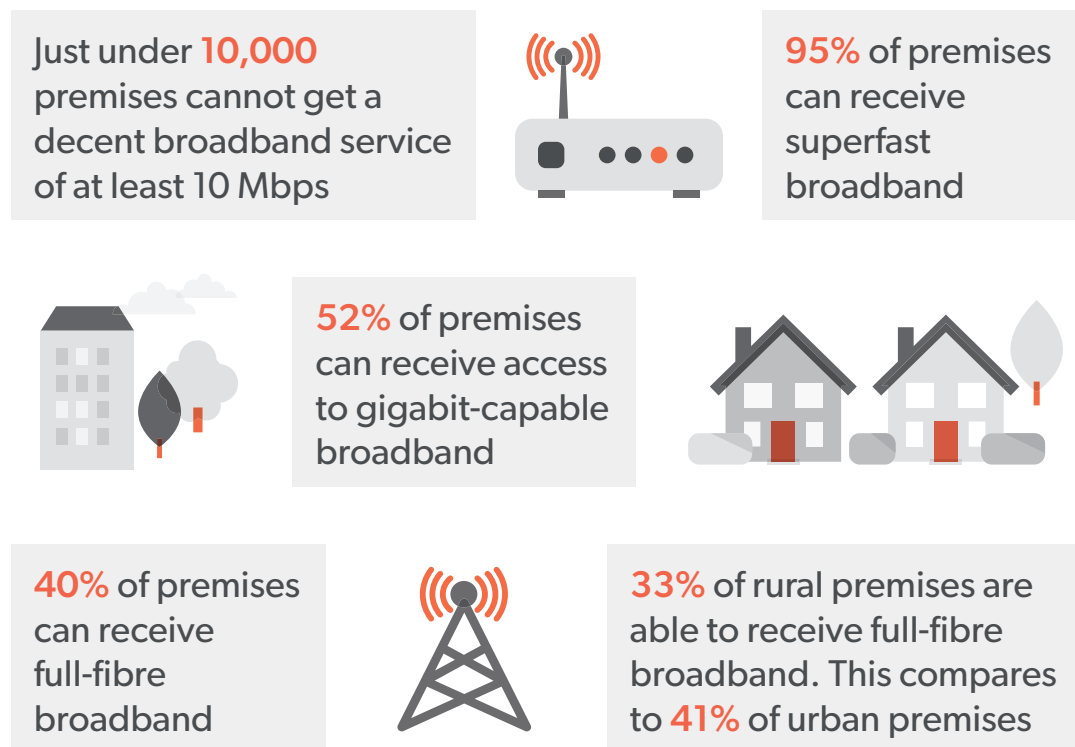
Private rented tenants and **owner-occupiers** were more likely to have access to the internet compared to **social housing** tenants in 2021-22



Note: No data was available for 2015-16 in relation to the percentage of households that have access to the internet. Access is defined as where people have the necessary connectivity to the internet and choose to use it.

Source: Audit Wales analysis of the Welsh Government’s National Survey for Wales, 2021-22

Exhibit 7: Ofcom data about premises in Wales where an internet connection is available



Note: Decent is defined by Ofcom as broadband services of at least 10 Mbps download speed and 1 Mbps upload speed from either fixed or fixed wireless networks.

While we have used data reported by Ofcom across the measures in this Exhibit, other live modelled data on broadband coverage for Wales, calculated using a different methodology, is published on the [Local Broadband Information website](#). At 2 March 2023, that live data indicated superfast broadband coverage in Wales of 97%

Source: Audit Wales analysis of Ofcom, [Connected Nations 2022 Wales Report](#), December 2022

People's experiences of digital inclusion and exclusion

- 12 Digital inclusion is crucially about people and people's experiences. As part of this project, we made an appeal for people in Wales to tell us about their experiences of digital exclusion. **Exhibit 8** sets out some of the stories and experiences that people shared. We have included further extracts and information in **Appendix 2**.

Exhibit 8: a sample of experiences that people shared with us

“ [Internet affordability is] a big issue ... There was a time several years ago now when financially I was very stretched and lost access to internet when couldn't pay the bill. Fortunately, I was able to rectify this within a few weeks but the effect at the time was profound. ”

“ **I'm not always interested in accessing online services. I prefer face to face or speaking to someone on the phone.** ”

“ [The internet has] become part of life and somewhat a necessity ... people are expected to do everything online. Every phone call is linked to a website and the automated service will initially guide you to [a] ... website page unless you want to wait an hour on the phone or go over an automated service that cuts off or doesn't take you where you needed to go ... Families struggle to provide phones for their children. You have to have a phoneline to have TV these days ... and in the current climate people are talking about not running phone lines so children won't have access to internet at home unless they have a phone to access. ”

Source: Audit Wales analysis of public responses to our call for case studies, issued via Digital Communities Wales's Digital Inclusion Alliance Wales

The national strategy on digital inclusion

- 13 The Welsh Government's Digital Strategy for Wales¹² includes a mission on 'digital inclusion' to 'equip people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs.' The Welsh Government's Digital Strategy supersedes its Digital Inclusion Forward Look,¹³ which set out aims to help people gain greater confidence in the digital world. In March 2022, the Welsh Government published a digital inclusion progress report, summarising its work to date in addressing the priorities set out in the Digital Inclusion Forward Look to tackle digital exclusion.¹⁴
- 14 In addition to the Digital Strategy, the Welsh Government has recognised the complexity of digital inclusion and the need for further research around the topic. For example, the Welsh Government has commissioned a project to look at a Welsh Minimum Digital Living Standard. The project team published an interim report, which summarised the work carried out since February 2022, with a final report due in early 2023. The project has considered the minimum features needed to be digitally included in Wales including, for example, type of device, internet access (broadband and/or mobile) and level of digital skills.¹⁵
- 15 Responsibility for digital inclusion policy sits within the Welsh Government's Financial and Digital Inclusion Team. This team chairs a Digital Inclusion and Skills Programme Board, which includes representatives from across the Welsh Government and external stakeholders, to discuss digital inclusion policies and issues. While individual public bodies have their own roles to play in promoting digital inclusion, including for example Digital Health and Care Wales, the Welsh Government is also providing additional funding to support delivery of its digital strategy through the work of Centre for Digital Public Services (CDPS) and the Digital Communities Wales (DCW): Digital Confidence, Health and Well-being programme. Other policy measures across the Welsh Government or steps taken by other public bodies may also contribute to digital inclusion. For example, the new Curriculum for Wales includes digital as a cross-curricula set of skills.¹⁶

12 Welsh Government, [Digital Strategy for Wales](#), March 2021

13 Welsh Government, [Digital Inclusion Forward Look](#), December 2020

14 Welsh Government, [Digital inclusion progress report: towards a digitally confident Wales](#), March 2022

15 Yates et al. (for the Welsh Government), [Towards a Welsh Minimum Digital Living Standard: Interim Report](#), July 2022

16 Auditor General for Wales, [The new Curriculum for Wales](#), May 2022

- 16 The DCW programme is a key Welsh Government programme for tackling digital inclusion. Cwmpas, formerly the Wales Co-operative Centre, delivers the programme in partnership with the Good Things Foundation and Swansea University. DCW receives £2 million annually from the Welsh Government's digital inclusion and health teams. This funding was initially in place from the start of the programme in July 2019 until June 2022 and has now been extended to 2025. DCW supports organisations to develop digital inclusion projects and to increase the digital skills and confidence of the people they support. DCW coordinates Digital Inclusion Alliance Wales (DIAW), which is made up of a multi-sector group of organisations. DIAW aims to coordinate, promote and shift the agenda around digital inclusion activities.
- 17 **Exhibit 9** sets out the four DCW key performance indicators (KPIs) and information about performance. Following the agreement to extend the programme, the Welsh Government and DCW agreed revised KPIs for July 2022 to June 2025, taking account of previous performance and other factors. **Exhibit 9** also sets out the revised targets for the period 2022-2025.

Exhibit 9: summary of Digital Communities Wales performance since April 2021

	Target April 2021 – June 2022	Actual performance April 2021 – June 2022	Target July 2022 – June 2025	Actual performance July 2022 – September 2022
KPI 1				
People supported to become digitally confident (motivation, basic skills and confidence)	32,500	45,872	102,000	3,709
KPI 2				
Volunteers providing support to citizens	1,250	1,193	3,000	67
KPI 3				
Support to ensure digital inclusion is recognised and embedded within organisational strategy and delivery	35	44	55	2
KPI 4				
Health and care, public, private and third sector staff supported to become digitally confident	1,750	1,870	4,050	555

Note: performance against targets for July 2022 to June 2025 has been rebased to zero and does not include previous activity. When the contract with DCW first started in July 2019 there were nine KPIs. Following an independent evaluation, both parties agreed a revision to four KPIs. The original nine KPIs were reported between July 2019 and March 2021. The four new KPIs have been in effect from April 2021 to June 2022.

Source: Digital Communities Wales, Quarter Report – Key Performance Indicators, April to June 2022 and July to September 2022

- 18 The CDPS launched in June 2020, with the Welsh Government committing £4.9 million each year from 2020 to 2025 to fund its activities. CDPS works across the Welsh public sector and aims to encourage digital transformation and delivery of services around the needs of the people who use them. The Welsh Government set out in CDPS's term of the Senedd remit letter (2022 to 2026), the expectation that the CDPS would focus on themes including leadership and culture around digital policy, digitising public services, collaboration and digital transformation.
- 19 **Exhibit 10** shows CDPS's objectives and examples of activities to meet them. One example of CDPS's activities is a landscape review, part of which considered what organisations across Wales are doing to support people to get online. The evidence base included a survey of public bodies and any other organisation carrying out or involved with digital inclusion activities. The review also collected information and data from the Welsh Government and Digital Communities Wales. The output from the project summarised some comparisons of digital inclusion activities across the UK nations and beyond. The output of the digital inclusion activities survey is not yet publicly available, but the Welsh Government is looking to build on it and collect further information for release during 2023. The Welsh Government is developing an interactive map to be hosted on its website. The interactive map is aimed at organisations and trusted people to help those digitally excluded to find places where they can get help, for example, to develop basic digital skills, use a device or access the internet.

Exhibit 10: Centre for Digital Public Services objectives and examples of activities

Examples of activities in 2021-22 to meet the objectives

Objective 1

Help people in Wales to use modern digital services

- Used teams of digital experts to work in partnership with others, for example through showing best practice and providing skills transfer when developing public sector digital services.
- Developed and promoted Digital Service Standards for Wales, helping organisations meet the standards and build services that meet the needs of all users.

Objective 2

Prepare leaders for digital transformation

- Developed and delivered digital skills training for senior leaders. This included information around the benefits of digital services for end users.
- Held webinars and established 'Communities of Practice' networks, that aim to connect digital expertise and help support people working around digital in the public sector.

Objective 3

Stimulate innovation in our economy

- Designed plain English procurement templates to help the Welsh public sector when buying digital contracts or services.
- Showed Welsh suppliers the public sector's approach to 'procuring digital' with the aim that more Welsh suppliers win Welsh public sector contracts.

Objective 4

Build skills for digital engagement

- Developed a landscape review of digital inclusion initiatives in Wales (see **paragraph 19**)
- Used expert content designers who specialise in creating accessible content, to show examples to those delivering public services in Wales.

Source: CDPS's objectives as set out in their annual review [Centre for Digital Public Services, Looking back: CDPS year in review 2021-22](#)

Improving digital infrastructure

- 20 Telecommunications and broadband infrastructure are reserved matters and therefore the responsibility of the UK Government and Ofcom. As such, the UK Government has taken steps towards funding infrastructure in Wales, for example through 'Project Gigabit'.¹⁷
- 21 Despite telecommunications infrastructure not being a devolved area, the Welsh Government has chosen to invest in broadband infrastructure over the past decade or so. An example is the Superfast Cymru programme that we examined in 2015.¹⁸ Since 2015, the Welsh Government has continued to help fund or subsidise broadband infrastructure costs, for example through extending Superfast Cymru and other projects such as Access Broadband Cymru. The Welsh Government has provided such investment through economic development powers, aiming to fill gaps where it considers there have been gaps in investment from either the UK Government or the private sector.
- 22 The Welsh Government has carried out several market reviews to capture and analyse the premises in Wales that would benefit from existing commercial rollout of broadband investment. There are areas and locations in Wales where the private sector has judged it is not commercially viable to invest, and therefore public investment has been required to fund projects in full, or in part, alongside private investment. The Superfast Cymru agreement between the Welsh Government and BT from 2012 included over £200 million in public sector investment. Other examples of investment in broadband infrastructure include work between smaller telecommunications businesses and local authorities to improve connectivity in Wales. **Exhibit 11** provides an overview of key broadband infrastructure projects in Wales where the Welsh Government has contributed capital funding.

17 UK Government, [Project Gigabit](#), first published in April 2022. This project funds 'gigabit-capable' broadband in all areas of the UK and includes a voucher scheme for rural areas.

18 See footnote 2

Exhibit 11: key examples of Welsh Government capital investment in broadband projects since 2012

Project	Public funding	Objectives	Outcomes
<p>Superfast Cymru 2012 - 2018</p> <p>The original Superfast Cymru agreement between the Welsh Government and BT was announced in 2012. There have since been further phases to the work including Next Generation Access Broadband Wales, see below.</p>	<p>£213.7 million (actual) of which:</p> <ul style="list-style-type: none"> • £93.3 million – EU funding • £67 million – UK Government • £53.5 million – Welsh Government 	<p>The project aimed to provide superfast broadband to 95% (approximately 700,000) of premises within the intervention area by 2015. The number of premises and the timeframe was extended to 726,000 premises by 2018.</p>	<p>By the end of December 2014, 47% (346,000 premises) within the intervention area covered by the agreement could access superfast broadband. This had increased to over 730,000 premises in Wales by December 2018.</p>
<p>Access Broadband Cymru (ABC) 2016 - 2023</p> <p>This Welsh Government grant helps fund or part-fund alternative broadband solutions for premises. Funding is based on eligibility criteria.</p> <p>New connections must deliver a significant change in speed (at least twice the current download speed), with the new connection providing a minimum download speed of at least 10 Mbps.</p>	<p>£10.5 million (budgeted) – Welsh Government</p>	<p>ABC funding is specifically focused on helping premises that would otherwise not benefit from existing broadband infrastructure available through private sector broadband providers.</p>	<p>Our 2015 report noted the relatively low take-up of this grant. The National Infrastructure Commission for Wales (NICW) report included a recommendation for reviewing this scheme (see footnote 3). The Welsh Government accepted this recommendation.</p> <p>A review of the approach to funding will be undertaken to ensure that all schemes, including ABC, meet the requirements of home and businesses across Wales.</p>

Project	Public funding	Objectives	Outcomes
<p>Next Generation Access Broadband Wales</p> <p>2018 – 2023</p> <p>A further example of a grant award to BT following a procurement process. Aiming to bring fibre broadband to premises in addition to those targeted in the Superfast Cymru agreement</p>	<p>£57.0 million (budgeted) of which:</p> <ul style="list-style-type: none"> • £36.2 million – EU funding • £18.8 million – Welsh Government • £2.0 million – UK Government 	<p>This project aims to enable premises to have access to full-fibre or ‘fibre to the premises’ broadband. The project aimed to help 39,000 premises to gain full fibre broadband access by March 2022 (now extended to end of March 2023).</p>	<p>The project has delivered access to gigabit capable broadband to 29,959 premises (position at the end of March 2022).</p> <p>The Minister for Climate Change’s July 2022 statement noted that the Welsh Government recognises the project has so far delivered less than the anticipated number of premises. The Minister noted some premises were de-scoped, for example those that gained access to gigabit broadband under other rollouts.</p> <p>The Welsh Government forecasts that the total premises improved will exceed the 39,000 target when the project closes in March 2023.</p>

Project	Public funding	Objectives	Outcomes
Local Broadband Fund (LBF) 2019 - 2025 Aimed at local authorities and social enterprises to help local communities gain access to faster broadband services. The emphasis is to support local solutions and innovation or creative solutions to connectivity challenges. Local authorities and social enterprises are encouraged to work together on applications but can also submit their own. Applications are sought every six months.	£20.0 million (budgeted) – Welsh Government	Aims to provide funding for local projects to deliver fast and reliable broadband to areas of Wales currently without access to 30 Mbps.	11 projects have been funded by the LBF. The majority of projects received funding in the previous 12 months. All projects have differing timescales, ranging from 12 months to longer term timescales that will end in March 2025. The spend and implementation to date for this project is described by the Welsh Government as slower than anticipated. The Welsh Government has cited the COVID-19 pandemic and applicants facing challenges with contracts as the cause of delays.

Note: Appendix 1 explains our rationale for the scope of the broadband infrastructure projects that we have included. The figures cover capital investment and do not include revenue funding. Figures are budgeted values (due to projects being live), unless stated otherwise. The figures for Superfast Cymru are based on actual reported costs between 2012-2018. Figures are rounded-up to the nearest decimal point. The Superfast Cymru agreement also included a BT contribution, and the Welsh Government contributed a further £1.7 million towards Superfast Cymru communications. Openreach is a wholly owned subsidiary of BT Group and a legally separate business.

Source: Audit Wales summary of information provided by the Welsh Government. We have not audited this information. The Welsh Government's [Written Statement on Superfast Cymru](#) in December 2018, provided an update about the number of premises that have benefited from Superfast Cymru. The Welsh Government website sets out the full [Eligibility Criteria for Access Broadband Cymru](#) and further details about the [Local Broadband Fund](#). Information about the ABC scheme review is detailed in the [Welsh Government response to the National Infrastructure Commission for Wales Report on digital infrastructure](#), September 2022. Data reported on NGABW premises is outlined in the Minister for Climate Change's [Written Statement: Update on Digital Connectivity in Wales](#), July 2022.

- 23 Our 2015 report focused on Superfast Cymru. The original agreement for the intervention area included a public sector contribution capped at £205 million, and £26 million from BT (£231 million total capital contribution). Outside of the agreement, BT also committed to invest around £19 million of capital expenditure and £82 million up to 2023 during the operational phase to support, operate and maintain the network. Variations in the capital contributions shown in **Exhibit 11** compared to the 2015 report reflect the extension of the Superfast Cymru agreement and the fact that we have now been able to include actual reported costs.
- 24 An element of the Superfast Cymru agreement between BT and the Welsh Government was a 'claw-back' arrangement. The terms of the 'claw-back' set out that if take-up exceeded 21% within the period to the end of 2023, then BT would distribute 50% of its profit margin on its wholesale services back to the Welsh Government. Some claw-back funding has already been used to help fund further phases of Superfast Cymru.¹⁹ The Welsh Government is expecting to claw-back around £80 million in total.
- 25 Mobile phone-based internet infrastructure is also not devolved. However, the Welsh Government has developed a mobile action plan covering its work around the topic of mobile-based internet infrastructure with the mobile phone industry and Ofcom.²⁰ The UK Government funds a UK-wide Shared Rural Network programme focused on improving 4G coverage. The Welsh Government has not invested additional funding specifically to improve mobile phone coverage to date.

19 UK Government, [Superfast Broadband Programme evaluation](#), first published October 2021

20 Welsh Government, [Mobile Action Plan](#), October 2017

Appendix 1 – About our work

Audit question and scope

Our high-level review asked, ‘What is the current extent of digital inclusion in Wales?’. As part of the project, we looked at the overall picture of digital connectivity in Wales including the Welsh Government’s investment in broadband infrastructure and digital inclusion projects.

We have not carried out an updated detailed examination of Superfast Cymru since our 2015 report, because several other reports have since looked at that project. We have included a high-level summary of Welsh Government capital investment in some key broadband infrastructure projects, for example Superfast Cymru and Next Generation Access Broadband Wales. The rationale for our coverage was to focus on the role the Welsh Government has played in funding capital investment in Welsh broadband infrastructure as a key element of getting Wales connected to the internet to support digital inclusion. We have not considered other areas of the Welsh Government’s investment around wider digital infrastructure or Welsh Government revenue funding of smaller projects in Wales as these were not directly linked to digital inclusion. For example, we have not looked in detail at the Welsh Government’s contribution towards projects such as Public Sector Broadband Aggregation²¹ or superfast exploitation business support.²²

We have not examined commercial broadband investment, the role of the communications regulator Ofcom, or the technological merits of different internet connections, as these would not fall within the remit of Audit Wales. There are other UK projects around digital infrastructure and digital inclusion, for example Project Gigabit. We have not considered these projects as they are not funded by the Welsh Government. Our report will inform a shared learning event on the theme of digital later in 2023. During this forthcoming year, we will also be undertaking audit work looking at Local Government’s digital strategies and vision. As part of our ongoing audit planning, we are considering the option of further work in future years to look at the implementation of the Welsh Government’s Digital Strategy.

21 The Welsh Government contributes revenue funding towards a cloud network for the public sector in Wales. The contract for managing and running the [Public Sector Broadband Aggregation](#) (PSBA) is currently held by BT.

22 Welsh Government, [Superfast Business Wales](#). The Welsh Government offers support and advice for businesses to try and use digital connectivity opportunities.

Methods

- **Document review:** We reviewed documents and research articles on digital inclusion. These included the Welsh Government's strategy, plans and delivery documents relating to digital and digital inclusion. We considered the evidence, reports and recommendations from various Senedd committees on and around the topic of digital infrastructure and digital inclusion, including the work of the Public Accounts Committee (Fourth Senedd)²³ and Economy, Infrastructure and Skills Committee (Fifth Senedd),²⁴ as well as the current Climate Change, Environment, and Infrastructure Committee.²⁵ We also considered other reports about digital inclusion, technology and digitising services from the Older People's Commissioner for Wales,²⁶ Wales Centre for Public Policy,²⁷ Nesta / Y Lab,²⁸ and National Infrastructure Commission for Wales (see **footnote 3**).
- **Interviews:** We interviewed officials from several Welsh Government departments. We also interviewed representatives of DCW, the Older People's Commissioner for Wales, the Equality and Human Rights Commission, Data Cymru, CDPS and Ofcom.
- **Data analysis:** We reviewed data from open sources including Ofcom and the National Survey for Wales. The National Survey for Wales is a Welsh Government survey involving around 12,000 people each year. Questions cover various topics, including internet, skills and media. Audit Wales recently released a data tool, which provides information about the context and challenges around poverty in Wales, and also includes information about trends of internet use across Wales.²⁹
- **People's experiences:** With thanks to DCW for distributing our call for evidence to their DIAW. Our call for evidence was opened between 14 October 2022 and 14 November 2022. We received 51 anonymous responses.

23 Senedd Cymru, [Welsh Government investment in next generation broadband infrastructure – The Fourth Assembly](#), March 2016

24 Senedd Cymru, [Digital infrastructure in Wales](#), February 2021

25 Senedd Cymru, [Digital Connectivity – broadband report](#), August 2022. The report was debated and noted at a [Senedd Plenary meeting, 17/11/2022](#). The debate included a response from the Welsh Government. The Welsh Government accepted all recommendations in the Committee's report.

26 Older People's Commissioner for Wales, [Ensuring access to information and services in a digital age: Guidance for Local Authorities and Health Boards](#), September 2022

27 Wales Centre for Public Policy, [What does 'blended' digital and face-to-face provision mean for access to services during the cost-of-living crisis?](#), November 2022

28 Nesta, [Data Poverty in Scotland and Wales](#), April 2021

29 Auditor General for Wales, [Tackling Poverty in Wales data tool](#), November 2022

Appendix 2 – What people told us about their experiences of digital inclusion and exclusion

Introduction

Our call for evidence (see **Appendix 1**) aimed to gather views, experiences and stories about people's experiences of using the internet. These are anonymous accounts from people in Wales.

We asked the following questions to people about their experiences of using the internet:

- Do you feel you have good internet that meets your needs?
- Do you feel you have the right skills and confidence to do everything you would like to do online?
- Have you ever had help to get online or use the internet? Or have you ever helped someone else?
- Do you use or contact public services such as council services online?
- Do you feel the cost of having the internet and/or mobile phone data is manageable for your household budget?

Do you feel you have good internet that meets your needs?

Most people noted that they had **fast and reliable access to the internet** but even when people do have access to the internet, **the internet access is not always stable**

Some people highlighted **particular challenges** due to **living in a rural area**

Many noted the **importance of good internet** for **working at home**

“ I live in a rural (area) and my **internet connection was poor** with very few options to improve the speed via internet service provider due to the modern infrastructure (fibre) not being in place and not likely to be in place for another 4-6 years. **I then took matters into my own hands and purchased a satellite service.** It is an absolute miracle device. We went from 2Mbps to 200Mbps instantaneously. It is an expensive service, but worth considering if you are a long-time sufferer of poor connectivity. We have dropped other services to help budget for the monthly cost ”

“ In part, although being rural it can be **difficult to maintain connection** and you never know when it might drop off which makes it **difficult to work at times** ”



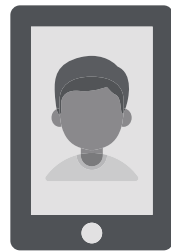
Do you feel you have the right skills and confidence to do everything you would like to do online?

Most people felt **they have the skills and confidence**, but many identified areas where they might benefit from **further developing their skills and confidence**

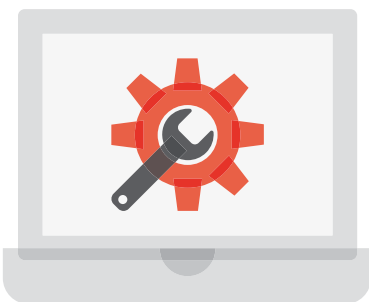
“ Yes. Although I do feel as my son gets older and closer to using the internet and social media himself that I **might not have the necessary knowledge to keep him safe** ”



Some expressed their awareness around **future changes and developments in technology and the need to keep pace**



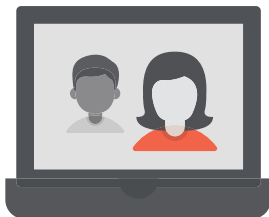
“ Yes and no. I do not have enough confidence to **try new things** ”



“ Yes, pretty much. **And I know how to find out information if I need to do anything new.** However, I carry an anxiety that things are **moving very fast** and will soon **move too quickly away from my current skills and knowledge** ”

Have you ever had help to get online or use the internet? Or have you ever helped someone else?

Most people **access the internet without any help**, but many people play **key roles in helping friends, family and colleagues to use the internet and be digitally included**



“ Both.
Needed help to resolve problems I was unable to solve.
 Also helped others to access internet, get online, set up router, log-in, set up accounts, download apps, etc. ”

“ Recently my elderly next-door neighbour was admitted to hospital where he spent 6 weeks in hospital following a fall and fractured hip. Due to ongoing (COVID-19) restrictions there was very limited visiting allowed on the ward.

The television on the ward (was) too far away for him to see properly and the channels that were put on mainstream TV he was not interested in watching.

He does not have the internet at home, no mobile phone etc and is reluctant to use / learn anything digital as ‘he doesn’t trust it’. As a result, (he) had limited contact with the outside world during his stay.

I wanted to try and help. He is an avid fan of cricket, I set up a sports app and wrote out step by step instructions and provided him with a set of earphones to plug in so that he didn’t disturb others with the sound. He’s quite deaf and needs the sound on loudly to hear. Feedback was that this ‘was a Godsend’ and helped alleviate his boredom, engaged him in what was happening and gave him something to talk about to others ”

Do you use or contact public services such as council services online?

Most people said **they use public services online**, however some highlighted **challenges in general with using websites**

Some respondents indicated that they **could use services online**, but have to or **chose to speak to someone instead**

“ I use the local council website to arrange visits to the recycling centre ”



“ Yes. I generally use online first.
My doctor’s surgery has online consulting so I complete a survey and a doctor calls me back. The experience has been positive **”**



“ My first attempt is always to get information or contact services online.
However, their websites are often rubbish and the only way to get answers or services is to telephone them **”**

“ Very rarely, again I prefer to speak to someone about any issues ”

Do you feel the cost of having the internet and/or mobile phone data is manageable for your household budget?

Most respondents said they felt **the cost was manageable** however many **highlighted concerns** and difficulties with affording the cost

Most respondents see the **internet as essential**

“ It is an essential service just like one of your utilities (water, gas or electricity) you have to manage budgets accordingly. If budgets are tight then we have to prioritise the important things first. A connection to the internet for us in a rural location is our window out onto the world, it's our library, our school our hobbies, our entertainment and our health centre ”



“ It's an essential for me so I need to make sure I budget for it ”

“ just about manageable. We are considering moving to 'sim only' ”



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DIGITAL HEALTH AND CARE WALES

AUDIT WALES STRUCTURED ASSESSMENT / BASELINE GOVERNANCE REVIEW REPORT

Agenda Item	4.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 Committee is being asked to: NOTE the content of the report.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 20000
If more than one standard applies, please list below:	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	
Staff and Resources	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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	Yes, please see detail below Good governance practices are integral to quality and safety across the organisation.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below There could be legal implications should the baseline governance review highlight any serious areas of improvement for the organisation.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below 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.

SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report
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	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 a newly established organisation during 2021/22, Audit Wales undertook a Baseline Governance Review to aid organisational learning and development. 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"*.
- 2.3 The findings and associated action plan were received by the SHA Board and monitored by the Audit & Assurance Committee. All actions on the Baseline Governance Review Action plan are now closed and can be found at item 4.6i for information.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 DHCW have just completed its first formal [Structured Assessment 2022](#) undertaken by Audit Wales.

- 3.2 Overall, Audit Wales [Structured Assessment 2022](#) 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.
- 3.3 Supporting this conclusion, the Structured Assessment 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 longer-term 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.
- 3.4 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 Board-level 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. Audit Wales subsequently raised three recommendations, all of which have been accepted by DHCW management, with appropriate actions and implementation dates. These are included at item 4.6ii Appendix B.
- 3.5 In addition, opportunities for learning and further development have been identified by the DHCW Corporate Governance and Executive Team and will be taken forward and monitored by the Audit & Assurance Committee. The opportunities for learning actions are also included at item 4.6ii Appendix B.

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 & 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
Chris Darling, Board Secretary	April 2023	Approved

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

		Key	Complete	Underway	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 style="list-style-type: none"> IM Digital Network - LIVE Strategic Exec to Exec engagement sessions Board Intelligence Approach – IN DEVELOPMENT 		Simon Jones, Chair / Helen Thomas, CEO		June 2022 for the agreed approach to Board soft intelligence gathering	<ul style="list-style-type: none"> A pilot approach has been defined and will be undertaken in July with evaluation and reflection to take place after. COMPLETE <ul style="list-style-type: none"> 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.
Innovation in engagement and communication with stakeholders and partners	<p>The Board could exploit the opportunities to lead innovation in new areas, for example:</p> <ul style="list-style-type: none"> Communication and engagement; Digitally enabling health and care; and Decision support tools 	<ul style="list-style-type: none"> Stakeholder engagement strategy plan implementation Implementation the DHCW communications strategy Explore decision support tool options 		Ifan Evans, Executive Director of Strategy, Rhidian Hurle, Executive Medical Director Chris Darling, Board Secretary		December 2022	<ul style="list-style-type: none"> The stakeholder engagement implementation plan was agreed by the Board in January 2022 and is currently being implemented 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 A new Assistant Director of Communications post has closed and interviews are taking place in early October 2022. The DHCW communication strategy is currently being re-drafted with planned sign off for January 2023. The Head of Engagement has been in post and is currently revising the Stakeholder

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

					<p>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.</p> <ul style="list-style-type: none"> The Assistant Director of Communications post has been successfully recruited to takes up post in mid-February 2023 COMPLETE <ul style="list-style-type: none"> Work is being taken forward in this area by the Assistant Director of Communications and head of Engagement
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 style="list-style-type: none"> Initial work has begun on the next iteration of the SHA Integrated Performance Report to be presented to the July SHA Board COMPLETE <ul style="list-style-type: none"> The revised IOPR has been presented to the SHA Board in September 2022
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	<p>COMPLETE</p> <ul style="list-style-type: none"> Virtual Etiquette training has now been provided
Board membership expansion	<ul style="list-style-type: none"> Keep under review the fact that there isn't a qualified accountant amongst the Independent Members. Maximise the benefit of the diversity of Board members experiences 	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	<p>COMPLETE</p> <ul style="list-style-type: none"> The recruitment process has been completed and an Independent Member appointed – we are awaiting an

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

					announcement from the minister.
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	COMPLETE <ul style="list-style-type: none"> The development of the long-term strategy is planned into the Board development programme within 22/23 – 23/34
Co-design and feedback	As DHCW 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 COMPLETE This work has now commenced and will be taken forward.

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	Implementation of Executive Structure Development of Directorate sub-structures	Helen Thomas, Chief Executive Officer	Directorate Performance Reviews

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

	vital to ensure a coordinated and timely response			
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 style="list-style-type: none"> • Bi-monthly financial reporting to the SHA Board • Bi-monthly strategic procurement report to the Board 	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

Structured Assessment 2022 Opportunities for Learning Action Plan

		Key	Complete	Underway	Not started		
Opportunity	Detail	Planned Activity		Owner(s)		Due Date	Update
Openness & Transparency	To enhance transparency further, DHCW may wish to consider including matters to be discussed in private on public Board and committee agendas	<ul style="list-style-type: none"> Publish private agendas on the DHCW website 		Chris Darling, Board Secretary		May 2022	
Innovation	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.	<ul style="list-style-type: none"> Roll out QR codes for Committees and Advisory Group Meetings 		Chris Darling, Board Secretary		May 2022	
Board and Committee Effectiveness	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	<ul style="list-style-type: none"> Update the Committee Highlight report to include a three A approach (Advise, Alert, Assure) 		Chris Darling, Board Secretary		May 2022	
Openness & Transparency	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	<ul style="list-style-type: none"> Board Engagement Programme is being developed and will commence during 2023-24 		Chris Darling, Board Secretary		November 2022	
Governance Arrangements	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 the Corporate Page 11 of 32 - Structured Assessment 2022 – Digital Health and Care Wales Governance Manager and Head of	<ul style="list-style-type: none"> Recruit to the Head of Corporate Governance Role 		Chris Darling, Board Secretary		May 2023	<ul style="list-style-type: none"> Recruited and starting 1 May 2023.

Structured Assessment 2022 Opportunities for Learning Action Plan

	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.				
Risk Register	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	<ul style="list-style-type: none"> Work will be undertaken to articulate controls more clearly 	Chris Darling, Board Secretary	June 2023	
Integrated Organisational Performance Report	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.	<ul style="list-style-type: none"> 	Sam Lloyd, Executive Director of Operations		
Integrated Organisational Performance Report	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.	<ul style="list-style-type: none"> 	Ifan Evans, Executive Director of Strategy		
System Leadership - Cyber Security	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, the Welsh Government, and other health bodies.	<ul style="list-style-type: none"> 	Sam Lloyd, Executive Director of Operations		
System Leadership - Cyber Security	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	<ul style="list-style-type: none"> 	Sam Lloyd, Executive Director of Operations		

Structured Assessment 2022 Opportunities for Learning Action Plan

System Leadership - Information Governance	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	•	Rhidian Hurle, Executive Medical Director		
Long Term Strategy	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	•	Ifan Evans, Executive Director of Strategy		
Engagement	The September 2022 report to the Board demonstrates high levels of activity in this area, particularly around service level review meetings, and Page 16 of 32 - Structured Assessment 2022 – Digital Health and Care Wales 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 organisation's interface with its key partners and stakeholders.	•	Ifan Evans, Executive Director of Strategy		
Integrated Organisational Performance Report	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	•	Ifan Evans, Executive Director of Strategy		

Structured Assessment 2022 Opportunities for Learning Action Plan

Counter fraud Plan	There is a vacancy within the C&V Counter Fraud team who provide services to DHCW. Whilst recruitment to this post is underway, the temporary reduction in staffing may have an impact on the remaining planned work for 2022-23.	•	Claire Osmundsen-Little, Executive Director of Finance		
Health & Wellbeing	DHCW has good arrangements in place for identifying, promoting, delivering, and evaluating innovative initiatives to improve staff health and wellbeing. Whilst reporting on health and wellbeing 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	•	Sarah-Jane Taylor, Director of People and Organisational Development Chris Darling, Board Secretary		
Workforce	Digital Health and Care Wales in 2022 saw a 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 wellbeing of existing staff and service delivery to the wider NHS in Wales	•	Sarah-Jane Taylor, Director of People and Organisational Development		
Digital Programme Overview Report	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.	•	Ifan Evans, Executive Director of Strategy		

Structured Assessment 2022 Opportunities for Learning Action Plan

Structured Assessment 2022 Formal Recommendations

Reference Number	Recommendation	Organisational Response	Completion Date	Lead
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
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	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.	January 2023	Executive Director of Finance

Structured Assessment 2022 Opportunities for Learning Action Plan

	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.	b. DHCW will report to the board on the medium and longer-term savings plans options and delivery as part of the financial report.	March 2023	
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 ACTION LOG

Agenda Item	4.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 NOTE the Audit Action Log	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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 IMPLICATIONS/IMPACT	Yes, please see detail below 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 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
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 16 actions reviewed at the last meeting where 15 were closed leaving a total of 1 open action. The Committee received six reports at the last meeting (listed below) which contained a total of 52 new actions. These have been added to the log which now contains a total of 53 actions.

- Financial Sustainability
- Stakeholder Engagement
- Performance Management
- Switching Service
- Technical Resilience
- Nationally Hosted IT Systems

The status of the 53 open actions is shown in the table below:

Number	RAG	Status
21	GREEN	Complete
31	YELLOW	Indicates that the action is on target for completion by the agreed date
1	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:

Financial Sustainability x 11

DHCW-2223-01 1.1
DHCW-2223-01 1.2
DHCW-2223-01 1.3
DHCW-2223-01 2.1
DHCW-2223-01 2.2
DHCW-2223-01 3.2
DHCW-2223-01 3.3
DHCW-2223-01 4.1
DHCW-2223-01 5.1b
DHCW-2223-01 5.1c
DHCW-2223-01 6.1

Stakeholder Engagement x 1

DHCW-2223-06 1.1

Organisational Performance x 2

DHCW-2223-04 1.1

DHCW-2223-04 1.2

Switching Service x 5

DHCW-2223-10 1.1

DHCW-2223-10 2.1a

DHCW-2223-10 2.1c

DHCW-2223-10 3.1a

DHCW-2223-10 5.1

Nationally Hosted IT Systems x 2

3367A2023 2021-22 2022.2

3367A2023 2021-22 2022.4

- The following action is not on target for completion by the agreed target date due to a slippage of Release 2.5 (WRIS) to Q1 2023/24:

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.

- The remaining 31 actions are being reported as on track for completion by target date.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Due to their technical nature, 7 actions have been classed as “private” and have sensitive details redacted.
- 4.2 Excellent progress has been made over the period with a total of 21 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

Agenda item 4.7i

DHCW AUDIT ACTION TRACKER
Mar-23

Action Complete

Action on Target

Action not on Target

Action Overdue

Audit Committee Date	Audit Title	Reference	Public/ Private	Assurance Rating	Priority	Recommendation(s)	Lead	Target Date	Status	Outcome	Themes
May-22	System Development	DHCW-2122-10 2.1	Public	Reasonable	Medium	All code management should be in TFS.	Amanda Carter	Mar-23	Action not 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. [AC] 09/03/23 - 2.5 release has been moved to Q1 23/24	Software Development
Feb-23	Financial Sustainability	DHCW-2223-01 1.1	Public	Reasonable	Low	As an evolving exercise DHCW has refreshed the excel spreadsheet (scenario analysis) as part of a continuing learning/improvement exercise. The finance department will take on board this helpful recommendation and incorporate within February Draft D-01 which will form the baseline IMTP assumptions.	Mark Cox	Feb-23	Action Complete	Complete and utilised to form the basis of IMTP assumptions	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 1.2	Public	Reasonable	Low	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.	Mark Cox	Feb-23	Action Complete	Complete. Digital Inflation is now a standing agenda item at th monthly Finance and Commercial Services meetings	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 1.3	Public	Reasonable	Low	A full desktop instruction for the scenario analysis will be drafted in parallel to February Version D-01	Mark Cox	Feb-23	Action Complete	Complete, desktop instruction finalised and ready for circulation to Commercial Services.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 2.1	Public	Reasonable	Medium	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	Mark Cox	Feb-23	Action Complete	Complete. Individual Digital Cost Pressures have been separately into distinct risks and entered on Datix. Approved at Risk Management Group.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 2.2	Public	Reasonable	Low	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. Formal commercial services & finance department meetings have been scheduled to ensure congruence of objectives and reporting	Mark Cox	Feb-23	Action Complete	Complete. Dedicated resource identified and formal monthly meetings between Finance and Commerical Services are now taking place.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 2.3	Public	Reasonable	Low	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.	Michelle Sell	Apr-23	Action on Target	Due for completion on target.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 3.1	Public	Reasonable	Medium	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.	Claire Osmundsen - Little	Apr-23	Action on Target	Due for completion on target.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 3.2	Public	Reasonable	Medium	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.	Mark Cox	Feb-23	Action Complete	Complete. Process in place. When funding letters are received, checklists will be issued.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 3.3	Public	Reasonable	Low	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	Mark Cox	Feb-23	Action Complete	Complete. DPIF Financial Governance SOP available.	Financial

Feb-23	Financial Sustainability	DHCW-2223-01 4.1	Public	Reasonable	Medium	Plans & forecasts are currently reviewed as part of the risk assessment and management process. However, this will be formularised and strengthened further via the actions set out in 1.3 (formal documented approach) and the reporting established reporting mechanisms. The baseline will be reported within the IMTP with any material changes reported to the board as part of its current financial performance update and corporate risk review.	Mark Cox	Feb-23	Action Complete	Complete. Baseline reported in IMTP.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 5.1a	Public	Reasonable	Medium	Medium and long-term plans should be formally set for the organisation and adjusted as and when needed. 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).	Mark Cox	Apr-23	Action on Target	Due for completion on target.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 5.1b	Public	Reasonable	Medium	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.	Mark Cox	Mar-23	Action Complete	Complete. IMTP is reflective of our Cloud consumption subject to finalisation and approval of the Cloud Business Case due to be completed by March 2024.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 5.1c	Public	Reasonable	Medium	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.	Julie Ash	Jan-23	Action Complete	Complete. Estates Strategy approved and published.	Financial
Feb-23	Financial Sustainability	DHCW-2223-01 6.1	Public	Reasonable	Medium	A formal action plan with milestones to address funding gaps should be documented and approved. Formal action plans and reporting milestones will be compiled as part of each risk mitigation. These have been reflected within our risk register for consideration and escalation to corporate level and will then be encompassed within established risk management processes.	Mark Cox	Feb-23	Action Complete	Complete. All risks are logged in Datix with a record of all actions taken and planned in the future. Corporate risks are reviewed in detail monthly both by the Management Board and by the Risk Management Group. Furthermore they are scutinised by Audit and Assurance Committee and Board.	Financial
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 1.1	Public	Reasonable	Medium	A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines.	Nadine Payne	Feb-23	Action Complete	Complete. A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 1.2	Public	Reasonable	Medium	Measures of success have been defined for the monthly IOP report and a six monthly engagement update report will be provided to the Management Board	Nadine Payne	Mar-23	Action on Target	Paper prepared for DHCW Management Boardfor March 2023 and SHA Board which outlines governance and reporting measures.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 1.3	Public	Reasonable	Medium	Appropriate success measures on engagement activity aligned to the action plan have been developed for the IMTP, monthly IOP report, and the six monthly engagement update report to Management Board and DHCW board.	Nadine Payne	Mar-23	Action on Target	The streamlined action plan outlines the deliverable for each action and appropriate measure of success aligned to the action plan are outlined in the stakeholder engagement paper prepared for DHCW Management Board for March 2023 and	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 2.1	Public	Reasonable	Medium	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	Nadine Payne	Mar-23	Action on Target	Paper prepared for DHCW Management Board March 2023 and SHA Board which outlines governance and reporting measures, which include six monthly updates to DHCW Management Board.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 2.2	Public	Reasonable	Medium	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.	Nadine Payne	Mar-23	Action on Target	The streamlined action plan includes measurement of outputs and impact which will be reported as part of the agreed governance strcuture to DHCW Management Board.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 3.1	Public	Reasonable	Medium	A refined and streamlined action plan, with all information completed, has been prepared for presentation to the Management Board February 2023, and the DHCW Board March 2023	Nadine Payne	Mar-23	Action on Target	A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines, but due to Board agenda availability is scheduled for DHCW Management Board March 2023.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-06 4.1	Public	Reasonable	Medium	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.	Nadine Payne	Mar-23	Action on Target	A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines and will be reported regularly to Management Board for review and input as per the outlined governance.	Engagement
Feb-23	Organisational Performance	DHCW-2223-04 1.1	Public	Reasonable	Medium	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.	Alyson Smith	Mar-23	Action Complete	A review has taken place in March and no new KPIs have been identified at this stage, but the Framework supports continuous review of measures and metrics throughough DHCW, so future KPIs will be idenfied when required.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 1.2	Public	Reasonable	Medium	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.	Alyson Smith	Mar-23	Action Complete	A review has taken place in March and no new SPCs have been identified at this stage, but the Framework supports continuous review of measures and metrics throughough DHCW, so future SPCs will be idenfied when required.	Performance

Feb-23	Organisational Performance	DHCW-2223-04 1.3	Public	Reasonable	Medium	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.	Alyson Smith	Jun-23	Action on Target	This will be included consistently from the first 2023-24 report.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 1.4	Public	Reasonable	Medium	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.	Ifan Evans	Sep-23	Action on Target	On track, not started.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 1.5	Public	Reasonable	Medium	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.	Ifan Evans	Jun-23	Action on Target	Process under development.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.1	Public	Reasonable	Medium	Challenge on matters of fact made by the Performance Team to the Management Groups on IOP Report related information and their resolution be evidenced and retained to provide assurance of this control. A method of tracking challenges on matters of fact and their resolution will be introduced.	Alyson Smith	Mar-23	Action on Target	Process under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.2	Public	Reasonable	Medium	The Scorecard will be developed to reflect trends and changes in RAG status over time, including comment where appropriate.	Alyson Smith	Jun-23	Action on Target	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.3	Public	Reasonable	Medium	The Scorecard will be developed to include comment against red or amber status scores summarising actions being undertaken, and an anticipated timeline for improvement.	Alyson Smith	Jun-23	Action on Target	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.4	Public	Reasonable	Medium	The Corporate Planning Section of the IOP Report will be developed to include a six monthly retrospective review of delivery milestones aligned to six monthly Directorate Review meetings.	Ruth Chapman	Sep-23	Action on Target	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.5	Public	Reasonable	Medium	The IOP Report format be developed so that each section contains a summary of key matters, for example key risks, significant Directorate actions/decisions, matters for escalation to the Management Board due to their importance and projected impact on DHCW objectives.	Alyson Smith	Jun-23	Action on Target	This will be included consistently from the first 2023-24 report.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.1	Public	Reasonable	Medium	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. 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.	Ifan Evans	Jun-23	Action on Target	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.2	Public	Reasonable	Medium	There will be formal written feedback on all matters escalated to Management Board and to the Board. A proportionate method of providing general feedback on the IOP Report will be developed, noting that directors participate in and/or can review recordings of meetings of Management Board, the Board and Committees.	Alyson Smith	Jun-23	Action on Target	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.3	Public	Reasonable	Medium	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.	Ifan Evans	Jun-23	Action on Target	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.4	Public	Reasonable	Medium	Actions from the six monthly Directorate Reviews will be documented and tracked, including performance related actions, with appropriate accountability, monitoring and management.	Alyson Smith	Jun-23	Action on Target	Under development, on track.	Performance
Feb-23	Switching Service	DHCW-2223-10 1.1	Public	Reasonable	Low	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. 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.	Trevor Hughes	Feb-23	Action Complete	All risk amendments and additions now on Datix	Information
Feb-23	Switching Service	DHCW-2223-10 2.1a	Public	Reasonable	High	Work should continue with the NDR to seek to move functionality there with confirmation sought that the functionality will sit with the NDR in the future. The move of the service to the cloud should be enacted. A new risk will be added to Datix to reflect this risk identified as per Matter Arising 1.	Trevor Hughes	Feb-23	Action Complete	New risk is on Datix. ISD/NDR Operational Group established and meeting regularly.	Information

Feb-23	Switching Service	DHCW-2223-10 2.1b	Public	Reasonable	High	Work should continue with the NDR to seek to move functionality there with confirmation sought that the functionality will sit with the NDR in the future. The move of the service to the cloud should be enacted. Initially, this new risk 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.	Rhidian Hurle	Mar-23	Action on Target	Linked to Corporate Risk.	Information
Feb-23	Switching Service	DHCW-2223-10 2.1c	Public	Reasonable	High	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.	Rebecca Cook	Feb-23	Action Complete	Complete.	Information
Feb-23	Switching Service	DHCW-2223-10 2.1d	Public	Reasonable	High	Prioritisation and timescales need to be determined based on full requirements analysis and subject to agreement through the programme governance as it is an all Wales programme with separate governance to core functions within DHCW.	Rebecca Cook	Dependent upon Programme Timetable (TBC)	Action on Target	Target date to be confirmed.	Information
Feb-23	Switching Service	DHCW-2223-10 3.1a	Public	Reasonable	Medium	Work to move the functionality into the NDR should continue. A new risk will be added to Datix to reflect this risk identified as per Matter Arising 1.	Trevor Hughes	Feb-23	Action Complete	New risk is on Datix. ISD/NDR Operational Group established and meeting regularly.	Information
Feb-23	Switching Service	DHCW-2223-10 3.1b	Public	Reasonable	Medium	Work to move the functionality into the NDR should continue. 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.	Rhidian Hurle and Rachael Powell	Jul-23	Action on Target	Due for completion on target.	Information
Feb-23	Switching Service	DHCW-2223-10 4.1a	Public	Reasonable	Medium	Encourage additional staff to maintain and develop the service in order to disseminate the knowledge to support the service and have less reliance on key individuals, including completing current upgrade and introducing the warm standby resilience solution.	Ken Leake	Jun-23	Action on Target	Due for completion on target.	Information
Feb-23	Switching Service	DHCW-2223-10 4.1b	Public	Reasonable	Medium	A DR plan should be defined for the Switching Service and subjected to testing.	Ken Leake	Mar-23	Action on Target	Test date to be confirmed.	Information
Feb-23	Switching Service	DHCW-2223-10 5.1	Public	Reasonable	Medium	A switching service business continuity plan should be established.	Simon Moss	Mar-23	Action Complete	Complete.	Information
Feb-23	Tehnical Resilience	DHCW-2223-11 1.1	Private	Substantial	Low	***Private***	Matt Palmer	Jan-24	Action on Target	***Private***	Infrastructure
Feb-23	Tehnical Resilience	DHCW-2223-11 2.1	Private	Substantial	Medium	***Private***	Kimberly Chapman	Mar-24	Action on Target	***Private***	Infrastructure
Feb-23	Tehnical Resilience	DHCW-2223-11 3.1	Private	Substantial	Medium	***Private***	Kimberly Chapman	Mar-24	Action on Target	***Private***	Infrastructure
Feb-23	Nationally Hosted IT Systems	3367A2023 2021-22 2022.1	Private	None (Audit Wales)	Medium	***Private***	Stuart Davies	Jul-23	Action on Target	***Private***	Software Development
Feb-23	Nationally Hosted IT Systems	3367A2023 2021-22 2022.2	Private	None (Audit Wales)	Medium	***Private***	Stuart Davies	Jan-23	Action Complete	***Private***	Software Development
Feb-23	Nationally Hosted IT Systems	3367A2023 2021-22 2022.3	Private	None (Audit Wales)	Medium	***Private***	Kimberly Chapman	Oct-23	Action on Target	***Private***	Infrastructure
Feb-23	Nationally Hosted IT Systems	3367A2023 2021-22 2022.4	Private	None (Audit Wales)	Medium	***Private***	Martin Prosser	Dec-23	Action Complete	***Private***	Infrastructure

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	18 April 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 Audit and Assurance Committee is being asked to NOTE the contents of the report that relate to the Counter Fraud work carried out in period four of the financial year 2022-2023.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
No, (detail included below as to reasoning)	Outcome: NA
Statement: NA	

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below All referrals of fraud related activity have legal implications for the organisation – in relation to criminal investigation and civil recovery.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Financial loss in relation to theft by employee over a protracted period of time.
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is 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

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 fourth 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 Audit and Assurance Committee is being asked to **NOTE** the contents of the report that relate to the Counter Fraud work carried out in period four 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



NHS WALES
Digital Health Care Wales
(DHCW)

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

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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1. Introduction

In compliance with the Secretary of State for Health’s Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the Cardiff and Vale University Health Board’s Local Counter Fraud Specialists on behalf of Digital Health and Care Wales in relation to the second period of reporting for the year 2022-2023. The report covers the period from 01/01/2023 to 31/03/2023.

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

At 31st March 2023, 89 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, conducting investigation in line with the National Fraud initiative, and carrying out fraud risk assessment work.

This report builds upon the previous counter fraud progress reports for this financial year.

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

TYPE	Days P1	Days P2	Days P3	Days P4
Proactive	15	12 (27)	12 (39)	15 (54)
Reactive	0	22 (22)	8 (30)	5 (35)
TOTAL	15	34 (49)	20 (69)	20 (89)

2. Progress

Staffing

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

Activity

Infrastructure/Annual Plan

During this reporting period, work has continued in 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 – No Change - 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. Maintenance of Counter Fraud digital presence – Fully functional, modern, Counter Fraud Intranet site continues to be developed and improved (Link to the site for reference : [Counter Fraud - Home \(sharepoint.com\)](#))
- d. Counter Fraud e-Learning arrangements – the situation with regard to this remains the same as previously reported. (Development of Counter Fraud education page on the All Wales 'Learning @ Wales Platform' is now complete. This awaits the new All Wales eLearning package to be finalised and distributed by the Counter Fraud Service Wales. When complete this will be available to all staff as a, Counter Fraud, education, learning and awareness tool. It will be signposted internally within the organisation and will be available to all staff.)

Fraud Prevention Notices and IBURN notices

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

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

Newsletter

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

[February 2023 Counter Fraud Newsletter \(office.com\)](#)

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

or; at the Counter Fraud Team Share Point Pages –

[Counter Fraud - Home \(sharepoint.com\)](#)

Local Alerts/Bulletins

During this reporting period there have been no further fraud alerts issued.

Awareness Sessions

During this reporting period a total of ten (10) awareness sessions have been provided. Four (4) Corporate Induction sessions have been provided in person, three (3) General Fraud Awareness sessions via Microsoft Teams have been delivered, and three (3) Mandate Fraud specific sessions have been delivered by Microsoft Teams.

Referrals/Enquiries

During this reporting period no further referrals have been received in respect of Digital Health and Care Wales.

Investigations

No new investigations have been commenced. There are no legacy investigations open.

Other

Investigation work has commenced in respect of the latest National Fraud Initiative exercise. There are a total of 21 data matches that require investigation by the CF team and this will continue into Q's 1 & 2 of the new financial year.

DIGITAL HEALTH AND CARE WALES RISK MANAGEMENT REPORT

Agenda Item	5.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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

Purpose of the Report	For Discussion/Review
Recommendation	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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
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If more than one standard applies, please list below:

DHCW QUALITY STANDARDS	ISO 9001
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If more than one standard applies, please list below:
ISO 14001, ISO 20000, ISO 27001, BS10008

HEALTH CARE STANDARD	Governance, leadership and accountability
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If more than one standard applies, please list below:
Safe Care, Effective Care

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
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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 IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
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
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	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 The BAF is currently under review with the Board and an updated version will be presented to the SHA Board in May 2023 for approval.

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 Board considered DHCW’s risk appetite statement and risk appetite tolerances during a Board Development session held in March 2023. Further work is progressing on DHCW’s risk appetite position to allow the Board Assurance Framework Report and risk appetite position to go to the SHA Board in May 2023.
- 3.3 DHCW’s Corporate Risk Register currently has 31 risks on Register, 11 of which are allocated to the Audit and Assurance Committee. 10 are detailed at item 5.1i Appendix A for consideration by this Committee, 1 is private and will be reviewed during the private session. The remaining 20 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 (15) 4 Private, 11 Public

A number of risks have been escalated to the Corporate risk register since the last meeting, these are as below:

Risk Ref	Risk Title	Risk Description	Committee Assigned
DHCW0301	**Private**	PRIVATE RISK	Digital

			Governance & Safety
DHCW0302	Velindre CANISC SLA Income Increase	IF Velindre NHS Trust CANISC funding is removed as a consequence of the transition to the new application arrangements THEN the reduction in expected contribution will lead to further cost pressures RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	Audit & Assurance
DHCW0303	Primary Care IM&T Funding:	IF Welsh Government does not fund DHCW as per communicated Primary Care IM&T Revenue Funding Assumptions THEN further cost pressures may become unmanageable RESULTING IN a decrease in GP IT support resource, Hardware refresh activity and a possible deficit position reported.	Audit & Assurance
DHCW0304	NHS Wales SLA Income Increases	IF DHCW is not funded for committed additional spend to support current and new services THEN further cost pressures may become unmanageable RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	Audit & Assurance
DHCW0305	Welsh Government Core Funding	IF Welsh Government does not fund DHCW as per communicated Core Revenue Funding Assumptions THEN further cost pressures may become unmanageable RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	Audit & Assurance
DHCW0306	Switching Service - Succession	IF there is no succession plan for the Switching Service, and a continued reliance on an architecture design and software which is 20+ years old and beyond end-of-life with limited / diminishing skills in the IRAT team to support it THEN the service will become obsolete and any development of new mechanisms and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable RESULTING IN the potential for ISD being unable to make data available to WG, HBs, FDU and SAIL, as a key function of the Switching Service is to provide reports for Welsh Government. This would cause	Digital Governance & Safety

		significant reputational damage to DHCW and particularly so depending on when (date) it happens. It would also have knock-on effects to these agencies (FDU, DU etc.)	
DHCW0307	Switching Service - Responsive development	IF Welsh Government requirements for more in-depth data are requested, it may not be possible as the Switching Service is too complex to modify and amend in order to meet any new demands made upon it, as there is a reliance on legacy software (20+ years old) and limited / diminishing skills in the IRAT team to support it THEN any amendments to reflect changing service requirements or design cannot be made, and will therefore hold back any development and enhancement of the service to meet future needs RESULTING IN the service becoming obsolete and any development of new mechanisms and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable.	Digital Governance & Safety
DHCW0308	Sustainable funding for NIIAS	IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk at end of contract (November 2023) will create financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising contract renewal	Audit & Assurance
DHCW0309	**PRIVATE**	PRIVATE RISK	Digital Governance & Safety
DHCW0310	**PRIVATE**	PRIVATE RISK	Digital Governance & Safety
DHCW0311	Digital Cost Pressure – Supplier Price Model Changes	IF suppliers revise product charging methodology with a resulting increase in costs, THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	Audit & Assurance
DHCW0312	Digital Cost Pressure – Exchange Rate Fluctuation Risk	IF the exchange rates for digital services contracts materially and directly currency linked THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the	Audit & Assurance

		organisations ability to reach a break-even position.	
DHCW0313	Digital Cost Pressure – Service Model Changes	IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	Audit & Assurance
DHCW0314	Digital Cost Pressures – Supply Chain Risk	IF supply chain issues such as the chip shortage and underlying digital price pressures and contract renewals have a negative impact upon prices THEN there will be additional equipment and maintenance contracts price increases RESULTING IN an increased risk to the organisations ability to reach a break-even position.	Audit & Assurance
DHCW0315	**PRIVATE**	PRIVATE RISK	Digital Governance & Safety

REMOVED (7) 2 Private, 5 Public

Risk Ref	Risk Title	Risk Description	Statement	Committee
DHCW0228	Fault Domains	IF fault domains are not adopted across the infrastructure estate, THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	Mitigation complete, risk closed.	Digital Governance & Safety
DHCW0229	**PRIVATE**	PRIVATE RISK	Downgraded for management at Directorate level	Digital Governance & Safety
DHCW0302	Velindre CANISC SLA Income	IF Velindre NHS Trust CANISC funding is removed as a consequence of the transition to the new application arrangements THEN the reduction in expected contribution will lead to further cost pressures RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	Escalation reversed at Management Board, further clarity on risk required	Audit & Assurance
DHCW0289	Digital Inflation	IF supply chain issues such as the chip shortage and underlying	Risk closed with new more	Audit & Assurance

		digital price pressures and contract renewals have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.	focused risks to be added as agreed with Audit Committee session 17th October 2022.	
DHCW0290	**PRIVATE RISK**	PRIVATE RISK	Closed as MOU now signed by Chief Execs.	Audit & Assurance
DHCW0305	Welsh Government core funding	IF Welsh Government does not fund DHCW as per communicated Core Revenue Funding Assumptions THEN further cost pressures may become unmanageable RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	Funding letter confirmed further risks will be identified	Audit & Assurance
DHCW0303	Primary Care IM&T funding	IF Welsh Government does not fund DHCW as per communicated Primary Care IM&T Revenue Funding Assumptions THEN further cost pressures may become unmanageable RESULTING IN a decrease in GP IT support resource, Hardware refresh activity and a possible deficit position reported.	Funding letter received with confirmed funding	Audit & Assurance

SCORE CHANGES

There were two changes in scoring reported during the period. One decrease and one increase.

Reference	Name	Commentary
DHCW0259	Staff Vacancies	Decreased due to mitigation actions
DHCW0299	Supplier Capacity to support EPS Readiness	Increased in both likelihood and impact

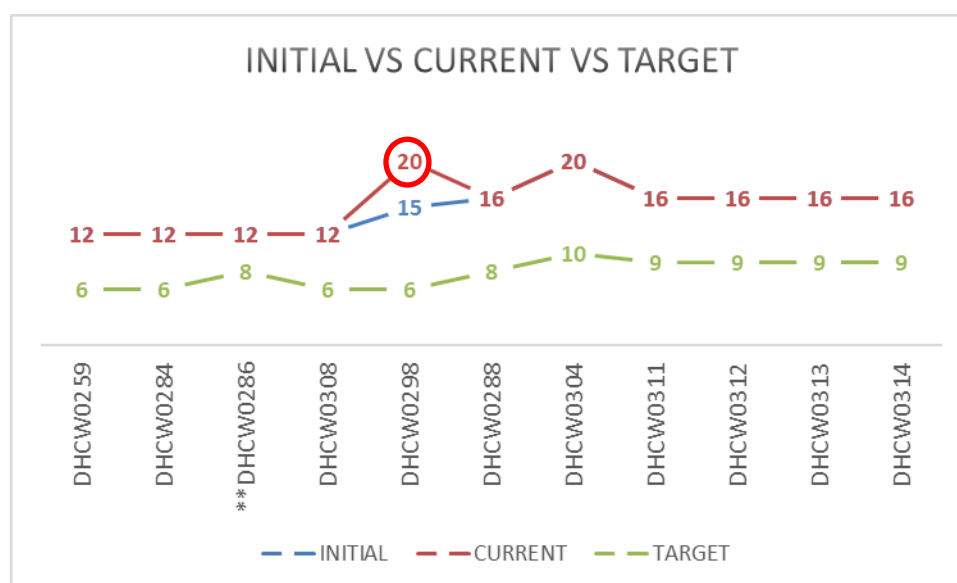
- 3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0277 ↔ **DHCW0278 ↔ **DHCW0279 ↔ **DHCW0280 ↔ **DHCW0281 ↔ **DHCW0282 ↔ **DHCW0309 ★	**DHCW0315 ★	
	MAJOR (4)			DHCW0263: DHCW Functions ↔ DHCW0264: Data Promise ↔ **DHCW0286 ↔ DHCW0296 – Allergies/Adverse Reactions – Single Source ↔ DHCW0306 – Switching Service - Succession ★ DHCW0307 – Switching Service Responsive Development ★ DHCW0308 – Sustainable funding for NIAs ★ **DHCW0310 ★	DHCW0237: Covid-19 Resource Impact ↔ DHCW0288 – Data Centre Migration Revenue Funding ↔ DHCW0292 – Insufficient human resource capacity ↔ DHCW0300 – Canise (Screening and Palliative Care) ↔ **DHCW0301 ★ DHCW0311 – Digital Cost Pressure Supplier Price Model Changes ★ DHCW0312 – Digital Cost Pressures – Supplier Cost Model changes ★ DHCW0313 – Digital Cost Pressure – Service Model Changes ★ DHCW0314 – Digital Cost pressures – Supply Chain ★	DHCW0298 – Delay in Implementation of LINC (WUMS 2) ↔ DHCW0299 – Supplier capacity to support EPS ↑ DHCW0304 – NHS Wales SLA Income Increases ★
	MODERATE (3)				DHCW0259: Staff Vacancies ↓ DHCW0269 – Switching Service ↔ DHCW0284 – Increased Utility Costs Financial Pressure ↔	
	MINOR (2)					
	NEGLECTABLE (1)					

**Private risks

★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased

- 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 fifteen new risks being added, seven risks being removed and two changes in score on 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.

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	1 March 2023	Discussed and verified
Management Board	16 March 2023	Discussed and verified

5.1i Appendix A – Corporate Risk Register

Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLECTIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low
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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0298	Business & Organisational	<p>Delay in the Implementation of LINC (WLIMS 2)</p> <p>IF the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025 THEN operational delivery of pathology services may be severely impacted RESULTING IN potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.</p>	05/05/2021	27/02/2023	15	<p>AIM - Reduce Impact</p> <p>FORWARD ACTIONS</p> <p>Business continuity options are being explored including extending the contract for the current LIMS to cover any short-term gap in provisions.</p> <p>ACTIONS TO DATE</p> <p>An updated plan has been received and feedback has been gathered from the DHCW, health boards and trusts.</p> <p>17/01/23 - Supplier expected to deliver a detailed plan by the end of January 2023</p> <p>Contractual options being worked through re. extension of legacy and delivery of the replacement service.</p> <p>05/12/22 [NB] - Review of the supplier Implementation plan took place on the 30th November 2022. Formal Feedback to the gathered from the service.</p> <p>01/11/2022 Escalated to Corporate register DHCW will be taking control of this project on 1st January 2023</p> <p>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.</p> <p>14/06/22 - The supplier has proposed a 6 months delay against the plan. The Supplier plan has still not been agreed</p>	20 (5x4)	6 (3x2)	Executive Director of Strategy	Non mover	Audit & Assurance Committee	Service Delivery	Mission 2 - Delivering high quality technology

5.1i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						with the authority. Options workshop has been arranged with the Service for the 14th June 2022.							
DHCW0304	Finance	NHS Wales SLA Income Increases IF DHCW is not funded for committed additional spend to support current and new services THEN further cost pressures may become unmanageable RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	24/01/2023	27/02/2023	20	AIM: To finalise SLA's and organisational approval. FORWARD ACTIONS: Detailed supporting packs to be issued 1st March 2023. ACTIONS TO DATE: 27/2/23 MC: Additional cost schedules circulated to digital leads and deputy directors of finance's for inclusion within initial planning assumptions. Presentation given to NSMB on 13th Dec 2022 outlining approach. Proposal on infrastructure costs to IMB on 7th Feb 2023 who endorsed the re-charging approach.	20 (5x4)	10 (5x2)	Executive Director of Finance	New Risk	Audit & Assurance	Financial	Mission 2 - Delivering high quality technology.
DHCW0288	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	27/02/2023	16	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 DPIF team to explore possible funding options. ACTIONS UNDERTAKEN: 27/02/23 MC: 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 DPIF team to explore possible funding options. 02/02/2023 Funding discussions ongoing Project Group established. Full plan developed. MC 040123:- 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	Service Delivery	Mission 5 - Trusted Partner

5.1i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0311	Finance	Digital Cost Pressure – Supplier Price Model Changes IF suppliers revise product charging methodology with a resulting increase in costs, THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/2023	28/02/2023	16	AIM: Reduce likelihood FORWARD ACTIONS: MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings. ACTIONS TO DATE: MC 27/02/23: - Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.	16 (4x4)	9 (3x3)	Executive Director of Finance	New Risk	Audit & Assurance	Financial	Mission 2 - Delivering Technology
DHCW0312	Finance	Digital Cost Pressure – Exchange Rate Fluctuation IF the exchange rates for digital services contracts materially and directly currency linked THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/2023	28/02/2023	16	AIM - reduce likelihood FORWARD ACTIONS MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. Commercial services to validate currency linked contracts. Finance to research medium term position as part of the formal calculation/modelling process. Agree hedging approach with commercial services for management board/audit committee approval. ACTIONS TO DATE: MC 27/02/23: - Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.	16 (4x4)	9 (3x3)	Executive Director of Finance	New Risk	Audit & Assurance	Financial	Mission 4 Driving Value
DHCW0313	Finance	Digital Cost Pressure – Service Model Changes IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING	28/02/2023	28/02/2023	16	AIM REDUCE LIKELIHOOD FORWARD ACTIONS MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. ACTIONS TO DATE:	16 (4x4)	9 (3x3)	Executive Director of Finance	New Risk	Audit & Assurance	Service Delivery	Mission 4 – Driving Value

5.1i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		IN an increased risk to the organisations ability to reach a break-even position.				MC 27/02/23: - Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.							
DHCW0314	Finance	Digital Cost Pressures – Supply Chain IF supply chain issues such as the chip shortage and underlying digital price pressures and contract renewals have a negative impact upon prices THEN there will be additional equipment and maintenance contracts price increases RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/2023	28/02/2023	16	AIM REDUCE LIKELIHOOD FORWARD ACTIONS MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings. Capital & Non Pay group to manage general economic research. ACTIONS TO DATE: MC 27/02/23: - Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.	16 (4x4)	9 (3x3)	Executive Director of Finance	New Risk	Audit & Assurance	Financial	Mission 4 – Driving Value
DHCW0259	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	28/02/2023	12	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: 28/02/23 All Directorates have returned the WFP plans with any future resource requirements and an analysis is underway with a signed off plan for April 2024 for the new financial year. At this point the risk rating for vacancies will be reviewed. ACTIONS TO DATE 08/02/23 All Directorates have been sent the Workforce Planning template to help plan resource more effectively and to have a Directorate Workforce Plan in place by April 2023. The plans will be reviewed on a quarterly basis by Finance & People & OD Business Partners. 22/12/22 A trajectory tool has been created to monitor recruitment against vacancy. The strategic resource group continues to meet bi-monthly 29.11.22 A trajectory tool has been created to monitor recruitment against vacancy. The strategic resource group continues to meet bi-monthly	12 (3x4)	6 (2x3)	Director of People and OD	Reduced	Audit and Assurance Committee and Local Partnership Forum	Service Delivery	Mission 5 - Trusted Partner

5.1i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<p>Deep dive activity around Milestones and resource requirements underway at present and will look to be completed by end Nov 22</p> <p>DHCW will be finalising the Resourcing Strategy for 2022-23. The strategy will look at a number of initiatives to ensure that DHCW achieves its recruitment target. This will include an improvement in workforce planning data as well as exploring further collaboration opportunities. DHCW are already experienced success with LinkedIn and CV library, and we will continue to utilise these sources. To support retention, DHCW are planning to work in partnership with WIDI to develop programmes to upskill and reskill our existing workforce. Additionally DHCW will be developing new contractual vehicle/s commencing from April 2023 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with funding streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects</p>							
DHCW0284	Finance	<p>Increased Utility Costs Financial Pressure</p> <p>IF utility costs increase significantly (circa £620k per annum) as expected THEN costs will exceed those normally budgeted for RESULTING IN increased facilities costs and financial pressures</p>	21/10/2021	27/02/2023	12	<p>AIM: REDUCE Impact</p> <p>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.</p> <p>ACTIONS TO DATE:</p> <p>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 & comment prior to circulation to Directors.</p> <p>011222: MC- Risk increased to £982K after Exceptional cost group review</p> <p>Established an Exceptional Cost Pressures Group who are developing mitigation plans and will report to Executive Directors regularly</p> <p>Risk increased to £620k to represent both potential increases to Office and Data centre costs</p> <p>Engagement with NWSSP Procurement to confirm All Wales NHS Utilities contract terms</p>	12 (3x4)	6 (2x3)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 5 – Trusted Partner

5.1i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						Communication with Landlords to understand timing and impact of any change Discussed with Associate Finance Directors and Finance Business Partner"							
DHCW0308	Information Governance	Sustainable funding for NIIAS IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk at end of contract (November 2023) will create financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising contract renewal	31/01/2023	20/02/2023	12	AIM: Reduce Likelihood FORWARD ACTIONS: Commercial and Procurement support on options appraisal ACTIONS TO DATE:	12 (3x4)	6 (2x3)	Executive Medical Director	New Risk	Audit & Assurance	Information Access and Sharing	Mission 3 - Expanding the content, availability and functionality

DIGITAL HEALTH AND CARE WALES

WELSH LANGUAGE COMPLIANCE REPORT

Agenda Item	5.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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	Chris Darling, Board Secretary

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.

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	DHCW0208
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Wales of Vibrant Culture and Thriving Welsh Language
If more than one standard applies, please list below: A More Equal Wales	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with DHCW Welsh Language Scheme / Welsh Language Standards Regulations no7 2018
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below There are potential financial penalties for non-compliance with the standards.
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below There is an impact on the workforce in terms of working practices and facilities for ensuring compliance.
<u>SOCIO ECONOMIC</u> 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

	(b) treating the Welsh language, no less favourably than the English language (As outlined in the policy making Welsh Language standards regulations)
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	SHA	Special Health Authority
WLCO	Welsh Language Commissioners Office	DMTP	Digital Medicines Transformation Portfolio
ESR	Electronic Staff Record		

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 scheme;
- 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 The NHS Wales App

A new Welsh Language Technical Group has been formed to ensure the NHS Wales app and the Digital Medicines Transformation Portfolio (DMTP) input into the app complies with the Welsh Language Standards. The group is chaired by the Director of Pharmacy and Medicine at Betsi Cadwaladr University Health Board and members include Welsh speakers from public sector organisations as well as Bangor University.

A temporary exemption request for Welsh Language Standards in relation to the login of the NHS Wales App has been submitted to the Welsh Language Commissioner. Meetings with Welsh Government and Health Board Welsh Language Managers to discuss the best way forward with this application have taken place and a meeting with the Welsh Language Commissioner Compliance Manager will take place in April. NHS England have agreed to undertake the work to provide a bilingual login, however this is likely to take up to two years to complete.

A new contract with Atebol, a translation company, has been agreed to ensure all feedback from the NHS Wales App received in Welsh is translated within 24 hours. This work will begin when the public beta is launched on the 17th April 2023.

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 Scheme and reports non-compliance and areas for improvement to the Welsh Language Group. This action plan is included at item **Appendix A**. It is reviewed for progress by the Welsh Language Group on a bi-monthly basis. Actions listed in each tab of the excel document highlight the actions requiring attention.

The summary findings are below:

Type of Standards	Approximate % compliance / RAG rating
Service Delivery Standards	60%
Policy Making Standards	80%
Operational Standards	70%
Record Keeping Standards	100%

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 and directorate away days.

The percentage of staff at level 0 has decreased by 3% since the last report resulting in an increased recording of skills at level 1+. Welsh Language Awareness Course compliance has decreased by 1.5%. The Welsh Language Manager will raise awareness of this in directorate team meetings.

3.3(ii) The dashboard below provides a breakdown of the skills levels within the organisation. An additional feature has been added to the dashboard recently, providing information on progress with the development of Welsh language skills since April 2021. (Please note the spike in October 2022 was due to a data cleansing exercise.) This dashboard also provides information on the number of staff in each directorate who haven't entered their Welsh language skills levels on the Electronic Staff Record (ESR).

Workforce and Organisational Development

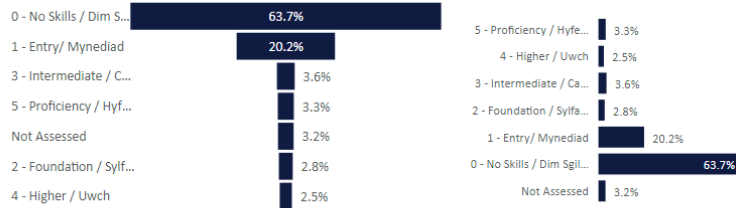
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Feb 2023

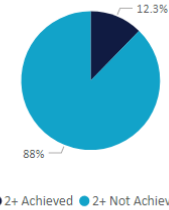
Last data refresh
03/04/2023 11:11:13

Directorate: All
Division: All
Team: All
Latest Month, ...: Latest Month

Welsh Language - Listening and Speaking Levels as % of workforce

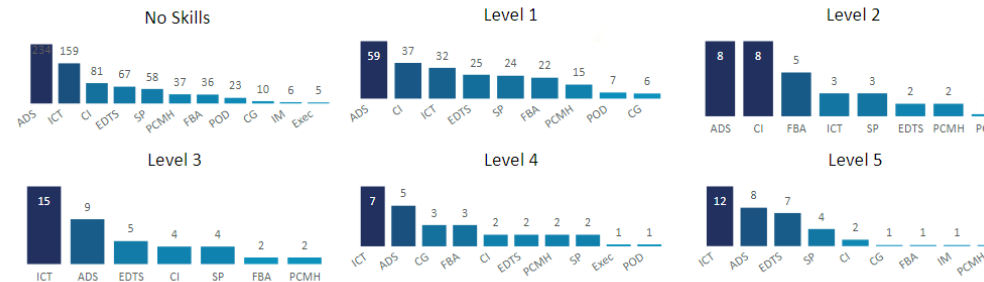
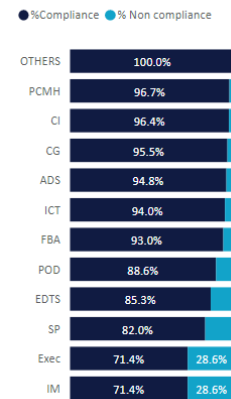


Welsh Level 2 to 5 Achieved



Welsh Language Awareness Compliance

92.2%
Welsh Language Awareness



Workforce and Organisational Development

Displaying data for

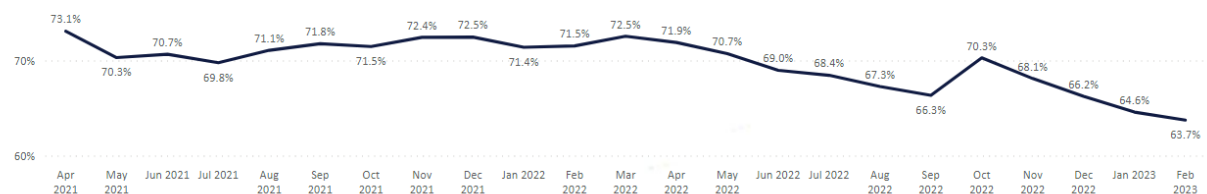
Feb 2023

Last data refresh
03/04/2023 11:11:13

Directorate: All
Division: All
Team: All
Latest Month, ...: Latest Month

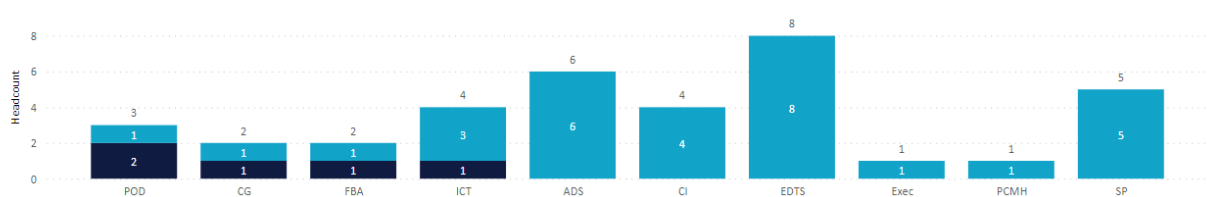
Welsh Level 0 as percentage of DHCW Workforce

Level Achieved: 0 - No Skills / Dim Sgiliau



Welsh Level Not Assessed by Directorate

Within 3 months of starting at DHCW: More than 3 months



3.4 Developing the Welsh language skills of staff

DHCW staff have embraced a wide range of Welsh language training options throughout 2022-2023. DHCW will continue to offer courses free of charge with a particular focus on staff with no Welsh language skills.

The More Than Just Words Five Year Plan 2022-2027 requires all health and care bodies to introduce a minimum of 'courtesy' level of Welsh language skills and for all staff to achieve this level by the end of the plan (2027). This will be achieved through the use of welcome and entry level courses offered by the centre for learning Welsh. The target for DHCW is to increase the percentage of level 1 skills by 20% each year for the next four years. (currently 20.2%)

Staff with Welsh language skills at level 3 or above will also be encouraged to attend confidence building courses and a residential course is planned this summer.

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:

- DHCW staff taking part in the NHS Wales Eisteddfod;
- Welsh Music Day promotion
- Tentalk
- Project scoping with e-library (funding secured for new best practice webpage)
- Corporate Governance Away Day session
- New Policy on Using Welsh Internally out for staff consultation

3.6(ii) A new project in collaboration with the e-library team will provide a platform to share best practice across health and social care. This project supports an action in the More Than Just Words Five Year Plan 2022-2027 and is supported by Welsh Government.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The public beta of the NHS Wales App will be launched before an exemption from the standards in relation to the NHS app and website in the DHCW Welsh Language Scheme is agreed with the Welsh Language Commissioner.

4.2 Translation costs are increasing from April 2023. An increased budget to cover 750,000 words

for 2023-2024 has been agreed to fund our agreement with NWSSP. It is highly likely that demand for translation from projects, programmes, the Change Ambassador course and job adverts and descriptions will exceed this limit. The appointment of a part time internal translator to undertake communications and recruitment work is proposed to limit additional costs. New programmes and projects will be required to budget for translation work.

5 RECOMMENDATION

The Committee is being asked to:

Receive the report for **ASSURANCE** and **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	3 rd April 2023	APPROVED

No of Standard					
Type of Standard		Action Required	Progress	Date	RAG Rating
Bilingual Skills Strategy	106,106A, 107,107A, 107B, 108	1. Implementation of the recruitment actions to ensure Welsh language skills are assessed during the job scrutiny process. 2. New recruitment webpage will need to be translated. 3. Bilingual Skills Strategy to be included on new recruitment SharePoint page. 4. Raise awareness of external recruitment agencies for Welsh essential posts	1. Standard Operating Procedures approved by the Welsh Language Group and uploaded to the IMS 2. Process in place to ensure Job adverts are translated and advertised bilingually.	Sep-23	Green
Workforce Policies	82		1. All Wales workforce policies are translated 2. Welsh workforce policies available on the Welsh language sharepoint page in a section dedicated to Welsh speaking staff	Apr-23	
Website and Apps (DSPP)	40, 41,42,43	1. Amend the challenge application. 2. Meeting with the Welsh Language Commissioner Compliance Manager.	1. Meetings have taken place with Welsh Government and health board Welsh Language Managers to discuss the submission of an all Wales challenge application. 2. Meeting arranged with WLC compliance manager on the 18th April to request a temporary exemption to the Welsh Language Scheme.	Apr-23	Red
Using Welsh Internally	79	1. Submission of policy to Management Board and Audi and Assurance Committee for approval.	1. New policy and EQIA written and submitted to CG for consultation. 2. Staff guides created and available on Welsh language SharePoint page	Jul-23	Yellow
Education Courses	63	1. Raise awareness of this standard with staff who are likely to organise education courses	1. Welsh Language requirements included in the Change Ambassador EQIA. 2. Meeting with Change Ambassador team to include assessment of need in SOP	Mar-23	Red
Telephone and Reception	8,9,10,12,14,17,18,19,50	1. Service desk satisfaction survey analysis to include comments made in Welsh to ensure Welsh speakers are happy with the Welsh language service. 2. New Welsh speaking staff to attend a residential course to gain confidence speaking Welsh on the telephone. 3. New telephony system to be implemented in April 2023 to help staff identify callers requiring a Welsh language service. 4. Recruitment of staff with Welsh language skills essential until there are sufficient numbers in the team. (minimum of 20%) 5. Advertise Welsh essential posts externally to track 6. All service desk staff to complete a welcome course within the first year of employment.	1. Welsh speaking service desk staff have attended the residential course at Nant Gwrtheyrn. 2. One post has been advertised as Welsh essential with two Welsh speaking applicants. (interviews in April)	Dec-23	
Consultation and Research	72,73,74,75,76,77	1. Welsh Language Services Manager to attend research and innovation meetings.	1. DSPP consultation and research bilingual and considers impact on Welsh language. 2. New Welsh Language technical group set up in relation to DMTP and DSPP	Mar-23	Orange
Meetings and Public Events	26,27,28,29,30,31,32,33,34	1. Regular communication with staff via SharePoint news. 3. Promotion of SOP on Welsh language SharePoint page	1. Arranging External meetings Standard Operating Procedure (SOP) reviewed and updated. 2. New SOP for arranging events approved	Mar-23	Yellow
ESR/ PADR	81	1. Managers need to ensure all staff update their Welsh language skills on ESR 2. The PADR document needs to be available in Welsh and staff informed that they can request their PADR in Welsh.	1. Promotion of Welcome courses to support staff at level 0 at induction. 2. Power BI dashboard provides information for a targeted approach.	Mar-23	Orange
Correspondence - Email/Letters	1,2,3,4,5,6,7	1. All staff are required to enter bilingual email signatures and out of office replies. 2. New Tractivity system needs to be implemented in order to record language choice of stakeholders 3. Letters within systems need to be audited to ensure they are compliant with Welsh language standards.	1. New staff guides created on the Welsh language SharePoint page. 2. Welsh Language Manager working with WIS and Gov.uk notify to amend vaccination letters. 4. Translation service budget increased to meet demand	Sep-23	
Documents and Forms	36,37,38,	1. Ensure all stakeholder surveys/documents and forms are bilingual (particular project surveys)	1. New staff guide to advise staff on what needs to be in Welsh created and stored on the Welsh language SharePoint page. 2. Welsh Language Manager working closely with DSPP to ensure surveys and forms are bilingual 3. Welsh Language Manager attends WIAG to ensure compliance	Sep-23	Green
Recruitment - Adverts and JDs	106,106A, 107,107A, 107B, 108	1. Implementation of the recruitment actions within the Bilingual Skills Strategy to ensure Welsh language skills are assessed during the job scrutiny process. 2. Recruit internal translator.	1. Standard Operating Procedures for recruitment approved by the Welsh Language Group and uploaded to the IMS 2. Process in place to ensure Job adverts are translated and advertised bilingually 3. Process in place to ensure job descriptions are translated (increased budget for 23/24)	Mar-24	Yellow

Theme 1 - Welsh language planning and policies including data

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		1. Welsh Language Manager approval at WIAG 2. Guidelines for project managers created 3. Equality Impact Assessments include Welsh Language 4. New EQIA group created 5. Welsh Language Manager involved with all public facing applications	Policy Making Standards 69-78A		1. 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. 2. Welsh planning requirements are understood and are embedded in guidance and policy.
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 Welsh	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)	1. ESR currently used to record the language skills of staff. 2. Provision of Health in Wales platform to display language skills of primary care staff. 3. Facility to display language skills of GP staff in the new NHS Wales App	Operational Standard 96 Keeping Standard 116	Record	
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.	HEIW/SCW, health and social care bodies	Director of People and OD	Short/Medium Term	1. Ensure all staff enter data on ESR Extract data from ESR	1. Business Improvement dashboard created	Operational Standard 96 Keeping Standard 116	Record	

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

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	Welsh Language	RAG	Key Aims
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	Health and social care bodies. HEIW and SCW	Director of People and OD	Medium Term	1. Assess Welsh Language Skills requirements as part of the job scrutiny process 3. Implement the Bilingual Skills Strategy	1. Standard operating procedures in place 2. Employability project with USW students to promote DHCW jobs with Welsh speaking pupils and students across Wales 3. Translation of Job Adverts to promote DHCW as a bilingual organisation 4. Comprehensive Welsh language training provision available to all staff. 5. Welsh Language Tentalk to raise awareness of Bilingual Skilss Strategy. 6.Information on staff skills provided to HEIW.	Operational Standards 106/106A		Our aim aligns with one set out in the Health and Social Care workforce strategy: <i>‘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.’</i>
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 training	Health and Social Care bodies	Director of People and OD	Medium Term	1.92.2% of staff have completed the old awareness course 2. Welsh language awareness included in induction of new employees 3. Comprehensive Welsh language sharepoint page	1. All staff will need to complete the new Welsh language awareness course on ESR.	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)	1. Implement the actions outlined in the Bilingual Skills Strategy and associated standard operating procedure 2. Welsh Language Manager to be involved in the assessment of Welsh Language Skills as part of the job scrutiny process	1. Standard operating procedures and bilingual skills strategy in place	Operational Standards 106/106A
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 receiving 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	1. Continue to promote Welsh language courses with staff through the induction process, internal communications and tentalks 2. Staff to update WL skills on ESR 3. Reduce no of staff at level 0 by 10% in year 1 of the five year plan 4. Amend new job descriptions to include this expectation.	1. Comprehensive 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 training. 3. Tentalks to promote learning opportunities	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. 2. Welsh language to be included in workforce planning/ strategy	1. Bilingual Skills Strategy and associated standard operating procedures approved by the Welsh Language Group and published on IMS 2. Comprehensive programme of Welsh language training available to all staff	Operational Standards 99-102/ 106/106A



Theme 3 - Sharing best practice and an enabling approach

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	Welsh Language	RAG	Key Aims
We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs.	Welsh Government/ Welsh language officers	Welsh Language Services Manager	Short Term	1.Staff to share examples of good practice. 2. New webpage to be created to share good practice across Wales. 3. E-library to link with the new webpage and promote resources through webinar and marketing activities.	1.Welsh language champion network to support with collation of innovative good practice 2. Welsh Language 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 group. 5. Funding secured to create new all Wales webpage	N/A		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.
We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together,so that we communicate clearly in both languages.	DHCW / NHS Wales organisations	Executive Director of Strategy	Short Term	1. Continue to develop the bilingual capabilities of the NHS Wales app 2. Ensure the new Digital Maternity Record is bilingual	1.NHS Wales app available in Welsh 2. Welsh Language Manager attends WIAG and has approval authority in relation to Welsh language in projects 3. Welsh Language Managers attends DSPP, DMTP and Digital Maternity Record assurance groups. 4. New Welsh Language Technical Group set up.	Service Delivery Standards 1-6 / 39-46		
We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes	Welsh Government, Health and social care bodies	Board Secretary Welsh Language Services Manager	Short Term	1. Executive lead to attend meetings and events	1. Welsh Language Services Manager attends all Wales WG meetings 2. Welsh Language Manager chairs NHS Wales Managers of Welsh group (MWG)			

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. (Consideration would need to be given to additional funding/resources to enable this to be delivered.)	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	1.NHS Wales App is bilingual but needs to capture language preference 2. Development of a Master Patient Index will facilitate sharing of information		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	Short Term – joint working and approaches on developing standard terms Long Term – health and social care terminological corpus	1. Procurement of all Wales translation software (subject to funding) Arrange All Wales meeting with Bangor University to discuss new Health translation system.	1. Ongoing work with NHS Wales translators 2. Meetings held with E-library team and Welsh Government to discuss possibility of including a terminology corpus in a new best practice webpage. 3.Health Board use of language memory software include terminological corpus.	Service Delivery Standards 1-6

DIGITAL HEALTH AND CARE WALES

STANDARDS OF BEHAVIOUR REPORT

Agenda Item	5.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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.

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below The declarations of interests process ensures DHCW staff adhere to the organisation's statutory responsibilities.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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	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](#), 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 declarations of interest are reviewed and checked by the Corporate Governance team and any queries are addressed prior to entry on the register. 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
- 2.3 In line with other NHS Trusts, Health Boards and Special Health Authorities, DHCW have agreed 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 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. The Corporate Governance team are in the process of capturing all DHCW Board Members declarations of interest form for 2023/24.
- 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 31 March 2023, 94% of band 8a and above declarations of interest have been received and captured on the register. In addition, 20% of staff banded 2-7 have also been received and captured on the register.
- 3.3 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 13 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 5.3ii Appendix B.

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	0	1	1	£0	£unknown
Honorarium	0	0	0	£0	£0
Hospitality	13	0	13	£4,795	£0
Sponsorship	0	0	0	0	£0
Grand Total	13	0	0	£4,795	£0

- 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 and a spotlight on Standards of Behaviour is a regular feature in the Internal Newsletter.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Work continues to raise awareness of the Standards of Behaviour Policy and requirements.

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
Chris Darling, Board Secretary	April 2023	Approved

REGISTER FOR DHCW GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA**DIGITAL HEALTH AND CARE WALES****To date April 2023**

Date entered on Register	Name	Designation or Department	Provided by / From	Date Gift, Hospitality, Honoraria or sponsorship received/to be received	Details	Value	Type	Authorised by	Accepted or Declined
07/03/2023	Helen Thomas	Chief Executive Officer	Chief Executive Officer of FEDIP	14/03/2023	Dinner at Rewired Conference	£70		Simon Jones	Accepted
03/2023	Helen Thomas	Chief Executive Officer	CIO Roundtable, London	13/02/2023	Dinner	£85		Simon Jones	Accepted
03/2023	Sam Lloyd	Executive Director of Operations	FEDIP Rewired conference	14/03/2023	Dinner during Rewired Conference	£70		Helen Thomas	Accepted
03/2023	Ifan Evans	Executive Director of Strategy	FEDIP Rewired conference	14/03/2023	Dinner during Rewired Conference	£70		Helen Thomas	Accepted
03/2023	Chris Darling	Board Secretary	FEDIP Rewired conference	14/03/2023	Dinner during Rewired Conference	£70		Helen Thomas	Accepted
03/2023	Rhidian Hurle	Executive Medical Director	FEDIP Rewired conference	14/03/2023	Dinner during Rewired Conference	£70		Helen Thomas	Accepted
03/2023	Helen Thomas	Chief Executive Officer	IMH/UWTSD sponsored the Care of the Older Person Award at the RCN	29/06/2023	Attendance	Approx. £70		Helen Thomas	Accepted
04/2023	Rhidian Hurle	Executive Medical Director	HSJ Digital Transformation Summit	09/10/02/2023	Accommodation and Refreshments	£200 + VAT		Helen Thomas	Accepted
04/2023	Rachael Powell	Associate Director of Information, Intelligence and Research	Women in IT Strategy Forum/AHMedia	6-8/02/2023	Full complimentary pass including accommodation, meals and conference ticket.	£995		Rhidian Hurle	Accepted
04/2023	Stephanie Harris	Associate Director of Clinical Informatics Professionals and Business Change	Women in IT Strategy Forum/AHMedia	6-8/02/2023	Full complimentary pass including accommodation, meals and conference ticket	£995		Rhidian Hurle	Accepted
04/2023	Nadine Payne	Head of Engagement	Women in IT Strategy Forum/AHMedia	6-8/02/2023	Full complimentary pass including accommodation, meals and conference ticket	£995		Michelle Sell	Accepted
04/2023	Rhidian Hurle	Executive Medical Director	Userlane Team	N/A	Booni Box	Unknown		Helen Thomas	Declined
04/2023	Sarah-Jane Taylor	Director of People and Organisational Development	FEDIP Rewired conference	14/03/2023	Dinner during Rewired Conference	£70		Helen Thomas	Accepted

Item 5.3ii Appendix B

04/2023	Sarah-Jane Taylor	Director of People and Organisational Development	Women in IT Strategy Forum/AHMedia	6-8/02/2023	Full complimentary pass including accommodation, meals and conference ticket	£995		Helen Thomas	Accepted
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DIGITAL HEALTH AND CARE WALES

HIGH VALUE PURCHASE ORDER REPORT

Agenda Item	5.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 NOTE the details of the High Value Purchase Orders Report.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	N/A
If more than one standard applies, please list below:	

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

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

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 purpose of this report is to provide the Audit & Assurance Committee with an update in relation to high value purchase orders over £0.750m (excluding VAT) raised and issued to suppliers over the stated period. The relevance of the £0.750m threshold is that this is consistent with the scheme of delegation financial limits for All Wales Digital Contracts & 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 £0.750m during the financial year.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 During the period 19th January 2023 – 31st March 2023 four orders over £0.750m were raised. The cumulative sum total of all the orders with a value of more than £0.750m stands at £4.946m since last reporting date and a total value of £43.414m 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 February Audit Committee.

3.2 Table 1: High Value Orders (redacted extract) 19th January 2023 – 31st March 2023

Ref	Date Raised	Area	Supplier	Description
A12	14/02/2023	GMS	Dell Computer Corporation Ltd	Desktop PC
A13	14/02/2023	GMS	In Practice Systems Ltd	Vision Support & Maintenance
A14	14/03/2023	E-Library	The Copyright Licensing Agency	CLA Plus Licence
A15	21/03/2023	ADS	NHS England	Access To Spine Core Services

3.4 As requested at Audit Committee of the 18th 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 19th January 2023 – 31st March 2023 there are 3 suppliers that have since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with Appendix A).

3.5 Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 19th January 2023 – 31st March 2023

Ref	No of Orders	Area	Supplier	Description
B9	5	E-Library	Ebsco Information Services	E-Journal Subscriptions
B10	4	DSPP	Spirit Public Sector Ltd	Consultancy
B11	8	E-Library	Wolters Kluwer (Uk)	E-Journal Subscriptions

3.6 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 31st March 2023.

3.7 Table 3: Suppliers with Spend of over £0.750m for the period of April 2022 – 31st March 2023

Ref	No of Orders	Area	Supplier
C1	100	All Wales Licence Provision	Trustmarque Solutions Ltd
C2	23	DSPP	Kainos Software Ltd
C3	22	GP Systems Maintenance Support	Egton Medical Information Systems Ltd
C4	37	Computer Software and hardware	Computacenter (Uk) Ltd
C5	15	GP Systems Maintenance Support	In Practice Systems Ltd

C6	2	Vaccination Programme	Cabinet Office
C7	14	WLIMS Systems Provision & Support	Intersystems Corporation
C8	4	E library	The Copyright Licensing Agency Ltd
C9	18	Misc. Professional Technical Services	Redcortex Ltd
C10	80	GP Systems Maintenance Support	Dell Computer Corporation Ltd
C11	34	Computer Maintenance	Insight Direct (Uk) Ltd
C12	108	Vehicles	Northumbria Hc Nhs Trust
C13	4	GP Systems Maintenance Support	Informatica Systems Ltd
C14	1	COVID-19 Response	Solgari Ltd
C15	8	E library	Wolters Kluwer (Uk)
C16	42	Networking	British Telecommunications Plc
C17	11	Remote technical support	Softcat
C18	1	Integration and Ref Applications	Nhs England
C19	4	DSPP	Spirit Public Sector Ltd
C20	5	E-Library	Ebsco Information Services

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

6.1 The Audit and Assurance Committee are 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		
Executive Director of Finance and Business Assurance	3.4.23	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 contract
Reported at Audit & Assurance Committee 14th February 2023						
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
A8	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	
Reported at Audit & Assurance Committee April 18th 2023						
A12	GP IT Refresh	DELL COMPUTER CORPORATION LTD	Desktop PC	14/02/2023	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A13	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD	Vision Support & Maintenance	14/02/2023	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A14	E-Library	THE COPYRIGHT LICENSING AGENCY LTD	CLA Plus Licence	14/03/2023	>£0.750m	26th of January 2023 board
A15	Integration and Ref Applications	NHS ENGLAND	ACCESS TO SPINE CORE SERVICES	21/03/2023	>£0.750m	Covered under the Provision of Services (POSA) with NHS England
Total					4.946	

Grand Total High Value Purchase Orders	43.414
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CUMULATIVE HIGH VALUE PURCHASE ORDER TRACKER

2022/23 Purchase Orders

Ref	Area	Supplier	Service/Good Detail	Number of Orders	Amount £
Reported at Audit & Assurance Committee 4th July 2022					
B1	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs	11	>£0.750m
B2	Computer Software and hardware	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	6	>£0.750m
	Total				£1.643
Reported at Audit & Assurance Committee 18th October 2022					
B3	DSPP	KAINOS SOFTWARE LTD	Contract P659 & P660	4	>£0.750m
B4	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme	56	>£0.750m
	Total				£1.911
Reported at Audit & Assurance Committee 14th February 2023					
B5	Computer Software and hardware Support & Maintenance	SOFTCAT	Remote technical support	7	>£0.750m
B6	All Wales Office 365 Implementation	RED CORTEX	Misc. Professional Technical Services	7	>£0.750m
B7	Computer Software and hardware Support & Maintenance	INSIGHT DIRECT (UK) LTD	Computer Maintenance	22	>£0.750m
B8	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support	11	>£0.750m
	Total				£5.458
Reported at Audit & Assurance Committee 18th April 2023					

B9	E-Library	EBSCO INFORMATION SERVICES	E-JOURNAL SUBSCRIPTIONS	5	>£0.750m
B10	DSPP	SPIRIT PUBLIC SECTOR LTD	Consultancy	4	>£0.750m
B11	E-Library	WOLTERS KLUWER (UK)	E-JOURNAL SUBSCRIPTIONS	8	>£0.750m
	Total				£2.720
Grand Total Cummulative High Value Purchase Orders					£11.732

CUMULATIVE HIGH VALUE SPEND BY SUPPLIER

2022/23 Purchase Orders				
Ref	Area	Supplier	Number of Order	Amount £
Suppliers with spend over £750K YTD as of 31st March 2023				
C1	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	100	>£0.750m
C2	DSPP	KAINOS SOFTWARE LTD	23	>£0.750m
C3	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	22	>£0.750m
C4	Computer Software and hardware	COMPUTACENTER (UK) LTD	37	>£0.750m
C5	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD	15	>£0.750m
C6	Vaccination Programme GOV Notify Platform	CABINET OFFICE	2	>£0.750m
C7	WLIMS Systems Provision & Support	INTERSYSTEMS CORPORATION	14	>£0.750m
C8	E library	THE COPYRIGHT LICENSING AGENCY LTD	4	>£0.750m
C9	Misc. Professional Technical Services	REDCORTEX LTD	18	>£0.750m
C10	GP Systems Maintenance Support	DELL COMPUTER CORPORATION LTD	80	>£0.750m
C11	Computer Maintenance	INSIGHT DIRECT (UK) LTD	34	>£0.750m
C12	Vehicles	NORTHUMBRIA HC NHS TRUST	108	>£0.750m
C13	GP Systems Maintenance Support	INFORMATICA SYSTEMS LTD	4	>£0.750m

C14	COVID-19 Response	SOLGARI LTD	1	>£0.750m	
C15	E library	WOLTERS KLUWER (UK)	8	>£0.750m	
C16	Networking	BRITISH TELECOMMUNICATIONS PLC	42	>£0.750m	
C17	Remote technical support	SOFTCAT	11	>£0.750m	
C18	Integration and Ref Applications	NHS ENGLAND	1	>£0.750m	
C19	DSPP	SPIRIT PUBLIC SECTOR LTD	4	>£0.750m	
C20	E-Library	EBSCO INFORMATION SERVICES	5	>£0.750m	
	Total			£69.008	
Grand Total High Value Purchase Orders				£69.008	

DIGITAL HEALTH AND CARE WALES LOSSES AND SPECIAL PAYMENTS

Agenda Item	5.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 NOTE the details of losses and special payments for the period 1 st April 2022 – 31 st March 2023.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	N/A
If more than one standard applies, please list below:	

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

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

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		

2 SITUATION/BACKGROUND

- 2.1 The Standing Financial Instructions of Digital Health and Care Wales requires the Director of Finance to report all losses and special payments to the Audit and Assurance Committee. This paper covers the period 1st April 2022 to 31st March 2023.
- 2.2 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.
- 2.3 Chapter 6 of the Manual for Accounts provides details of the types of items that are considered 'Losses and Special Payments'. It sets out how these items must be dealt with, reported and accounted for by NHS Wales health bodies. The required treatment will depend upon the category and value of each loss. Further details on the categories and the maximum values that DHCW is able to approve are given in appendix 1.
- 2.4 Details of all losses and special payments incurred by DHCW are included in this report to the Audit & Assurance Committee for noting.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 For the period 1st April 2022 to 31st March 2023 DHCW incurred the following 'losses and special payments'.

3.2 Table 1: Losses and Special Payments by Category 1st April 2022 to 31st March 2023

Category of Loss / Special Payment	Description	Number of cases	Amount Paid £'000
4a	Damage to buildings, loss of equipment and property	1	18,393.00
7e	Ex-gratia Payment (7e: Settlement)	1	36,847.62
TOTAL		2	55,240.92

3.3 In accordance with the requirements of the Standing Financial Instructions DHCW has a process to record and report any losses and special payments incurred to the Audit & Assurance Committee and will also update the Losses and Special Payments Register (LASPAR).

Appendix 1 outlines the categories of losses & special payments as specified within chapter 6 of the NHS Wales manual for accounts)

- Item 4a reflects loss of equipment recorded as per Welsh Government guidance and reviewed by Audit Wales.
- Item 7e reflects an agreed approach approved by the Remuneration and Terms of Service Committee on March 2nd 2023 in order to achieve a positive and cost-effective outcome for both parties without impacting negatively on the service provision, a compromise agreement is proposed as the best option.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The financial implications are summarised within table 1. As both amounts are below £50K they do not require approval from Welsh Government. However, DHCW has notified Head of Resources in Welsh Government to ensure they are fully briefed of the final financial impact in DHCW of the loss recorded under heading 4a. Both losses and specials payments have been managed within the 22-23 funding envelope.

5 RECOMMENDATION

5.1 The Audit and Assurance Committee are 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
Executive Director of Finance and Business Assurance	3.4.23	Approved

Appendix 1 – Categories of Losses & Special Payments (from Chapter 6 Manual for Accounts)

Category of loss/special payment	Delegated Limits £
A. Losses	
1. Losses of cash due to:	
a. theft, fraud, etc.	50,000
b. overpayments of salaries, wages, fees and allowances	50,000
c. other causes	50,000
2. Fruitless payments	250,000
3. Bad debt and claims abandoned:	
a. private patients	50,000
b. overseas visitors	50,000
c. other	50,000
4. Damage to buildings, loss of equipment and property	
a. theft, fraud etc.	50,000
b. other	50,000
B. Special payments	
5. Compensation payments made under legal obligation	
a. Directed by the Courts	Full
b. Directed by the NHS Pensions Agency	Full
c. Other compensation payments made under legal obligation	Full
6. Extra contractual payments to contractors	50,000
7. Ex gratia payments	
a. loss of personal effects	50,000
b. clinical negligence with advice	1,000,000
c. personal injury with advice	1,000,000

d. other clinical negligence cases and personal injury claims	50,000
e. other	50,000
f. maladministration no financial loss	NIL
g. patient referrals outside the UK and EEA guidelines	NIL
8. Extra statutory and extra regulatory payments	NIL

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

DIGITAL HEALTH AND CARE WALES

NATIONAL FRAUD INITIATIVE SELF-APPRAISAL CHECKLIST

Agenda Item	5.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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	
<p>The Audit and Assurance Committee is being asked to:</p> <p>NOTE the note the contents of the checklist and future actions.</p>	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

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

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
NFI	National Fraud Initiative	UK	United Kingdom
SRO	Senior Responsible Officer	KC	Key Contacts
SoP	Standard Operating Procedures		

2 SITUATION/BACKGROUND

- 2.1 NFI is a counter-fraud exercise across the UK public sector which aims to prevent and detect fraud. NFI uses data sharing and matching to help confirm that services are provided to the correct people. An NFI outcome describes the overall amounts for fraud, overpayments and error that are detected by the NFI exercise and an estimate of future losses that it prevents.
- 2.2 In Wales the exercise is undertaken by the Auditor General for Wales (Auditor General) under his statutory data-matching powers in Part 3A of the Public Audit (Wales) Act 2004. The Auditor General works in collaboration with the Cabinet Office, Audit Scotland and the Northern Ireland Audit Office which undertake the NFI exercise in England, Scotland and Northern Ireland respectively. NFI uses computerised techniques to compare information about individuals held by different public bodies, and on different financial systems that might suggest the existence of fraud or error. It means that public bodies can take action if any fraud or error has taken place, and it allows auditors to assess the fraud prevention arrangements which those bodies have. In Wales unitary local authorities, police and fire authorities and NHS bodies participate in the NFI on a mandatory basis. Other organisations such as the Welsh Government and Welsh Government Sponsored Bodies participate on a voluntary basis.
- 2.3 A recommendation of the Auditor General for Wales National Fraud Initiative in Wales report advised 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.

As part of the management response DHCW undertook to review and complete the [self-appraisal checklist](#) and share the outcome and any actions at the April 2023 meeting of the Audit and Assurance Committee.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 As a result of the self-appraisal checklist exercise a number of areas have been identified for future action. The following section presents the appraisal areas, actions and leads (and is further detailed within Appendix A).

3.2 Part A: For Those Charged With Governance - Leadership, Commitment And Communication

Ref 3: Is the NFI an integral part of our corporate policies and strategies for preventing and detecting fraud and error?

DHCW will establish clear guidance of the required consideration when developing corporate policies.

Head of Corporate Governance - June 2023.

Ref 5: Are NFI progress and outcomes reported regularly to senior management and elected/board members (e.g., the audit committee or equivalent)?

At implementation stage, as per management response issued on 14/02/2023 progress and outcomes will be monitored via the capital and non pay delivery group and appropriate governance groups.

Associate Director of Finance - June 2023

Ref 7: Does internal audit, or equivalent, monitor our approach to NFI and our main outcomes, ensuring that any weaknesses are addressed in relevant cases? A formal written approach needs to be documented as part of the finance annual plan and embedded within the organisational process and procedures.

Associate Director of Finance – June 2023

3.3 Part B: For NFI SROs and Key Contacts

Ref 3: Do we plan properly for NFI exercises, both before submitting data and prior to matches becoming available? This includes considering the quality of data.

A formal written approach needs to be documented as part of the finance annual plan and embedded within the organisational process and procedures.

Associate Director of Finance - June 2023

Ref 6: Where NFI outcomes have been low in the past, do we recognise that this may not be the case the next time, that NFI can deter fraud and that there is value in the assurances that we can take from low outcomes?.

At present very early on in the organisational engagement with NFI and whilst there is no historical context yet, guidance will be clear within the organisations SoP.

Associate Director of Finance - June 2023

Ref 7: Do we confirm promptly (using the online facility on the secure website) that we have met the fair processing notice requirements?.

We use the online facility and are regularly updated on compliance with dataset processing requirements. DHCW will look to incorporate compliance as part of its deliverables to be incorporated within annual planning milestone reporting.

Associate Director of Finance June 2023

Ref 9: Have we considered using the point of application data matching service offered by the NFI team to enhance assurances over internal controls and improve our approach to risk management?.

As of yet there is no formal plan. DHCW will produce a proposal for consideration by our Internal Controls group and subsequently Management Board.

Associate Director of Finance June 2023

Ref 19: Do staff use the online training modules and guidance on the secure website, and do they consult the NFI team if they are unsure about how to record outcomes (to be encouraged)?

DHCW will increase awareness surrounding the availability of this training and monitor compliance via the appropriate PDRs for appropriate staff.

Associate Director of Finance – June 2023

Ref 20: If, out of preference, we record some or all outcomes outside the secure website, have we made arrangements to inform the NFI team about these outcomes? .

DHCW has not yet had cause to use this facility to log outcomes but intends to use the secure website as part of an established process.

Associate Director of Finance June 2023

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks requiring escalation to the committee at this time.

5 RECOMMENDATION

5.1 The Audit & Assurance Committee are requested to **NOTE** the contents of the checklist and future actions.

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	04/04/2023	Approved

DIGITAL HEALTH AND CARE WALES

PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda Item	5.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 to: NOTE the content of this report.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below: A globally responsible Wales	

<u>DHCW QUALITY STANDARDS</u>	ISO 20000
If more than one standard applies, please list below: ISO 27001 ISO 9001 BS 10008	

<u>HEALTH CARE STANDARD</u>	Staff & Resources
If more than one standard applies, please list below: Staff and Resources	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Appropriate management of procurement activity ensure high quality of commercial activity for the organisation
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below The contracts within the report are legally binding and there could be legal implications arising from activity
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below There are financial implications from single tenders and potentially change notices.
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u>	No. there are no specific socio-economic implications related

IMPLICATION/IMPACT	to the activity outlined in this report
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 purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1st January 2023 to 31st March 2023 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	3
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	0
12.17	Contract Extensions: Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	1

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Committee is required to note the following DHCW activity:
- 3 x Single tender and single quotation activity (set out in item 4.6i Appendix A)
 - 1 x Change control note (set out in item 4.6i Appendix A)

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 None to note.

5 RECOMMENDATION

5.1 The 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

Item 5.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

The following all relate to DHCW activity.

- 3 STAs in this period at a value of £233,580.18
- 1 CCNs in this period at a value of £48,012.50

Item 5.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

PROGRAMME/ DIRECTORATE	Procur ement Refere nce	Agreement Period	SFI Reference	Agreement Title/ Description	Supplier	Anticipated Value	Reason	Compliance Comment	First Submission or Repeat
Clinical Knowledge Service	P7.07	01/05/2023- 30/04/2026	STA 12.13 Schedule 2.1b	Cochrane Library Database	John Wiley & Sons	£54,837.39	<p>NHS Wales e-Library for Health reprocured the Cochrane Library, which is a collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making.</p> <p>The Cochrane Library has been utilised by NHS Wales since 2007 and is used extensively by staff employed by NHS Wales and is also accessible to all citizens within Wales. It provides reliable evidence, systematic reviews, clinical trials, clinical answers and more. Cochrane Reviews provide the combined results of the world's best medical research studies and are recognised as the gold standard in evidence-based healthcare.</p> <p>The Cochrane Library is a unique product which is owned by Cochrane and is only available to purchase directly from the publisher – John Wiley and Sons.</p>	Approved	Repeat Submission
Cyber Security	P721	01/04/2023- 31/03/2024	STA - 12.13 Schedule 2.1b	SIEM Maintenance and Support	Insight Direct	£130,092.7 9	Whilst DHCW are seeking funding from Welsh Government for a longer term more technologically advanced cloud-based solution, it was essential that the existing	Approved	First Submission

Item 5.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

						<p>national SIEM Service is maintained for an interim period (12 months) to:</p> <ul style="list-style-type: none">• ensure a safe and stable environment for national services across Wales via the current solution which is essential for the security of patient data and ultimate delivery of patientcare• to off board the existing SIEM solution which is entwined with national solutions• and to conduct a competitive procurement to onboard onto a replacement solution and migrate off the existing SIEM Solution. <p>The services during the new contract period are repetition of similar services provided in the original agreement.</p> <p>This is permissible under the PCR2015 regulations – regulation 32 (9) where a negotiated procedure without prior publication may be used for new</p>		
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Item 5.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

							works and services consisting of the repetition of similar works or services entrusted to the economic operator to which the same contracting authority awarded an original contract, provided that such works or services are in conformity with a basic project for which the original contract was awarded following a procedure in accordance with a competitive process.		
People and Organisational Development	P821	01/04/2023-31/03/2024	STA 12.13 Schedule 2.1b	British Computer Society Membership	The British Computer Society	£48,650.00	<p>There is a national move to mandate that IT staff register as professionals.</p> <p>Within the IT profession, there is only one professional body, The British Computer Society (BCS).</p> <p>As part of the commitment to meet the national mandate DHCW has procured ongoing membership for its IT professionals with the British Computer Society.</p>	Approved	Repeat Submission
People and Organisational Development	P701B	23/03/2023-13/09/2023	CCN	E-Learning Platform	CDW Limited	£48,012.50	DHCW procured an agreement for core and optional e-platform licenses for a period of up to 2 years to provide staff with access to a variety of technical and non-technical courses in order to support their learning requirements and continuing professional development. The maximum number of licenses per annum were based on a maximum	Approved	First Submission

Item 5.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

							<p>of 240 licenses. The total maximum contract value was £160,844.00 & VAT</p> <p>Following implementation and during the extension period the maximum number of licenses were used up. This was due to DHCW's growth and increased resources which meant that an additional 167 e-Learning Platform Licences were required to be added to the existing agreement.</p> <p>This extension is in accordance with the contract modification regulations under PCR 2015 (Reg 72 applies). The total contract value now stands at £208,856.50 excluding VAT.</p>		
Total Value ex VAT							£281,592.68		

DIGITAL HEALTH AND CARE WALES

DUTY OF QUALITY IMPLEMENTATION PLAN

Agenda Item	5.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Paul Evans, Interim Head of Quality Assurance & Regulatory Compliance
Presented By	Paul Evans, Interim Head of Quality and Regulatory Compliance

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE the content of this presentation.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	N/A
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: All standards are reflected	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

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

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

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2 SITUATION/BACKGROUND

- 2.1 The Health and Social Care (Quality and Engagement Act) (Wales) 2020 comes into force on 1st April 2023. This brings into force the Duty of Quality.
- 2.2 Quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Duty of Quality implementation presentation is included as item 5.8i.

4 RECOMMENDATION

- 4.1 The Committee is asked to **NOTE** the content of the presentation.

5 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	28/03/2023	Approved

Duty Of Quality Implementation

April 2023

Paul Evans

Interim Head of Quality Assurance & Regulatory Compliance

1/11



GIG
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NHS
WALES

lechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales



372/465



The Duty of Quality

The Welsh Government will bring The Health & Social Care (Quality & Engagement) (Wales) Act 2020 into force in spring 2023. The Duty of Quality means NHS organisations and Welsh Ministers have a duty to:

- Create a culture of quality within organisations
- Focus on improving the quality of health services and outcomes for the population on an ongoing basis
- Actively monitor progress of improvement and routinely share this information with their population

More information about the Duty of Quality is available from the Welsh Government website at [Duty of Quality Statutory Guidance](#)

NHS bodies must **publish an annual report** setting out how they have complied with the new Duty. This will build on and replace the current Annual Quality Statements.

The Duty applies to all health service functions, not just clinical functions.

The report must include **an assessment of the extent of any improvement** in outcomes achieved.



What do we mean by Quality?

- The duty of quality defines quality as:
continuously, reliably, and sustainably meeting the needs of the population that we serve
- To achieve this, Welsh Ministers and NHS bodies will need to ensure that health services are:
 - Safe
 - Timely
 - Effective
 - Efficient
 - Equitable
 - Person-centred
- These quality dimensions (STEEEP) provide a framework to assess quality and guide improvement.

- Quality Enablers



- The quality enablers ensure a system-wide approach to improving quality:

- Leadership
- Workforce
- Culture
- Information
- Learning, improvement and research
- Whole systems approach

Together, the domains of quality and quality enablers create our new Health and Care Quality Standards



• Six steps for organisations

1. Securing Board support
2. Assessing readiness
3. Securing wider organisational buy-in and co-creating a vision
4. Developing improvement skills and infrastructure
5. Aligning and coordinating activity
6. Sustaining an organisation-wide approach




Digital Health & Care Wales & The Implementation of the Duty of Quality

DHCW's implementation will begin by gathering data from each team within each Directorate at DHCW around:

- Activities carried out by individual teams (Clinical and non-clinical functions)
- What does Quality look like within individual teams
- Alignment of the teams activities and Quality deliverables with the 6 Domains of Quality and the 6 Quality Enablers

On receipt of this information, the Quality Assurance & Regulatory Compliance Team will map the collated data against the requirements of the Health & Social Care (Quality & Engagement) (Wales) Act 2020.



The Implementation of the Duty of Quality Years 1-3

In addition to the Annual Quality Report there is a requirement to provide Always On reporting, this is intended to provide regularly updating information on the Organisations Quality performance.

This element of the project plan is planned for completion by end of Q1 2023/24, with the view of improving this to quarterly throughout year 1.

- Year 2 reporting will be required bi-monthly.
- Year 3 reporting will be required monthly.

Over time, the metrics & KPI's which are generated from these reports will capture the bigger picture of Quality across DHCW.


This implementation will provide a stable and sustainable solution to ensure that the decisions Digital Health & Care Wales make will support Quality health services, and that we all work in the same way to deliver a high level of Quality.

Quality Management System (QMS)

Develop an organisational QMS with appropriate focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning and improving environment

- Build on what we already have: grow and develop our system throughout 2023
- Engagement with IMS Assurance Group and Quality & Regulatory Group
- Collaborative and supportive approach through Duty of Quality Implementation Group
- Champion improvements in quality that are strategically aligned, driven and owned by teams





Document Management (iPassport – eQMS)

- To support the Duty of Quality Implementation at Digital Health & Care Wales, and to provide a baseline of Quality within teams, we need to demonstrate that we have policies and procedures in place for all business processes and that staff understand and follow them.
- The use of iPassport as an electronic Quality Management System allows all documentation to be evidenced as 'read and understood' by all relevant users, and this information is retained within the system. In addition, iPassport provides various levels of training and allows the user to demonstrate a higher level of understanding with competency assessments.
- Roll out of additional modules (in line with Quality annual plan) will establish iPassport as the central compliance tool for DHCW QMS



Documentation for Review

- [The duty of quality | GOV.WALES](#)
- [The Duty of Candour | GOV.WALES](#)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020 \(legislation.gov.uk\)](#)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act | GOV.WALES](#)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: explanatory memorandum | GOV.WALES](#)

- Questions?



DIGITAL HEALTH AND CARE WALES

AUDIT AND ASSURANCE COMMITTEE

QUALITY, REGULATORY COMPLIANCE AND CYBER RESILIENCE UNIT REPORT

Agenda Item	5.9
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Paul Evans, Interim Head of Quality and Regulatory Compliance
Presented By	Paul Evans, Interim Head of Quality and Regulatory Compliance

Purpose of the Report	For Noting
Recommendation The Committee is being asked to: NOTE the content of this report.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	N/A
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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	Yes, please see detail below 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 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

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

Acronyms			
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		

2 SITUATION/BACKGROUND

2.1 Annual Plans for 2023/24 for both the Quality Assurance & Regulatory Compliance team and the Cyber Resilience Unit have been submitted to this committee for noting.

2.2 There have been two planned external audits during this period.

- ISO 9001:2015 Quality Management Systems Requirements
- ISO 14001:2015 Environmental Management Systems

Both audits were successful, ISO 9001 had one minor non-conformity raised against document management and ISO 14001 had one opportunity for improvement raised around management review. Both have been logged on the QIAL and are being addressed by the relevant teams.

2.3 The monthly Quality and Regulatory meetings have been held with actions and observations noted. The Quality and Regulatory Team quarter four milestone objectives have been achieved in full and focus has now shifted to quarter one 2023/24 deliverables.

2.4 The quality portal is central to improving compliance and increase visibility of Quality within DHCW it continues to be widely used with over 150,000 visits since its inception. 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.

The latest addition to the Portal is a Duty of Quality Information page, this will be updated regularly with any new information relating to the duty.

- 2.5 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 63% of the organisation are in various stages of onboarding, a further 37% are currently pending start of onboarding. This is in line with the approved implementation plan.

- 2.6 Work on Medical Device Regulation compliance continues, MHRA anticipate publishing updated legislation later this year.

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, work is underway with the Microsoft 365 centre of excellence to develop a classification tool using Power Apps and with the product teams to assess the services using this tool.

Engagement with the MHRA is underway to confirm the Medical Device status of these services.

This will be followed by a gap analysis for regulatory compliance requirements of any service/application identified as a Medical Device. This will be completed in Q1 2023/24.

- 2.7 The CRU drafted terms of Reference for NIS Improvement Group.

CRU have defined initial metrics for a NIS dashboard and set up a NIS Channel on MS Teams - This group is designed for OES and will be used for sharing information, news bulletins and feature a Q&A section, in relation to NIS regulations and CRU activity.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 There are 2 upcoming ISO audits (20000 (re-certification 12.5 days) & 27001 (Surveillance 4.5 days)) planned in Quarter 1 2023/24,
- 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 first year 100% of planned audits (2 per month) have been conducted.

As expected, the increased volume of internal audits has resulted in an increase in QIAL numbers, this should be viewed positively as each nonconformity 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 76% of QIAL are within target date. There are currently 126 open actions. The team are continuing to work with owners/handlers for the overdue QIAL's and the decrease in compliance will be reported to the next IMS Assurance group meeting for a plan to be implemented to correct this. Integrated Management Systems (IMS) document reviews noted a 6% decrease in reviews to 78%, 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 came into force on 1st 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.
- 3.6 A DHCW specific implementation plan has been developed in line with the Welsh government roadmap. Progress against the plan is in line with Welsh Government targets.
- 3.7 An update on the Duty of Quality has been provided to this committee as agenda item 5.8.
- 3.8 CRU have issued a bulletin to OES regarding NIS compliance of legacy systems and prepared further communications to OES regarding enforcement procedures.
- 3.9 Investigated incidents reported to the CRU – these were defined to be non-reportable from a NIS perspective as the thresholds were not reached.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

In summary:

- 4.1 In the last period DHCW had a successful re-certification audit for both ISO 9001 and ISO 14001. One Minor Non-conformity was raised around document management for ISO 9001 and one opportunity for improvement around management review was raised against ISO

14001. Work is underway to correct both findings.

- 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 on-boarding 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 The key activities for the team as we move into the new year are:
- Duty of Quality compliance
 - QIAL Improvements (including migration to iPassport for non-conformity management)
 - Embedding Quality plans with teams across DHCW in support of Duty of Quality requirements
 - Implementing a robust, compliant document management strategy
 - Improvement of CRU processes in line with the updated annual plan

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	28/03/2023	

DIGITAL HEALTH AND CARE WALES

LEGISLATIVE ASSURANCE FRAMEWORK

REGISTER

Agenda Item	5.10
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Name of Meeting	Audit & Assurance Committee
Date of Meeting	18 April 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 and Assurance Committee are being asked to: NOTE the Legislation Assurance Framework Register.

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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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, please list below:	
All other quality standards apply	

HEALTH CARE STANDARD	Governance, leadership and accountability
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: Legislative Assurance Framework has a positive impact on protected groups.	

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	There is an increased quality and safety within the organisation due to compliance with legislation.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Non-compliance with legislation may have a legal impact on the organisation.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Non-compliance with legislation may have a financial impact on the organisation.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	A number of pieces of legislation have an impact on how the workforce within the organisation operates.
SOCIO ECONOMIC	Yes, please detail below

IMPLICATION/IMPACT	Compliance with legislation promotes consideration of socio economic duties.
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	LAF	Legislative Assurance Framework
SHA	Special Health Authority	IMS	Integrated Management System

2 SITUATION/BACKGROUND

- 2.1 DHCW is responsible for complying with legislation that is applicable to the Special Health Authority. The parameters for the applicability are not just those limited to us as a public healthcare organisation, but include discipline specific areas of work such as the Network and Information Systems Regulations etc.
- 2.2 The Legislative Assurance Framework 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. This compliance assessment also supports the achievement and maintenance of the ISO and BS accreditations held by the organisation.
- 2.3 There is a legislation register as part of the management of quality standards, acts and regulations within DHCW in-line with ISO 14001:2015 & ISO 27001:2013 standards requirements.
- 2.4 The Legislative Assurance Register is maintained by the Quality and Regulatory team and is reviewed by the IMS Assurance Group on a monthly basis. The IMS Assurance Group escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and / or site operations to the Quality and Regulatory Group.
- 2.5 The Quality and Regulatory Group review the Legislative Assurance Register monthly, and review legislation for relevance to the organisation, in addition to undertaking horizon scanning in each of the identified areas of legislation.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Committee members are asked to note the following changes to the Legislative Assurance Framework Register as a whole since the last report:

NEW (5)

Reference	Legislation Name	Executive Lead
CC-QRC-10	Civil Contingencies Act 2004	Executive Director of Strategy
CC-QRC-11	NHS Emergency Planning Core Guidance 2015	Executive Director of Strategy
CC-QRC-12	ISO 22301 Business Continuity 2014	Executive Director of Strategy
CC-SMS-2	Welsh Public Records	Executive Medical Director
CC-DHCW-8	NHS Wales Act 2006	Executive Director of Strategy

REMOVED (2)

Reference	Legislation Name	Executive Lead	Statement
CC-QRC-7	Medical Devices Regulation DR (2013/473/EU)	Executive Director of Finance	2013/473/EU is NOT a Medical Devices Regulation, it relates to enhanced budgetary control
CC-QRC-21	MDD 93/42/EEC	Executive Director of Finance	MDD 93/42/EEC is essentially a duplicate entry. UK MDR 2002 SI 618 is listed on the LAR and this UK legislation brings MDD 93/42/EEC into UK law

- 3.2 Removal of the following Legislation has been requested, this request is currently being considered by the Quality & Regulatory Group and the outcome will be reported during the next period.

REQUESTED REMOVAL (3)

Reference	Legislation Name	Executive Lead	Statement
CC-QRC-23	BSQR 2005	Executive Medical Director	BSQR 2005, which provides guidelines for the quality and safety of blood and blood components, does not apply to Digital Health and Care Wales, as DHCW is neither a blood establishment or hospital blood bank setting and therefore does not handle blood or blood components. DHCW deals with digital health and care services, and as such, is subject to different regulations and guidelines specific to its operations

CC-QRC-24	The Human Tissue Act 2004	Executive Medical Director	The Human Tissue Act 2004 is a UK law that regulates the removal, storage, use and disposal of human tissue, organs and other body parts for purposes such as transplantation, research and education. DHCW is not directly involved in these activities and therefore is not subject to the regulations and guidelines under the Human Tissue Act 2004
CC-QRC-25	The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Executive Medical Director	The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 apply to healthcare settings and aim to prevent healthcare workers from being injured by sharps, such as needles, during the course of their work. DHCW is not in a healthcare setting and therefore is not subject to the regulations

3.3 The Legislation Assurance Register can be found in full at item 5.10i Appendix A.

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 being asked to: **NOTE** the Legislation Assurance Register.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Interim Head of Quality & Regulatory	April 2023	APPROVED
Chris Darling, Board Secretary	April 2023	APPROVED

LEGISLATION ASSURANCE REGISTER

Integrated Audit schedule													Request a Change Select here	
Executive Owner	Operational Lead	Organisational Area	Act, Regulation or Standard	Version	Requirements	Adequate Key Controls in place Y/N	Regulatory/Monitoring Body	1st Line Assurance	2nd Line Assurance	3rd Line Assurance	Compliance	Date of Last Review	Comment	
Board Secretary	Corporate Governance Manager	Welsh Language	Welsh Language Act, 1993	1993	The Welsh Language Act 1993,[1] is an Act of the Parliament of the United Kingdom, which put the Welsh language on an equal footing with the English language in Wales with regard to the public sector.	Y	Welsh Government	Corporate Governance Monthly Meeting, Welsh Language Group	Audit and Assurance Committee	Audit Wales, Internal Audit	Substantial Assurance	16/03/2023		
	Corporate Governance Manager	Welsh Language	The Welsh Language (Wales) Measure 2011	2011		Y	Welsh Government	Corporate Governance Monthly Meeting, Welsh Language Group	Audit and Assurance Committee	Audit Wales, Internal Audit	Substantial Assurance	16/03/2023		
	Corporate Governance Manager	Welsh Language	The Welsh Language Standards (No7) Regulations 2018	2018	The consultation for the DHCW Welsh Language Scheme is currently live to close	Y	Welsh Government	Corporate Governance Monthly Meeting, Welsh Language Group	Audit and Assurance Committee	Audit Wales, Internal Audit	Substantial Assurance	16/03/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health & Safety (First aid) Regulations 1981	2013	Cover the employers responsibility for providing suitable and sufficient first aid equipment along with a trained member of staff to administer first aid.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health and Safety at Work, etc Act 1974	1974	All organisations should operate their businesses with due regard to H&S and how it affects their staff and others. The Act outlines the key duties of employers and employees. Under this Act, employers have a duty to ensure a safe working environment for their employees, to ensure that they are properly trained and competent to carry out the tasks allotted to them. They are also required to have a suitable H&S Policy.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Management of Health and Safety at Work Regulations 1999	2006	Require employers to risk assess their activities and make arrangements to implement their requirements. They also specify a need to appoint competent persons to assist in health and safety matters and provide information and training to staff. The legislation sets obligations for employers to ensure the safe management of H&S at work through communication, assessment of risk and ensuring adequate controls are in place	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Manual Handling Operations Regulations 1992	2002	Employees (and others) who undertake lifting operations should be provided with information to safeguard their health and safety. The Manual Handling Regulations require CMC to identify all hazards associated with the movement of loads by bodily force and to introduce a programme of control and elimination. All manual handling activities should be assessed and the control measures and relevant information communicated to all affected parties.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Control of Asbestos at Work Regulations 2012	2012	Requires employers to manage the risks of asbestos within their buildings through a programme of identification, management, training and control.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health and Safety (Display Screen Equipment) Regulations 1992	2002	Require employer to identify all hazards associated with the use of DSE and to introduce a programme of control and elimination. All computer workstations should be assessed and the control measures and relevant information communicated to all affected parties. Employees (and others) who use computer workstations should be provided with information to safeguard their health and safety.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Electricity at Work Regulations 1989	1989	This legislation places legal implications on employers to ensure the safety of electrical devices in the workplace. The regulations dictate that all portable equipment must be inspected regularly and tested to ensure that it is safe for use. Highlights what needs to be done by dutyholders to achieve electrical safety compliance in the work place and minimise the potential for electric shock and fire. It is relevant to all work activities including those involved in design, construction, operation or maintenance of electrical systems and equipment.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	2013	RIDDOR requires employers to report certain prescribed accidents and incidents to the enforcing authority by approved means and within allotted timescales	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Control of Substances Hazardous to Health (COSHH) Regulations 2002	2004	Require employer to identify all chemicals used and to introduce a programme of control and elimination. All items should be assessed and the control measures relating to the use, handling and storage of those substances should be communicated to all affected parties. Employees (and others) who have a potential to come into contact with substances used should be provided with information to safeguard their health and safety	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Provision and Use of Work Equipment Regulations (PUWER) 1998	1998	Sets out requirements of employer in relation to the provision and safe use of work equipment, including mobile work equipment, that may be routinely used by employees. Includes requirements for selection, training, maintenance, storage and disposal.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Construction (Design and Management) (CDM) Regulations 2015	2015	CDM aims to improve health and safety in the industry by helping to: <ul style="list-style-type: none">sensibly plan the work so the risks involved are managed from start to finishhave the right people for the right job at the right timecooperate and coordinate your work with others	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
					<ul style="list-style-type: none">have the right information about the risks and how they are being managedcommunicate this information effectively to those who need to knowconsult and engage with workers about the risks and how they are being managed	Reasonable Assurance								
Executive Director of Finance	Head of Corporate Services	Health and Safety	Regulatory Reform (Fire Safety) Order 2005	2005	The Regulatory Reform (Fire Safety) Order 2005 covers general fire safety in England and Wales. In the majority of premises, local fire and rescue authorities are responsible for enforcing this fire safety legislation. HSE has enforcement responsibility on construction sites, for nuclear premises, and on ships under construction or undergoing repair. <ul style="list-style-type: none">Carry out a fire safety risk assessmentKeep sources of ignition and flammable substances apartAvoid accidental fires, e.g. make sure heaters cannot be knocked overEnsure good housekeeping at all times, e.g. avoid build-up of rubbish that could burnConsider how to detect fires and how to warn people quickly if they start, e.g. installing smoke alarms and fire alarms or bellsHave the correct fire-fighting equipment for putting a fire out quicklyKeep fire exits and escape routes clearly marked and unobstructed at all timesEnsure your workers receive appropriate training on procedures they need to follow, including fire drillsReview and update your risk assessment regularly	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023		
						Substantial Assurance								

Executive Director of Finance	Head of Corporate Services	Health and Safety	The Fire Safety Act 2021	2021	<p>This Act, which received Royal Assent on 29 April 2021, makes provision about the application of the Regulatory Reform (Fire Safety) Order 2005 in England and Wales where a building contains two or more sets of domestic premises; and to confer power to amend that order in future for the purposes of changing the premises to which it applies.</p> <p>In summary, the act:</p> <p>*Amends the FSO to require all Responsible Persons (i.e. The relevant duty holder under the legislation and note there may be more than one) to assess, manage and reduce the fire risks posed by the structure and external walls of the buildings for which they are responsible (including cladding, balconies and windows) and individual doors opening onto common parts of the building;</p> <p>*Applies to all multi-occupied residential buildings and is not dependent on the height of the building; and</p> <p>*Allows the Fire and Rescue Service to enforce against non-compliance in relation to the external walls and the individual doors opening onto the common parts of the premises.</p> <p>*It must be noted that the Act does not address remediation costs in relation to cladding or its replacement</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
			Work at Height Regulations 2005	2005	<p>The purpose of The Work at Height Regulations 2005 [1] is to prevent death and injury caused by a fall from height. If you are an employer or you control work at height (for example facilities managers or building owners who may contract others to work at height) the Regulations apply to you. Employers and those in control of any work at height activity must make sure work is properly planned, supervised and carried out by competent people. This includes using the right type of equipment for working at height. Low-risk, relatively straightforward tasks will require less effort when it comes to planning. Employers and those in control must first assess the risks. Employees have general legal duties to take reasonable care of themselves and others who may be affected by their actions, and to co-operate with their employer to enable their health and safety duties and requirements to be complied with.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
			Personal Protective Equipment (PPE) at Work Regulations 1992	2002	<p>Require the provision and training of suitable PPE for its employees when identified by a risk assessment. Should be supplied free of charge.</p> <p>These Regulations, which come into force on 06 April 2022, amend the Personal Protective Equipment at Work Regulations (the PPER 1992) to extend employers’ and employees’ duties in respect of Personal Protective Equipment (PPE) to a wider group of workers, defined to include those who have more casual employment relationships than employees. The instrument will also update references to other legislation contained in the PPER 1992.</p> <p>PPE is defined in the PPER 1992 as ‘all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects the person against one or more risks to that person’s health or safety, and any addition or accessory designed to meet that objective.’</p> <p>Currently UK health and safety legislation does not have a definition of worker. Worker is defined in section 230(3) Employment Rights Act 1996. The definition has two limbs, limb (a) and limb (b). Those captured by limb (a) are employees under the Health and Safety at Work Act 1974 (HSWA) and are already in scope of the PPER 1992. Limb (b) captures those who generally have a more casual employmentrelationship and work under a contract for service; this group are known as limb (b) workers and do not currently come under the scope of the PPER 1992. This instrument creates its own definition of worker intended to capture both of these groups.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Confined Space Regulations 1997	1997	<p>Under domestic law (the Health and Safety at Work etc Act 1974) employers are responsible for ensuring the safety of their employees and others. This responsibility is reinforced by regulations.</p> <p>• The Confined Spaces Regulations 1997 [1]</p> <p>Apply where the assessment identifies risks of serious injury from work in confined spaces.</p> <p>These regulations contain the following key duties:</p> <ul style="list-style-type: none"> • avoid entry to confined spaces, e.g. by doing the work from the outside; • if entry to a confined space is unavoidable, follow a safe system of work; and • put in place adequate emergency arrangements before the work start • The Management of Health and Safety at Work Regulations 1999 [2] <p>Require employers and self-employed people to carry out a suitable and sufficient assessment of the risks for all work activities for the purpose of deciding what measures are necessary for safety. For work in confined spaces this means identifying the hazards present, assessing the risks and determining what precautions to take</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
			Lifting Operations and Lifting Equipment Regulations (LOLER) 1998	1998	<p>These Regulations (often abbreviated to LOLER) place duties on people and companies who own, operate or have control over lifting equipment. This includes all businesses and organisations whose employees use lifting equipment, whether owned by them or not. In most cases, lifting equipment is also work equipment so the Provision and Use of Work Equipment Regulations (PUWER) will also apply (including inspection[1] and maintenance[2]). All lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner. LOLER also requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic ‘thorough examination[3]’. Records must be kept of all thorough examinations and any defects found must be reported to both the person responsible for the equipment and the relevant enforcing authority.</p> <p>What you should do</p> <p>If your business or organisation undertakes lifting operations or is involved in providing lifting equipment for others to use, you must manage and control the risks to avoid any injury or damage.</p> <p>Where you undertake lifting operations involving lifting equipment you must:</p> <ul style="list-style-type: none"> • plan them properly • using people who are sufficiently competent • supervise them appropriately • to ensure that they are carried out in a safe manner 	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
			Workplace (Health, Safety and Welfare) Regulations 1992	1992	<p>These regulations cover a range of basic safety, health and welfare issues such as ventilation, heating, lighting, workstations, seating and welfare facilities relating to the office. Employers must ensure adequate welfare facilities on sites such as access to toilets and clean water, suitable ventilation, lighting, workstations, etc.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health and Safety Information for Employees Regulations 1989	1989	<p>Specify a requirement on employers to display a poster telling employees what they need to know about health and safety. The legislation sets out requirements for employers to provide information on contacting H&S representatives and the local HSE</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health and Safety (Consultation with Employees Regulations) 1996	1996	<p>Employers are required to establish methods of communication with employees through representatives of employee safety to communicate on Health Safety and welfare issues.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Health and Safety	Safety Reps and Safety Committee Regulations 1977	1977	<p>Employers are required to establish methods of communication with employees through appointed TU officials on Health Safety and welfare issues. They must also establish a H&S committee if requested by two or more of these officials. Employers should support the TU appointed officials in the pursuit of their functions.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023

			Health and Safety (Safety Signs and Signals) Regulations 1996	1996	<p>This guidance is for employers, dutyholders and others who have responsibility for the control of workplaces, sites and premises. It is also for those operating equipment that requires verbal and/or non-verbal communications.</p> <p>It sets out what you should do to comply with the Health and Safety (Safety Signs and Signals) Regulations 1996.</p> <p>Safety signs and signals are required where, despite putting in place all other relevant measures, a significant risk to the health and safety of employees and others remains.</p> <p>Signs must be clear and legible, and should be used to identify actions that are prohibited (e.g. no access), safeguards that must be followed (e.g. ear protection must be worn), warning of a hazard (e.g. corrosive material) and to direct towards fire exits/equipment or first-aid equipment.</p> <p>You should avoid using too many signs which may cause confusion.</p> <p>The Regulations enact in UK law an EU Directive designed to harmonise signs across the EU so that signs across the member states will have the same meaning whichever country they are used in. Details of BS EN ISO 7010 are also included in the guidance.</p> <p>This edition brings the document up to date with regulatory and other changes, including those relating to the Classification, Labelling and Packaging of Chemicals (Amendments to Secondary Legislation) Regulations 2015. The version of the Regulations included in the document has been amended to reflect those changes.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Health and Safety										
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	ISO14001:2015 Environmental Management	2015	<p>ISO 14001 Environmental Management System (EMS) is a systematic framework to manage the immediate and long term environmental impacts of an organisation's products, services and processes. By completing ISO 14001 certification your organisation can assure stakeholders that your environmental management system meets international industry specific environmental standards.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	CRC Energy Efficiency Scheme 2017	2017	<p>Establishes for the UK a new energy efficiency scheme designed to reduce carbon emissions through improving energy efficiency in public and private sector organisations that consume large amounts of electricity, gas and other fuels.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	The Climate Change Agreements, CRC Energy Efficiency Scheme and Energy Savings Opportunity Scheme (Amendment) (EU Exit) Regulations 2020	2020	<p>These Regulations, which come into force immediately before 'IP' (Implementation Period) completion day, make amendments in consequence of the European Union (Withdrawal Agreement) Act 2020. This instrument, made under the power in section 41(1) of the European Union (Withdrawal Agreement) Act 2020 (the WAA), replaces references to 'exit day' with references to 'IP completion day' in the Climate Change Agreements (Amendment of Agreements) (EU Exit) Regulations 2018, the CRC Energy Efficiency Scheme (Amendment) (EU Exit) Regulations 2018 and the Energy Savings Opportunity Scheme (Amendment) (EU Exit) Regulations 2018.</p> <p>The instrument also amends the Energy Savings Opportunity Scheme (Amendment) (EU Exit) Regulations 2018 to retain the provision in the Energy Savings Opportunity Scheme Regulations 2014 for converting the financial threshold to euros with respect to a qualification date that falls before Implementation Period (IP) completion day.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental			<p>The purpose of these regulations is to improve the Energy Efficiency of Buildings, reduce Carbon Emissions and reduce the impact of Climate Change. The Energy Performance certificates are produced when buildings are built sold or rented and are displayed for large public buildings, also requires air con inspections are carried out for systems above 12kw.</p> <p>These Regulations, which come into force on 01 April 2022, amends the Energy Performance of Buildings (England and Wales) Regulations 2012, to allow new fees to be set for entering data onto the register, which is required to be maintained by the Secretary of State under regulation 27 of the 2012 Regulations.</p>							
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Energy Performance of Buildings (England and Wales) Regulations 2022	2022	<p>Fees for entering data onto the register are reviewed regularly so that their levels are set to cover the cost of operating the register.</p> <p>This instrument amends the domestic and non-domestic lodgement fees as follows:</p> <p>the fee for entering data from which an Energy Performance Certificate which relates to a dwelling may be produced, is reduced from £1.64 to £1.50;</p> <p>the fee for entering data from which an Energy Performance Certificate which relates to a building other than a dwelling; a Display Energy Certificate or an Air Conditioning Inspection Report may be produced, is reduced from £1.89 to £1.70.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Information Regulations 2004 (EIR)	2004	<p>The Environmental Information Regulations 2004 provides public access to environmental information held by the NHS and other Public Authorities. It does this in two ways:</p> <p>The NHS must make environmental information available proactively; and members of the public are entitled to request environmental information from the NHS</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste (Meaning of Recovery) (Miscellaneous Amendments) Regulations 2016	2016	<p>To implement Commission Directive (EU) 2015/1127 amending Annex II to Directive 2008/98/EC which provides the legislative framework for the collection, transport, recovery and disposal of waste, and includes a common definition of waste.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environment Act 2021	2021	<p>Establishes the Environment Agency and SEPA as the regulating bodies for contaminated land, abandoned mines, national parks, control of pollution, conservation of natural resources, conservation or enhancement of the environment, and fisheries.</p> <p>The Environment Act 2021 which has been updated from 1995, received Royal Assent on 09 November 2021 to make provision about targets, plans and policies for improving the natural environment; for statements and reports about environmental protection; for the Office for Environmental Protection; about waste and resource efficiency; about air quality; for the recall of products that fail to meet environmental standards; about water; about nature and biodiversity; for conservation covenants; about the regulation of chemicals; and for connected purposes.</p> <p>The Act will form the cornerstone of environmental law for decades to come and as a result will have a significant impact on the way in which businesses operate.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environment (Wales) Act 2016	2016	<p>Aims to put in place legislation that will enable Wales' resources to be managed sustainably.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Protection Act 1990	1990	<p>Defines within England, Scotland and Wales the legal framework for duty of care for waste, contaminated land and statutory nuisance.</p> <p>All organisations should operate their businesses with due regard to the effects of the process to land, water and air.</p> <p>The Act requires the consideration of the best use of disposal of waste products to land, water and air using the principles of BPEO (Best Practicable Environmental Option) and BATNEEC (Best Available Techniques Not Entailing Excessive Cost).</p> <p>If waste produced is of a specific type or in specified quantities then its generation will be controlled by either the Environmental Agency or the Local Authority who will monitor to ensure that it remains within the agreed prescribed limits.</p> <p>Relates to all activities</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
Executive Director of Finance	Head of Corporate Services	Estates and Environmental										

Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Hazardous Waste (England and Wales) Regulations 2005	2018	These Regulations set out the regime for the control and tracking of the movement of hazardous waste for the purpose of implementing the Hazardous Waste Directive (Directive 91/689/EC). The Regulations extend to England and Wales although the only provisions that apply to Wales are modifications to the Environmental Protection Act 1990 contained in Part 11.	Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
					Sets a limit on the number of carbon units that may be used to meet the carbon budget which runs up to 2022.			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Climate Change Act 2008	2008		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
					Sets out who the climate change levy, which is charged on supplies of electricity, gas and solid fuel, applies to, what is taxable, who is exempt and procedures for registering, returns and tax credits. All organisations that use fossil fuels will have a surcharge added to their fuel bills. The results of global climate change will affect everyone. The UK is committed to the Kyoto Protocol, which aims to limit emissions of greenhouse gases and halt the warming of the Earth's atmosphere. To achieve this, the UK government has put in place financial incentives for UK businesses to use fossil fuels more efficiently, and reduce emissions of carbon dioxide (CO2). One of these incentives is the CCL.			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Climate Change Levy (General) Regulations 2001	2016	The CCL is a surcharge on your business energy bill. The exact CCL rate depends on the type of fuel used. The CCL does not apply to fuel oils as they are already subject to excise duty. Small businesses on domestic tariffs do not pay the CCL. The CCL is not a 'tax' because the revenue from the CCL will be offset by a 0.3% reduction in employers' National Insurance Contributions. CCL money is also used in a range of incentives to encourage energy efficiency in business, such as: • enhanced capital allowances for energy efficient equipment; • free advice and consultation from The Carbon Trust and the Scottish Energy Efficiency Office; • interest free loans for good quality Combined Heat and Power plant; and • the UK Emissions Trading Scheme. Relates to all activities	Y	UK Government						Substantial Assurance	21/02/2023
					Amends qualifications needed to recover, recycle or destroy substances. Makes it an offence to, or employ someone to, work with controlled substances or methyl bromide unless qualified.			SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Ozone-Depleting Substances Regulations 2015	2015		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/02/2023
					The European Waste Catalogue (EWC) is a standardised way of describing waste. The EWC is a list of waste types which categorises wastes based on a combination of what they are, and the process or activity that produces them.			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	European Waste Catalogue	2019		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/02/2023
					Describes the duty of care of anyone who "imports, produces, carries, keeps, treats or disposes of any controlled waste, or a broker who has control of such waste"			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Protection (Duty of Care) Regulations 1991	1991		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
					These regulations implement the revised EU Waste Framework Directive 2008/98 which sets requirements for the collection, transport, recovery and disposal of waste. In summary The Waste (England and Wales) Regulations 2011 require businesses to confirm that they have applied the waste management hierarchy when transferring waste and include a declaration to this effect on their waste transfer note or consignment note.			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste (England and Wales) Regulations 2011	2011		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
					Defines household, industrial and commercial waste for waste management licensing purposes.			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Controlled Waste (England and Wales) Regulations 2012	2012		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
					It explains the requirements of the Waste Electrical and Electronic Equipment (WEEE) Regulations 2013 on business, how to comply with the law and provides sources of further information.			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste Electrical and Electronic Equipment Regulations 2013	2013		Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
					Designed to reduce emissions of fluorinated greenhouse gases (F Gases), used predominantly in the refrigeration and air conditioning sectors and which make a significant contribution to climate change			Estates and Compliance Group						
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Fluorinated Greenhouse Gases Regulations 2021	2021	An amendment to these Regulations, which come into force on 25 May 2021, corrects deficiencies in two European Union Implementing Regulations relating to restrictions on the use of fluorinated greenhouse gases (F-gases) specifically Regulation (EU) 2019/661 and Regulation (EU) No 1191/2014. These corrections are necessary to ensure that the legislation continues to operate effectively following the United Kingdom's exit from the EU and now that the Transition Period has ended.	Y	UK Government	SHE Group, Management Board, FBA Directorate	Monthly Meetings	Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023
								Estates and Compliance Group						

This guidance aims to provide comprehensive help for those operating, regulating or interested in facilities1 that are covered by the Environmental Permitting Regulations 2016													
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Permitting Regulations 2016	2016	POPs are chemicals which cause harm to human and animal life, and do not break down in the natural environment. Instead, they bioaccumulate up the food chain. Many chemicals have been classified as POPs including a range of pesticides, dioxins and furans. The POPs likely to be found in WEEE are brominated flame retardants such as deca-BDE; these have been added to the plastic to reduce the risk of the items catching fire. The new EU law arises out of concern that if these WEEE-derived plastics are recycled into food containers or toys, members of the public could be put at risk through exposure to POPs, which can be particularly harmful to young children’s development.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023	
			Persistent Organic Pollutants 2019	2019	The implication for business waste producers is that when display screens or small household items become waste, they must be kept separately from other waste in a dedicated storage area or container. Waste management companies will often supply a hazardous waste storage container as part of their collection service. The Hazardous Waste Regulations 2005 prohibit the mixture of hazardous with non-hazardous waste.	Y	UK Government						
					As part of your waste Duty of Care, you must ensure that any hazardous waste is taken to a facility that has an appropriate permit. You will need to sign a hazardous waste consignment note when the waste is removed from your premises. Any POPs present in the waste must be listed on the waste description.								
Executive Director of Finance	Head of Corporate Services	Estates and Environmental			The items most likely to contain unacceptable levels of POPs are: • cathode ray tube plastic, from old TVs and computer screens • flat screen TVs and similar computer displays • small household WEEE such as hairdryers.			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/02/2023	
					These regulations are designed to ensure that after the EU Exits transition period ends, the public procurement of vehicles in the UK continues to be regulated in a manner that is at least as ambitious as current arrangements.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/02/2023	
			The Cleaner Road Transport Vehicles (EU Exit) regulations 2020	2020	Measures are to be taken to prevent waste generation and to monitor and assess the implementation of those measures. These measures must be included in waste prevention programmes. Requirements for separate collection of waste are amended to provide detail on the circumstances under which separate collection of waste isn’t necessary to ensure that waste undergoes preparing for reuse, recycling, or recovery. Amendments will ensure that waste collected separately for preparing for re-use or recycling is not incinerated or landfilled, except for waste resulting from subsequent treatment operations of the separately collected waste for which incineration or landfilling delivers the best environmental outcome in accordance with the waste hierarchy.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/02/2023	
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste (Circular Economy) Regulations 2020	2020	In 2019 Welsh Government declared a Climate Emergency for Wales to highlight the need for more action to meet the climate change challenge. As part of this, Welsh Government have re-enforced the ambition for the Public Sector in Wales to be carbon neutral by 2030.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023	
			NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	2021	In response to this NHS Wales has developed a Decarbonisation Strategic Delivery Plan, which has clear targets to reduce emissions from NHS Wales. There are targets for the following activity streams; Building Energy (new and old buildings); Procurement; Travel; Land use and Healthcare provision. The Strategic Delivery Plan is a framework that sets out the actions NHS organisations should look to take to reduce their carbon footprint. Whilst there are elements in the Strategic Delivery Plan that it is strongly advised are followed there is a significant degree of flexibility. The Plan also identifies that each NHS organisation must develop their own Decarbonisation Strategic Delivery plan.	Y	Welsh Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023	
					These Regulations, which come into force on 01 April 2022, prescribe the standard rate, lower rateand unauthorised disposals rate for landfill disposals tax chargeable on taxable disposals (within the meaning of Part 2 of the Landfill Disposals Tax (Wales) Act 2017) made on or after 1 April 2022. The new rates are as follows: The standard rate is £98.60 per tonne; The lower rate is £3.15 per tonne; and The unauthorised disposals rate is £147.90 per tonne. Taxable disposals made on or after 1 April 2021 but before 1 April 2022 will remain subject to rates set by the Landfill Disposals Tax (Tax Rates) (Wales) (Amendment) (No. 2) Regulations 2020 as a result of the amendment made by regulation 4 of these Regulations.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/02/2023	
Executive Director of Finance	Head of Corporate Services	Estates and Environmental			The Act’s main purposes are to: - Extend the maximum period that may be prescribed in regulations as the period for which statutory maternity pay, maternity allowance and statutory adoption pay are payable from 26 weeks to 52 weeks; - Introduce a new scheme that will provide certain employees (generally fathers) with a new entitlement to take leave to care for a child and a new entitlement to receive pay while they are on leave, if certain conditions are met; - Widen the scope of the existing law on flexible working to enable more people with caring responsibilities to request to work flexibly; - Provide a new power to increase on one occasion the maximum amount of a week’s pay which may be taken into account in the calculation of certain payments (for example, redundancy payments); - Provide a new power to make provision about annual leave.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
			Work and Families Act 2006	2006	The Employment Rights Act of 1996 protects workers against suffering any harm because of any reasonable actions they take on health and safety grounds. This applies regardless of their length of service.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
					These regulations apply to employees on a fixed term contract and came into effect on the 1st of October, 2002. These Regulations set out a series of rights for fixed-term employees. These include, but are not limited to, making it unlawful for an employer to treat a fixed-term employee less favourably than a permanent employee. It also states that fixed-term employees who have been continuously employed for four years or more on successive fixed-term contracts have a right to be treated as permanent employees.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002	2002	These regulations provide transferring employees with TUPE-like protection when the TUPE legislation cannot apply as there will not be a change of employer. This is the case when a transferring employee will continue to work within the civil or public sector and/or be employed by the Crown.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
			The Cabinet Office Statement of Practice 'Staff Transfers in the Public Sector' (Revised 2007)	2007	Transfer of Undertakings (Protection of Employment) Regulations (TUPE) provide rights to employees when their employment changes when a business, or part of a business, is transferred to a new owner. Employment with the new employer is treated as continuous from the date of the employee’s start with the first employer.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
					These regulations state that part-time workers must not be treated any less favourably than full-time workers. This includes factors such as, but not limited to, pay, annual leave, pensions, sickness, bonuses, training opportunities and promotions. Some of the aforementioned will be on a pro-rata basis. Should an employee consider that their employer has treated them unfairly in comparison to a full-time worker, they are entitled to request in writing from their employer a written statement giving particulars of the reasons for the treatment. The employee is entitled to be provided with a written statement from their employer within twenty-one days of their request.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	The Transfer of Undertakings (Protection of Employment) (TUPE) Regulations (2006)	2006	Transfer of Undertakings (Protection of Employment) Regulations (TUPE) provide rights to employees when their employment changes when a business, or part of a business, is transferred to a new owner. Employment with the new employer is treated as continuous from the date of the employee’s start with the first employer.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
			Part-Time Workers (Prevention of Less Favourable treatment) Regulations 2000	2000	These regulations state that part-time workers must not be treated any less favourably than full-time workers. This includes factors such as, but not limited to, pay, annual leave, pensions, sickness, bonuses, training opportunities and promotions. Some of the aforementioned will be on a pro-rata basis. Should an employee consider that their employer has treated them unfairly in comparison to a full-time worker, they are entitled to request in writing from their employer a written statement giving particulars of the reasons for the treatment. The employee is entitled to be provided with a written statement from their employer within twenty-one days of their request.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.

Director of People and OD	Head of Workforce and OD	POD	The Maternity and Parental Leave Regulations 1998	1998	The Maternity and Parental Leave Regulations sets out parental leave rights for UK employees. The right to parental leave is available to employees who have been continuously employed for a year or more and have, or expect to have, parental responsibility.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	The Maternity and Parental Leave (Amendment) Regulations 2001	2001	These Regulations amend the provisions relating to parental leave in the Maternity and Parental Leave etc. Regulations 1999.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	The Maternity and Parental Leave etc and the Paternity and Adoption Leave (Amendments) 2006	2006	These regulations are in relation to employees whose expected week of childbirth began on or after 1 April 2007. The Equal Pay Act 1970 was passed on 29th May 1970 but did not come into force until 29th December 1975. It is an Act to prevent discrimination between men and women in regard to pay and employment conditions where the men and women are doing –	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	The Equal Pay Act 1970	1970	- Like work - Work rated as equivalent - Work that is of equal value.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Race Relations Act 1976 amended 2000	2000	This Act brought the police into the scope of race relations legislation. It placed a duty on public authorities to actively promote race equality. The Act was amended 2001 to impose duties on many public authorities to promote racial equality.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Sex Discrimination Act 1975 (amended as part of Gender Duty within the Equality Act 2006)	1975	This act requires public authorities to have due due regard to the need to promote equality of opportunity between men and women and to eliminate unlawful sex discrimination and harassment.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Employment Equality (Sexual Orientation) Regulations 2003	2003	These regulations prohibit direct and indirect discrimination, victimisation and harassment on the grounds of sexual orientation. This covers all aspects of employment and vocational training, including recruitment, pay, promotions and dismissal. The regulations prohibit discrimination by employers, trade organisations, bodies conferring professional and trade qualifications, training providers, employment agencies and further and higher education institutions.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Employment Act 2002	2002	The main areas covered by the Act are paternity and adoption leave and pay, maternity leave and pay, flexible working, employment tribunal reform and resolving disputes between employers and employees.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Carers Equal Opportunities Act 2004	2004	The Carers Equal Opportunities Act was introduced in 2004. It was established to ensure that carers are identified and informed of their rights, that their needs for education, training, employment and leisure are taken into consideration and that public bodies recognise and support carers.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Work and Families Act 2006	2006	"The Act's main purposes are to: - Extend the maximum period that may be prescribed in regulations as the period for which statutory maternity pay, maternity allowance and statutory adoption pay are payable from 26 weeks to 52 weeks; - Introduce a new scheme that will provide certain employees (generally fathers) with a new entitlement to take leave to care for a child and a new entitlement to receive pay while they are on leave, if certain conditions are met; - Widen the scope of the existing law on flexible working to enable more people with caring responsibilities to request to work flexibly; - Provide a new power to increase on one occasion the maximum amount of a week's pay which may be taken into account in the calculation of certain payments (for example, redundancy payments); - Provide a new power to make provision about annual leave."	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Trade Union and Labour Relations Act 1992	1992	The Trade Union and Labour Relations Act 1992 defines and governs the roles of trade unions.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Employment Relations Act 1999 and 2004	2004	Employee Relations Act 1999 - An Act to amend the law relating to employment, to trade unions and to employment agencies and businesses. Employee Relations Act 2004 - Built upon the Act of 1999 and strengthened trade union rights.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Human Rights Act 1998	1998	The Human Rights Act was passed in 1998 and ensures that all individuals can defend their rights and seek justice in a British court. It states that public organisations are required to treat individuals fairly and with dignity and respect. Public organisations must take measures to protect an individual's rights when, for example, they are threatened or if their life is in danger. It also states that it is unlawful for a public authority to act in a way which is incompatible with a Convention right. The Human rights Act means that an individual is able to take action in a British court should their human rights be breached.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Employment Equality (Religion, Belief and Non-Belief) Regulations 2003	2003	The Regulations make it unlawful to discriminate on grounds of religion or belief in employment and vocational training. They prohibit direct discrimination, indirect discrimination, victimisation and harassment.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Racial and Religious Hatred Act 2006	2006	An Act which makes it an offence to incite hatred against persons on racial or religious grounds.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Civil Partnership Act 2004	2004	The purpose of the Civil Partnership Act is to enable same-sex couples to obtain legal recognition of their relationship by forming a civil partnership. They may do so by registering as civil partners of each other provided: • They are of the same sex; • They are not already in a civil partnership or lawfully married; • They are not within the prohibited degrees of relationship; • They are both aged sixteen or over (and, if either of them is under 18 and the registration is to take place in England and Wales or Northern Ireland, the consent of the appropriate people or bodies has been obtained). The Act also sets out the legal consequences of forming a civil partnership, including the rights and responsibilities of civil partners.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Rehabilitation of Offenders Act 1974	1974	The Rehabilitation of Offenders Act 1974 primarily exists to support the rehabilitation into employment of reformed offenders who have stayed on the right side of the law. Under the 1974 Act, following a specified period of time, cautions and convictions may become spent. As a result, the offender is regarded as rehabilitated. All cautions and convictions may eventually become spent, with the exception of prison sentences, or sentences of detention for young offenders, of over four years and all public protection sentences regardless of the length of sentence. For most purposes the 1974 Act treats a rehabilitated person as if he or she had never committed or been charged with or prosecuted for or convicted of or sentenced for the offence and, as such, they are not required to declare their spent caution(s) or conviction(s), for example, when applying for most jobs or insurance, some educational courses and housing applications. Once a caution or conviction has become spent under the 1974 Act, a person does not have to reveal it or admit its existence in most circumstances. Unless an exception applies then spent cautions and convictions need not be disclosed when filling in a form, or at a job interview. An employer cannot refuse to employ someone (or dismiss someone) because he or she has a spent caution or conviction unless an exception applies.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	The Education (Work Experience Act)	1996	An act to enable education authorities to arrange for children under school-leaving age to have work experience, as part of their education.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	The Health and Safety (Training for Employment) Regulations	1990	The Regulations extend the meaning of the word "work" in the Health and Safety at Work etc Act 1974 to include "relevant training".	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.
Director of People and OD	Head of Workforce and OD	POD	Working Time Regulations (as amended)	1998	The Working Time Regulations were introduced in 1998 and governs working hours in the UK. The Regulations state that an individual cannot work more than 48 hours a week on average unless they choose to opt out. An employer can ask an individual to opt out, but cannot dismiss the individual or treat them unfairly for refusing to do so. There are exceptions to the opt out agreement and an individual may have to work more than 48 hours a week on average if they work a particular job such as where 24-hour staffing is required, armed forces, emergency services, police, etc. The Regulations also state that an adult worker is entitled to a minimum rest period of 11 hours between each 24-hour period of work and a minimum of 24 hours rest in each seven-day period of work. Workers are also entitled to 28 days paid leave each year which can include public and bank holidays.	Y	UK Government	Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	27/10/2022	Policies, SOP's and procedures in place.

Executive Director of Operations	Assistant Director of Cyber Security	Security	Privacy and Electronic Communications Regulations	2003	Section 11 of the Data Protection Act allows individuals to control the direct marketing information they receive from organisations. The Privacy and Electronic Communications Regulations specifically regulate the use of electronic communications (email, SMS text, cold calls) as a form of marketing and allow individuals to prevent further contact.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit, Regulators	Substantial Assurance	21/09/2022		
			Regulation of Investigatory Powers Act (RIPA) and Lawful Business Practices Regulations (2000)	2000	RIPA regulates the powers of public bodies to carry out surveillance and investigation and also deals with the interception of communications. In certain circumstances as contained in the Information Commissioner’s code of practice on staff data the organisation may, in a proportionate manner, view personal e-mails as legislation or the Company’s disciplinary procedures permit. In such circumstances, the Regulation of Investigatory Powers Act (2000) and the Lawful Business Practices Regulations (2000) confirms that the organisation’s responsibilities may prevail over a member of staff’s individual rights to confidentiality of correspondence. The Computer Misuse Act 1990 is an act of the UK Parliament passed in 1990. The Act is designed to frame legislation and controls over computer crime and internet fraud. The legislation was created to criminalise unauthorised access to computer systems and deter criminals from using a computer in the commissioning of a criminal offence or seek to hinder or impair access to data stored on a computer. The Computer Misuse Act was introduced partly in reaction to a specific legal case (R v Gold and Schifreen) and was intended to deter criminals from using a computer to assist in the commission of a criminal offence or from impairing or hindering access to data stored in a computer. The Act contains three criminal offences for computer misuse: - Unauthorised access to computer material; - Unauthorised access with intent to commit or facilitate commission of further offences; - Unauthorised modification of computer material. The Crown Prosecution Service offer further guidance in relation to the Computer Misuse Act.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit				
			Computer Misuse Act	1990		Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit				
			Official Secrets Act	1989	Members of staff may at times be required to sign an Official Secrets Act provision where their work relates to security, defence or international relations. Unauthorised disclosures are likely to result in criminal prosecution. Section 8 of the Act makes it a criminal offence for a government contractor to retain information beyond their official need for it and obligates them to properly protect secret information from accidental disclosure.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit				
			Copyright, Designs and Patents Act	1988	The Copyright, Designs and Patents Act (CDPA) defines and regulates copyright law in the UK. CDPA categorises the different types of works that are protected by copyright,	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit				
Executive Director of Operations	Assistant Director of Cyber Security	Security												
Executive Director of Operations	Assistant Director of Cyber Security	Security												
Executive Director of Finance	Head of Quality and Regulatory	Quality	ISO9001:2015 Quality Management	2015	Designed to help organisations ensure that they meet the needs of customers and other stakeholders while meeting statutory and regulatory requirements related to a product or service. ISO 9000 deals with the fundamentals of quality management systems, including the seven quality management principles upon which the family of standards is based. ISO 9001 deals with the requirements that organizations wishing to meet the standard must fulfil.	Y	UK Government	External & Internal ISO Audit	IMS Assurance Group	Q&R Group	Substantial Assurance	16/03/2023	Recertification to ISO 9001 achieved in January 2023 with one minor non-conformity raised. This is being addressed.	
Executive Director of Finance	Head of Service Management	Service Management	ISO20000:2018 IT Service Management	2018										
Director of People and OD	Head of Workforce and OD	POD			"BS 76000 helps organizations of all sizes recognize the actual and potential value of their people and help develop a new and effective working partnership for sustainable success. Central principles are:									
			BS 76000:2015 Human Resource - Valuing People Management System	2015	- The interests of staff and other stakeholders are integral to the best interests of an organisation; - The organisation is part of wider society and has a responsibility to operate in a fair and socially responsible manner; - Commitment to valuing people should come from the most senior leaders of an organisation ; - The people who work for an organisation have rights over and above those in law or regulation, and these rights and legal protections are respected by the organisation; Each principle is of equal importance."	Y		British Standard - https://www.bsigroup.com/en-AE/industries-and-sectors/Government/BS-76000-Human-Resource-Valuing-People/British Standard - https://www.bsigroup.com/en-GB/about-bsti/media-centre/press-releases/2017/june/British-Standard-for-diversity-and-inclusion-launched/	Centre for Assessment	Centre for Assessment	Internal Audits, IMS Assurance Group	Substantial Assurance	27/10/2022	External audit report, policies, SOP's and procedures.
			BS76005:2017 Valuing people through diversity and inclusion	2017	The standard, BS 76005 Valuing people through diversity and inclusion – code of practice for organisations, provides recommendations for undertaking, reviewing, assessing and undertaking a competent and principled approach to diversity and inclusion in the workplace.	Y								
Director of People and OD	Head of Workforce and OD	POD			The recommendations cover people management and development and the evolution of more inclusive policies, procedures, practices and behaviours within organisations supporting diversity. The building of productive relationships with others – be they customers, clients or people within communities – is also a key recommendation in the standard.			Centre for Assessment	Centre for Assessment	Internal Audits, IMS Assurance Group	Substantial Assurance	27/10/2022	External audit report, policies, SOP's and procedures.	

Executive Director of Operations	Head of Service Desk	Client Services	Service Desk Institute Certification	2020	SDI's Service Desk Certification (SDC) programme is the only industry, standard based accreditation programme designed specifically to certify service desk quality. The Global Best Practice Standard for Service Desk provides a set of clear and measurable benchmarks for IT service operations; some of which may not be found within other frameworks and standards such as ITIL or ISO/IEC 20000. To achieve Certification, the maturity level of your service and support operation is audited against the Best Practice Standard. SDI's experienced auditors will assess your compliance with the Standard and verify the level your service is operating at to award a reactive, proactive, customer-led or business-led status. The Act has established a statutory framework for civil protection at local level. Local Responders are categorised into two main groups, Category 1 and Category 2 Responders. It has been confirmed that while NHS Wales Special Health Authorities are not currently covered by the Act DHCW has been fromally directed (under teh powers of teh NHS Wales Act) to continue to: Undertake risk assessments, maintain and regularly test emergency respose and business continuity management arrangements in line with the relevent standards and collaborate with other organisations on emergency preparedness and response arrangements. This is effectively the same as the expectations of a category 2 responder.	Y	Service Desk Institute	Directorate Meetings	External Audit	Substantial Assurance	24/03/2023		
			Civil Contingencies Act	2004	Yes								
			Executive Director of Strategy	Assistant Director of Planning	Planning & Service Trasformation				Welsh Government	Business Continuity Plan	Audit and Assurance Committee	Management Board	reasonable assurance
Executive Director of Strategy	Assistant Director of Planning	Planning & Service Trasformation	NHS Emergency Planning Core Guidance	2015	The guidance contains principles for effective health emergency planning. It sets out the requirements on NHS Organisations in developing their ability to respond to a major incident or emergency and to manage recovery whether the effects are local, regional or national. he guidance is built on good paractice and shared knowledge and intended as a platform for ALL Welsh NHS Organisations to undertake emergency planning and associated activities within teh context of teh Civil Contingencies Act detailed above, and the NHS Wales Performance Management Framework delivering Health Care Standards for Wales.	Yes			Audit and Assurance Committee	Management Board	Reasonable assurance	22/03/2023	Reasonable assurance stated in line with initial assesment pending full review
			ISO 22301 Business Continuity	2014	Yes			Welsh Government	Business Continuity Plan			Reasonable assurance	22/03/2023
Executive Director of Strategy	Assistant Director of Planning	Planning & Service Trasformation			ISO 22031 details good practice to help organsiations plan, respond and reciver from disruptions effectively. It compliments the NHS Core Guidance and Civil Contingenices Act along with sharing a high level structure with other ISO management systems such as ISO 9001 and ISO 14001 the framework is designed to faciilitate the intergration of new management topics into an organisation's established management process. Whilst DHCW has not as yet been accredited with ISO 22031, it is formally aligning its activities to the principles.	Yes			Audit and Assurance Committee	Management Board	Reasonable assurance	22/03/2023	Reasonable assurance stated in line with initial assesment pending full review
							NA	at moment as the aw Business Continuity Plan			Reasonable assurance	22/03/2023	Reasonable assurance stated in line with initial assesment pending full review

DIGITAL HEALTH AND CARE WALES

DECARBONISATION, ESTATES AND COMPLIANCE REPORT

Agenda Item	5.11
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 NOTE the DHCW Estates, Environmental and Health & Safety Report	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 14001
If more than one standard applies, please list below:	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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 IMPLICATIONS/IMPACT	Yes, please see detail below The report provides details of health and safety incidents and compliance
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below 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 IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below

	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 latest Estates and Compliance Monthly Report is attached as Document 5.11i for the Committee's attention. The report covers compliance progress to the month of March 2023.
- 2.3 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum.
- 2.4 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

Digital Health and Care Wales (DHCW) has a clearly defined Decarbonisation Strategic Delivery Plan (which includes actions to be undertaken every year up to 2030). We have established targets in line with those of NHS Wales (that in turn are aligned to the collective public sector ambition of being net zero by 2030), targets are featured within our Delivery Plan.

In addition to our Environmental Awareness Group and Safety, Health and Environmental Group we have a Decarbonisation Working Group, activity and progress is overseen by the DHCW Audit and Assurance Committee. Our plan was signed off by the DHCW Board who also have sight of and approve qualitative and quantitative decarbonisation returns required by Welsh Government.

Represented on our Decarbonisation Working Group are Corporate Services, Commercial Services (Procurement), Finance, People and Organisational Development, Client Services (IT equipment and Transport) and Infrastructure Design.

Staff and other stakeholders were involved in the development of our approach, continued communication is delivered through awareness and progress reports to a range of forums. Environmental Awareness Campaign communications are produced on a monthly basis, which together with our Environmental Awareness intranet pages, have been instrumental in communicating the climate emergency to DHCW employees.

To address skill gaps; employees within the Estates and Compliance team have undertaken a number of environment related courses; furthermore, 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.

Hybrid working practices have allowed approx. 87% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

LED lighting surveys have been conducted at all DHCW premises, to establish the projected costs of upgrading LEDs throughout our estate. By the end of March 2023 LED lighting installation projects at our Tŷ Glan-yr-Afon and Technium 2 offices will be complete.

We have explored options for shared accommodation both with DHCW sharing other organisations premises as well as other organisations sharing part of DHCW premises; this will continue to be explored. Current negotiations have enabled DHCW to give notice at one of our sites (Mamhilad House).

A Travel Survey was recently undertaken, which has enabled the establishment of a more reliable Commuting methodology, as it has captured the travel habits including but not limited to distance travelled and mode of transport utilised by DHCW employees. This also allowed us to review and update our Travel Plan.

DHCW intend to proceed with the target date for refreshing our Decarbonisation Action Plan (DAP) in 2025. 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.

As decarbonisation within the Welsh Public Sector and in particular NHS Wales progresses, the need for clear and progressive strategies becomes more apparent. With this in mind, and as leaders in digital, DHCW are aiming to develop and implement a 'Digital' Decarbonisation Strategy in 2023/24. This strategy will set out a clear path to decarbonising NHS Wales' IT equipment in line with DHCW, NHS Wales and Welsh Government aims and initiatives in this area.

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.

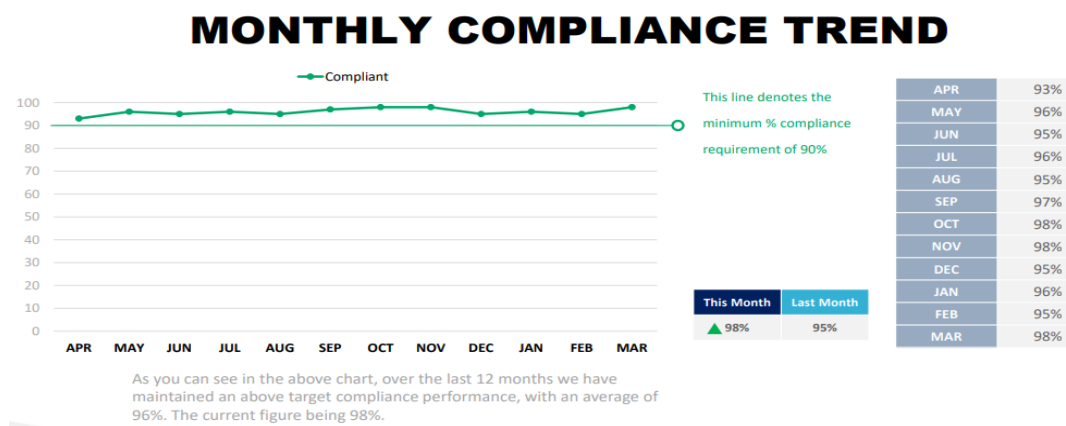
ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system. It helps organizations improve their environmental performance through more efficient use of resources and reduction of waste, gaining a competitive advantage and the trust of stakeholders:

QIAL Actions in progress	QIAL Actions Closed	Queries Complaints and	Environmental, Waste and Energy Training
9	35	0	94%

3.3 Estates Compliance

Overall Compliance of plant systems and equipment is 98%, against our target of 90%.

This means that as of the end of March 2023 we have 253 services complete, 5 out of date and 9 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 97%, this area has been prioritised over the last quarter to improve the score.

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 continue to receive, review and act upon Welsh Government Alerts.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Our Qualitative Decarbonisation Return has been completed and will be submitted to Welsh Government on the agreed submission date.
- 4.2 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.
- 4.3 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

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

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 year-by-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 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

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	<p>The methodology used to report emissions and removals has been applied consistently for 2019/20 with some refinement to improve procurement emissions reporting.</p> <p>Outsourced activities will be accounted for to avoid carbon leakage.</p> <p>Clarification of scope definition with regards to procurement may be further defined and refined. This will be clearly reported.</p> <p>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.</p>
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	<p>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.</p> <p>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.</p>
7. Comparability	<p>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).</p>
8. Completeness	<p>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.</p> <p>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.</p>
9. Proportionate reporting burden	<p>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.</p> <p>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.</p>
10. Improvement over time	<p>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.</p> <p>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.</p> <p>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.</p>
11. Accuracy	<p>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.</p>
12. Maintenance and extension of ambition	<p>DHCW will commit to reducing all emissions further where possible and continue to search for new opportunities for carbon reductions.</p> <p>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.</p>
13. Peer review	<p>DHCW is open to having its reported data peer reviewed and has participated in workshops to undertake this activity on an All-Wales basis.</p>

Estates Compliance **REPORT**



March 2023

ESTATES COMPLIANCE REPORT

CONTENTS

3	Executive Summary
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
12-15	Environmental Performance

Executive Summary

ESTATES COMPLIANCE:

At the end of March 2023 our overall compliance is at 98%. This has increased from last month and remains 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 has risen to 97%. Actions resulting from water/fire risk assessments and asbestos surveys are being managed effectively with 96% currently complete. We are looking at our long term estates strategy and are working with agility to develop new ways of working.

ENVIRONMENT:

The 2022/23 decarbonisation action plan is 89% complete, with the remaining two actions due to be completed during QTR 1 2023/24. Our Environment annual trend is positive, with Operational Emissions currently showing a reduction of 46% (943tCO₂e) for QTR 1-3 2022/23 compared to our baseline year of 2019/20.

Eight of the ten ISO 14001 KPI (objectives and targets) have been achieved, it will be determined during QTR 1 if the remaining two actions have been achieved, following receipt of invoice data. We have drafted a qualitative update of the Decarbonisation Roadmap Action Plan progress during the period of September 2022-March 2023 ready for submission to Welsh Government on April 14th 2023.

Estates Compliance

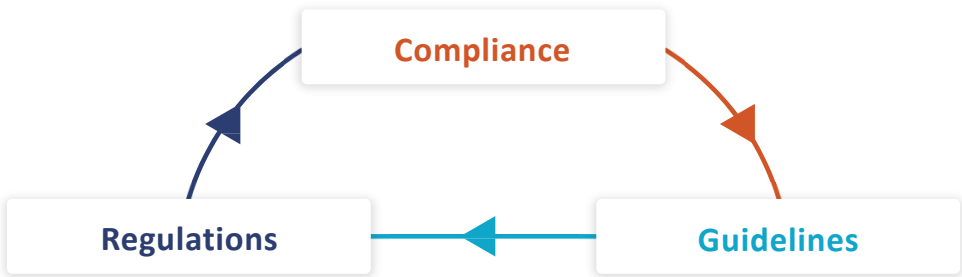


At DHCW, we are fully aware of our responsibilities for ensuring that the workplace is kept safe by compliance with legislation.

We have a robust programme of planned, preventative maintenance (PPM) and schedule of inspections that need to be undertaken across the entire Estate.

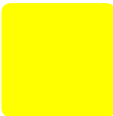
We monitor, on a monthly basis, progress of actions arising as a result of various surveys and inspections, such as Fire, Legionella and Asbestos.

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

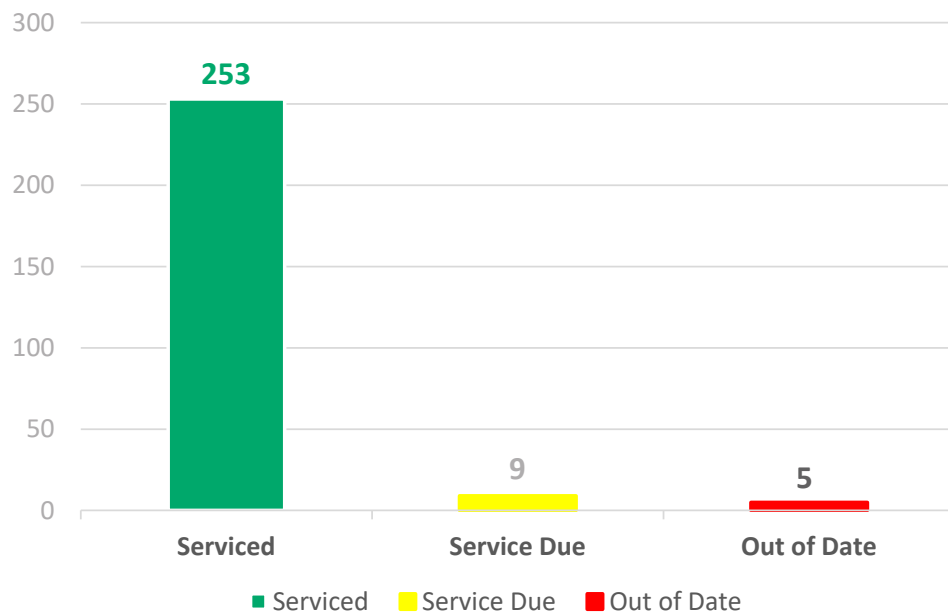
Systems and equipment that are no longer compliant

Arrows denote:-

- ▲ Percentage is higher than previous month
 - ▼ Percentage is lower than previous month
 - ◄ Percentage is the same as the previous month
- All percentages include  and  totals added together.

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.



Overall Compliance of plant systems and equipment is at 98%, against our target of 90%.

This means that as of the end of March 2023 we have 253 services complete, 5 out of date and 9 that require testing within one month, to prevent them from going out of date.

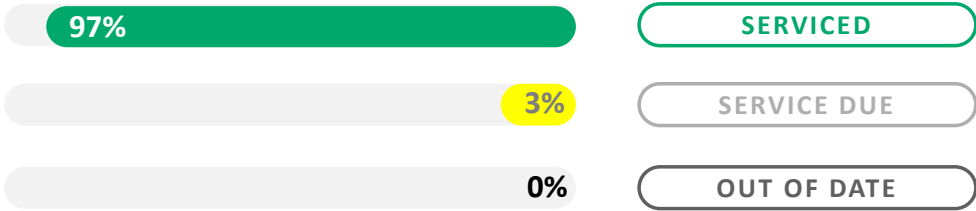
ESTATES COMPLIANCE REPORT

OVERALL COMPLIANCE

This Month	Last Month
▲ 98%	95%

COMPLIANCE RESPONSIBILITY

Landlord Compliance Responsibility



All landlord compliance documentation has been received and is correct.

This Month	Last Month
▲ 100%	93%

DHCW Compliance Responsibility



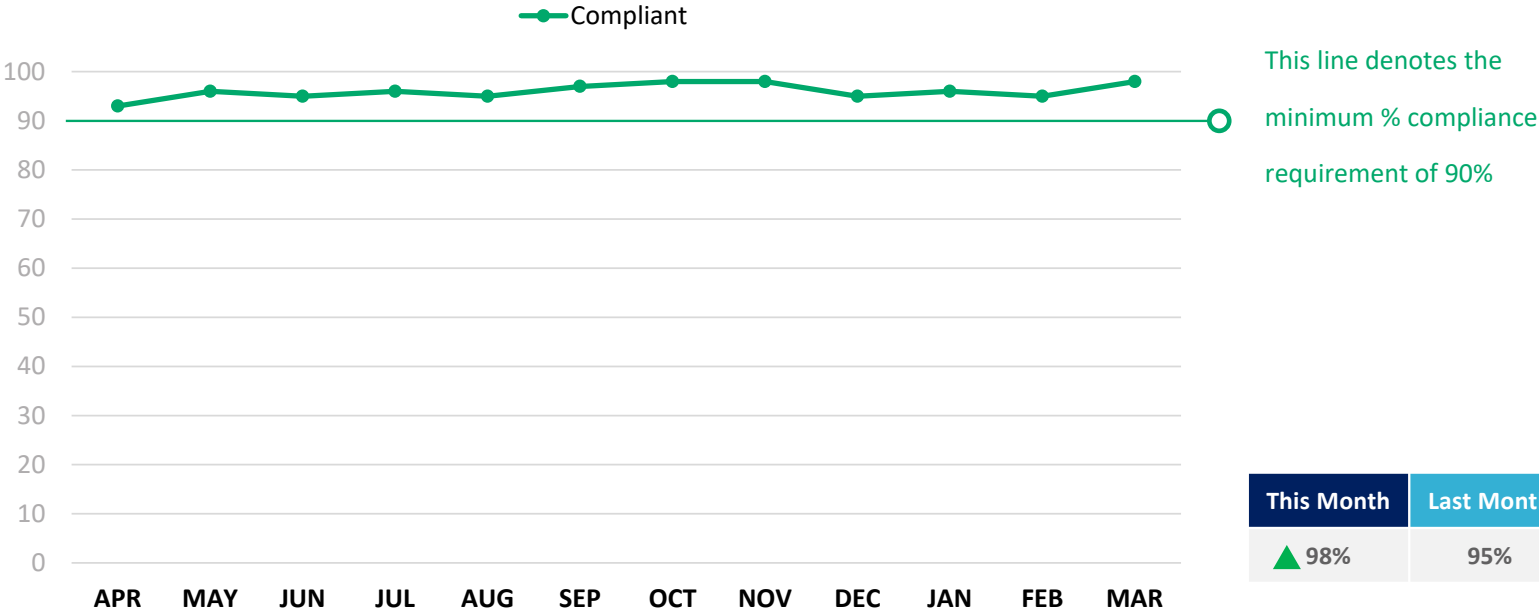
We are in communication with our contractors in order to arrange required compliance testing.

This Month	Last Month
▲ 97%	96%

Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point	Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point
1	1	0	1	1	1	0	3	3	2	1	0

The above chart shows a breakdown per site of the 9 service due and 5 out of date compliance items. We are arranging testing for the 9 service due items. In regards to the out of date services, we are awaiting documentation from our contractors for the remaining out of date services.

MONTHLY COMPLIANCE TREND



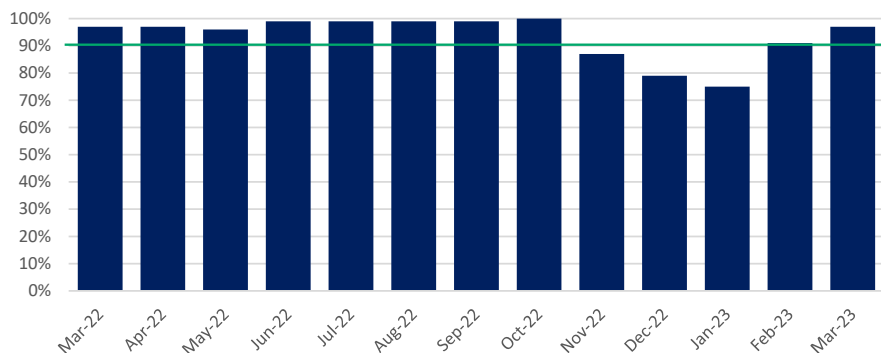
APR	93%
MAY	96%
JUN	95%
JUL	96%
AUG	95%
SEP	97%
OCT	98%
NOV	98%
DEC	95%
JAN	96%
FEB	95%
MAR	98%

As you can see in the above chart, over the last 12 months we have maintained an above target compliance performance, with an average of 96%. The current figure being 98%.

ESTATES COMPLIANCE REPORT

INTERNAL PLANNED PREVENTATIVE MAINTENANCE (PPM) OVERVIEW

PPM 12 Month Trend



As you can see in the above chart, during the period of November 2022-January 2023 PPM compliance dropped to below the 90% target. As a team we have prioritised this area and as a result in March 2023 we have achieved 97%.

Tŷ Glan-Yr-Afon		% Complete
Total Inspections	56	100%
Total Complete	56	

Bocam		% Complete
Total Inspections	53	100%
Total Complete	53	

Mamhilad		% Complete
Total Inspections	35	94%
Total Complete	33	

Technium 2		% Complete
Total Inspections	41	95%
Total Complete	39	

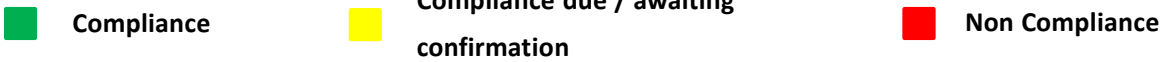
Media Point		% Complete
Total Inspections	49	96%
Total Complete	47	

Castlebridge 2		% Complete
Total Inspections	39	97%
Total Complete	38	

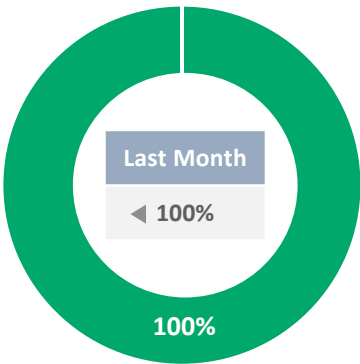
DHCW		% Complete
Total Inspections	273	97%
Total Complete	266	

This Month	Last Month
▲ 97%	91%

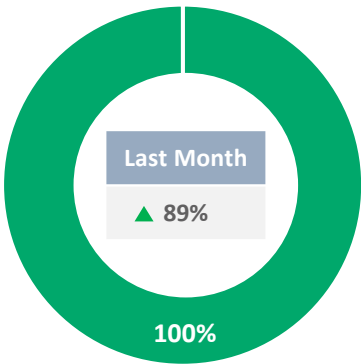
KEY AREAS



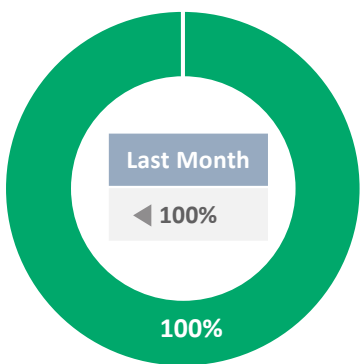
Asbestos Compliance Percentage



Legionella Compliance Percentage



Fire Risk Assessment Compliance Percentage



The charts show the compliance percentage of Asbestos surveys, as well as Legionella (Water) and Fire risk assessments. All assessments and surveys are currently in date.

This Month	Last Month
 99%	98%

Building Statutory Compliance

Action Plan Overview

The compliance of our complete actions is currently at 96%, with 3% of actions on target and 1% of actions having gone beyond the target date for completion. 237 actions have been complete and no actions have turned red.

Compliance Criteria		Overall Compliance
	Green – Action complete	96%
	Yellow – Action on target to be completed by agreed date	3%
	Orange – Action not on target for completion by agreed date	1%
	Red – No Action taken 6 months beyond agreed completion date	0%

Compliance Category	Compliance Subcategory	Number of Actions across DHCW by Priority											
		High				Medium				Low			
Fire	Fire Risk Assessment	0	1	0	0	25	2	1	0	64	1	1	0
Water	Water Safety Actions	55	1	0	0	37	2	0	0	30	1	0	0
Asbestos	Asbestos Survey Actions	0	0	0	0	1	0	0	0	25	0	0	0

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 decarbonisation aims and progress against our Decarbonisation Action Plan (DAP). We have also included details of our operational carbon footprint with comparisons against the baseline year across nine emissions reporting categories (ERCs).

ISO 14001 EMS PERFORMANCE

A review of current ISO 14001 KPI (objectives and targets) has taken place, eight of the ten have been achieved, it will be determined during QTR 1 if the remaining two actions have been achieved, once invoice data is received. New KPI (objectives and targets) have been established for 2023/24 and an action plan has been created, progress will be monitored on a regular basis.

Reviews of the Environment section of the Legislation Register and the Environmental Aspects Register have been undertaken. Current versions continue to be monitored and updated regularly, there are no risks to be raised.

We are up to date with the EMS Internal Audit Schedule. There are now just 18 corrective actions that are in progress, as a result of recent SHE inspections, which primarily relate to housekeeping and documentation.

The needs and expectations of interested parties, a SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of internal and external issues and a PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis have been reviewed and are documented in the Sustainability Strategy, there are no risks to be raised. Internal and external communications have been captured within the Environmental Awareness Log, none require escalation at this point.

IMPROVEMENT OPPORTUNITIES:

- A move across to iPassport for ISO14001 compliance documentation is being considered.
- Decarbonisation Working Group meetings have ensured that progress against our Action Plan.
- Refurbishments at TGA have been assessed to ensure sustainable measures are being implemented.
- 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 in progress	QIAL Actions Closed	Queries and Complaints	Environmental, Waste and Energy Training
9	35	0	94%

SHE Inspection Actions - Outstanding

Last Month	18
This Month	▼ 5

Environmental Awareness Campaign

This month's campaign provided information for our employees on **money saving tips for staff working at home.**

Environmental Training

Road to Net Zero training, provided by BSI, has been successfully completed by two members for the Estates and Compliance team.

ISO 14001 EMS ACTION PLAN UPDATE

KPI No.	KPI	Objective	Target	On Target	% Complete
1	Waste Management	Minimise waste through careful purchasing, efficient re-use of resources and recycling of materials.	Annual target: at least 90% of DHCW waste to be recycled.	YES	100%
2	WEE Waste	Dispose of applicable IT waste in accordance with the Waste Electrical and Electronic Equipment (WEEE) regulations.	Ensure that 100% of IT equipment that falls under the WEEE directive is disposed of in a compliant manner e.g. recycled, repurposed or reused.	YES	100%
3	Energy	Reduce DHCW's carbon footprint and save energy across all sites.	Annual Target: Reduce energy (Gas and Electric) emissions by at least 1% year on year.	YES	75%
4	Water	Reduce the amount of water that we consume across all sites.	Annual Target: Reduce water consumption by at least 1% year on year.	YES	75%
5	Environmental Management	Maintain a structured environmental management system, to promote good environmental performance and ensure continual improvement.	Maintain certification to ISO 14001:2015 Environmental Management Systems standard.	YES	100%
6	Legal compliance	Ensure DHCW remains compliant with all applicable environmental legislation.	<ul style="list-style-type: none"> Review Legislation Register on an annual basis. Review Environmental Aspects Register on an annual basis. Keep up to date with legal requirements through external services Ensure zero breaches of applicable environmental legislation. Align our objectives and targets with the Wellbeing of Future Generations Act requirements. 	YES	100%
7	Communication and Engagement	Improve staff communication and engagement in regards to individual and corporate environmental sustainability responsibilities, for continual improvement.	<ul style="list-style-type: none"> Publicise an environmental awareness campaign for DHCW employees to get involved with each month. Implement a minimum of one environmental initiative per year. Communicate environmental awareness information via a monthly email, to be sent to all DHCW employees. Environmental Awareness Group to meet on a regular basis. Continue to develop our approach to staff communications, engagement and environment improvement initiatives. 	YES	100%
8	Air-conditioning	Minimise the escape of fluorinated gases to the environment, through the effective management of all Air Conditioning units.	<ul style="list-style-type: none"> Ensure all equipment which contains refrigerant gasses is leak tested annually. Ensure all refrigeration and air con equipment is maintained regularly to identify leaks early (F-Gas Register). Stopping any leaks after their detection will be treated as a major priority and steps will be taken to minimise leakages, where they are detected e.g. by disabling equipment until it is repaired. 	YES	100%
9	Travel	Promote sustainable travel	<ul style="list-style-type: none"> Promote the use of EV Charging points. Promote cycling to work. Promote the use of VC for off site meetings / homeworking meetings, to reduce the need for travel. Promote other sustainable ways of travel. 	YES	100%
10	Sustainable Procurement	Reduce the demand for non-sustainable goods and services by reducing purchasing, using resource-efficient products and considering end of life.	<ul style="list-style-type: none"> Work with NWSSP to develop a strategy for low-carbon ICT procurement, including (e.g.) building carbon reduction requirements into invitations to tender; developing (or adopting) low carbon standards for ICT equipment, as part of NWSSP's Sustainable Procurement Code of Practice. To operate and procure in a manner that focuses on the preservation and effective management of natural resources. To ensure the organisation's activities and those of suppliers are conducted on a fair and ethical basis. To ensure contracts add maximum value for Welsh citizens by contributing to the local community in terms of education, regeneration and community engagement. Track and reduce the purchase of Paper at DHCW Set printers to auto print double sided and in black and white 	YES	100%

DECARBONISATION

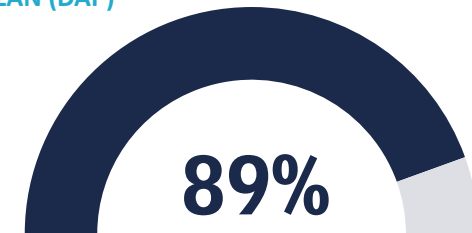
SUMMARY:

- A qualitative update of the Decarbonisation Roadmap Action Plan progress during the period of September 2022-March 2023 has been drafted ready for submission to Welsh Government on April 14th 2023.
- The Decarbonisation Working Group, Environmental Awareness Group and Community of Experts on Climate Change Group continue to meet on a regular basis to collaborate and progress work.
- DHCW's DAP has been costed and is currently awaiting approval.
- We are liaising with our landlord at Tŷ Glan-yr-Afon in preparation of a potential bid for the Public Sector Low Carbon Heat Capital Grant.
- We 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.
- Operational Gross Emissions have reduced by 46% (943tCO₂e) for QTR 1-3 (2022/23) compared to our baseline year of 2019/20.
- Only Fleet Vehicles and Homeworking data is showing an increase in carbon emissions compared to our baseline year, all other reporting categories are showing positive carbon reductions, with our Data Centres, Commuting and Electricity showing significant reductions.
- A project to install LED lighting at our TGA and Technium 2 offices has begun with completion anticipated early April 2023.

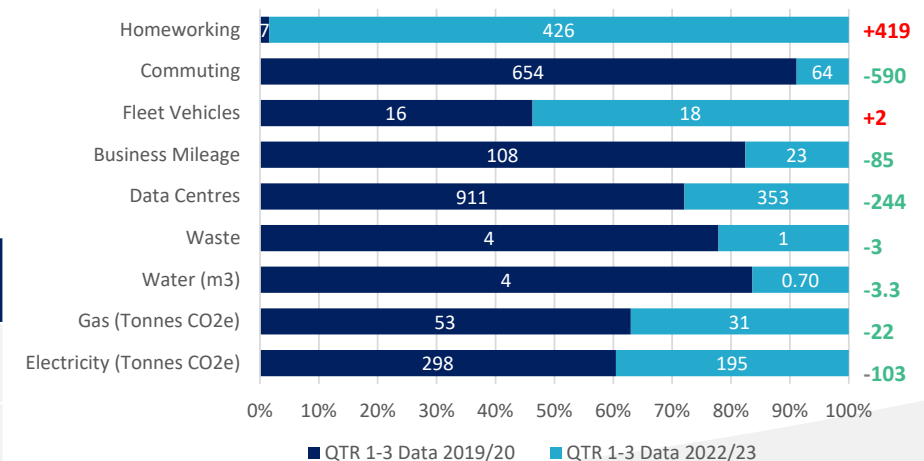
Emissions	Performance (22/23 QTR 1-3) vs Baseline (19/20 QTR 1-3):	Carbon Footprint 22/23:	Carbon Footprint per m ² :	Carbon Footprint per person:
Gross	-46%	1112 tCO ₂ e	0.175 tCO ₂ e	1.079 tCO ₂ e
Net	-47%	1012 tCO ₂ e	0.159 tCO ₂ e	0.982 tCO ₂ e

DECARBONISATION ACTION PLAN (DAP) 2022/2023

We have so far completed 17 of the 19 actions. The remaining 2 actions will be prioritised to aid completion at the earliest opportunity.



Operational Emissions Comparison QTR 1-3 2022/23 vs 2019/20



DIGITAL HEALTH AND CARE WALES

FINANCE UPDATE APRIL 18th

Agenda Item	6.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 April 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 NOTE the finance update including 2022/23 Financial Performance & accounts plan and headline financial outlook & activity for 2023/24 .	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	N/A
If more than one standard applies, please list below:	

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

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

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	PHW	Public Health Wales NHS Trust
MfA	Manual For Accounts	LHBs	Local Health Boards
RRL	Revenue Resource Limit	CRL	Capital Resource Limit
PSPP	Public Sector Payment Policy		

2 SITUATION/BACKGROUND

- 2.1 This document (via the attached presentation detail) provides an update regarding the progress of DHCW meeting its statutory financial performance & reporting targets for 2022/23 and the financial outlook and key themes for 2023/24.
- 2.2 2022/23 will be the second set of accounts produced by DHCW. The closure plan has been applied successfully since DHCW was formed and has been subject to minor refinements over this period to reflect improvements identified within the team and through audit recommendations. The first section of Appendix A presents financial performance to February and forecast year end position with key issues relating to the production of year-end financial statements and the reporting timetable.
- 2.3 The IMTP for DHCW 2023-2026 was submitted to Welsh Government as per timetable on March 31st with significant financial challenges being identified. The second section within Appendix A presents the outlook, identified challenges whilst expanding on key activity & finance themes for 2023/24.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Financial Performance & Statements 2023/24

3.1 DHCW is currently expecting to meet its for financial performance targets, namely:

- Remain within our Revenue Resource Limit
- Remain within our Capital Resource Limit
- Meet the PSPP target of 95%
- Notionally have a cash balance no greater than £2m at 31st March

3.2 The following areas have been identified as requiring additional consideration as part of the 2022/23 accounts closure process and are included for note. Where these issues have an all-NHS Wales impact, they will be discussed at the All-Wales Technical Accounting Group meetings to ensure a consistent approach is applied. DHCW will also liaise with Audit Wales and seek advice from their technical team where appropriate.

- 1) Provisions: IAS 19-Employee Benefit (Holiday Pay Accrual) & Supplier Specific Items
- 2) Bad Debt provision
- 3) Losses and Special payments
- 4) Pensions Tax Annual Allowance – Scheme Pays Arrangements
- 5) Excess pension Costs.
- 6) Pension rate 6.3%
- 7) International Financial Reporting Standard 16 (IFRS16) – Leases
- 8) ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement
- 9) Audit of 2021/22 Accounts Recommendations
- 10) Year-end Cut-off
- 11) Key Deadline

Financial Outlook 2023/24

3.3 The outlook for 2023/24 presents considerable challenge as reflected within Appendix A outlining key themes surrounding unavoidable and necessary investments. Focus in 2023/24 surrounds a sustainable funding approach for both existing and pipeline DPIF developments, savings & efficiency alongside benefits management improvement

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Financial Performance & Statements 2023/24

- 4.1 ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement** - DHCW will continue to liaise with Audit Wales and look to mitigate and potential impact of the implementation of ISA316 on timelines to ensure compliance with stated reporting timescales. Progress will continue to be monitored via established management and governance mechanisms. DHCW will continue to liaise with Audit Wales and look to mitigate and potential impact of the implementation of ISA316 on timelines to ensure compliance with stated reporting timescales. Progress will continue to be monitored via established management and governance mechanisms.
- 4.2 Oracle Financial Systems – Service Interruption** - An issue has emerged impacting on BCU ,PHW, DHCW, Velindre and CwmTaf and is resulting in either an “intermittent fall out when staff are in Qlikview” or the QlikView link going down. These organisations access Qlikview by a common link with the remaining Organisations accessing it using a separate link that is working as per normal . This is required to ensure we spread the network traffic and don’t overload the network. Whilst some organisations may request an extension for the Welsh Government “Day 5” submission, DHCW is currently planning meeting the stated timelines.

Financial Outlook 2023/24

- 4.3 Financial Outlook** - This information has enabled DHCW to identify a revenue funding gap for the three years within the plan, currently assessed at £1.9m, £3m and £2m for the financial years 2023/24 – 2025/26 respectively.
- In accordance with established practice, an “Accountable Officer” letter notifying Welsh Government of the current unbalanced IMTP position was issued by the Chief Executive on March 17th 2023 containing details of material contributing factors.
- DHCW will continue to focus on savings, efficiencies and evidencing value to support a sustainable funding approach.

5 RECOMMENDATION

- 5.1** The Audit and Assurance Committee are asked to **NOTE** the contents of this report and Appendix A Financial Update.

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 and Business Assurance	03/04/2023	Approved

Digital Health and Care Wales

Finance Update

Claire Osmundsen Little Executive Director of Finance

Mark Cox Associate Director of Finance

18th March 2023



CONTENTS

- **22/23 Year End**
 - 2022/23 February & Forecast Performance
 - Annual Accounts Material Items
 - Timetable
 - Risks & Concerns
- **2023/24 Finance Plan Key Themes**
 - Financial Outlook 2023/24
 - Overview
 - Challenges & Cost Pressures
 - Key Activities - Cyber Security
 - Key Activities - Datacentre Migration
 - Addressing the challenges
 - Efficiency & Savings
 - Financial Sustainability – SLA/DPIF Financial Management (Growth/Uplift Mechanism to support national service pressures).
 - Value Promotion - Benefits Realisation Planning & Tool Development
 - Financial Business Intelligence Initiatives



2022/23 Year End Update

FINANCE UPDATE | 2022/23 FINANCIAL PERFORMANCE

The organisation is forecasting achievement of all its 4 financial targets for the financial year within a financial envelope of £148.5m Revenue funding and £8.2m Capital , encompassing breakeven .

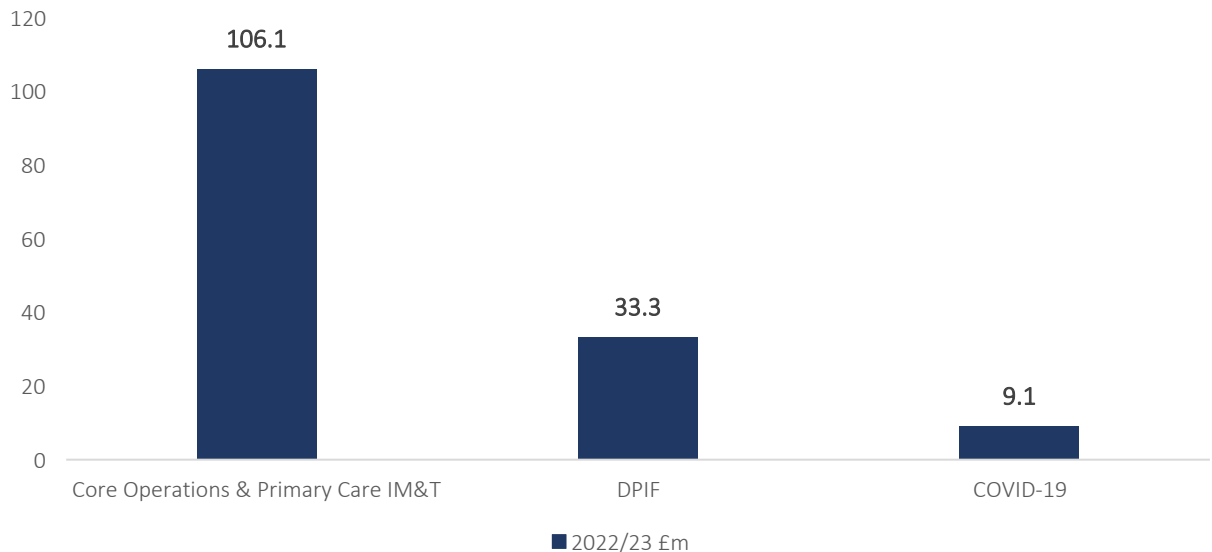
1 Revenue Breakeven

Small period operational surplus of £0.2m has been recorded to the end of February.

DHCW is forecast to breakeven by the end of the financial year with £51.3m (35%) pay spend supported by £97.2m (65%) non pay.



Forecast Revenue Spend 2022-23 to 2023/24



3 Public Sector Payment Policy

(To pay a minimum of all non-NHS creditors within 30 days of receipt of a valid invoice)

PSPP target exceeded. Target – 95%, Actual 98%.

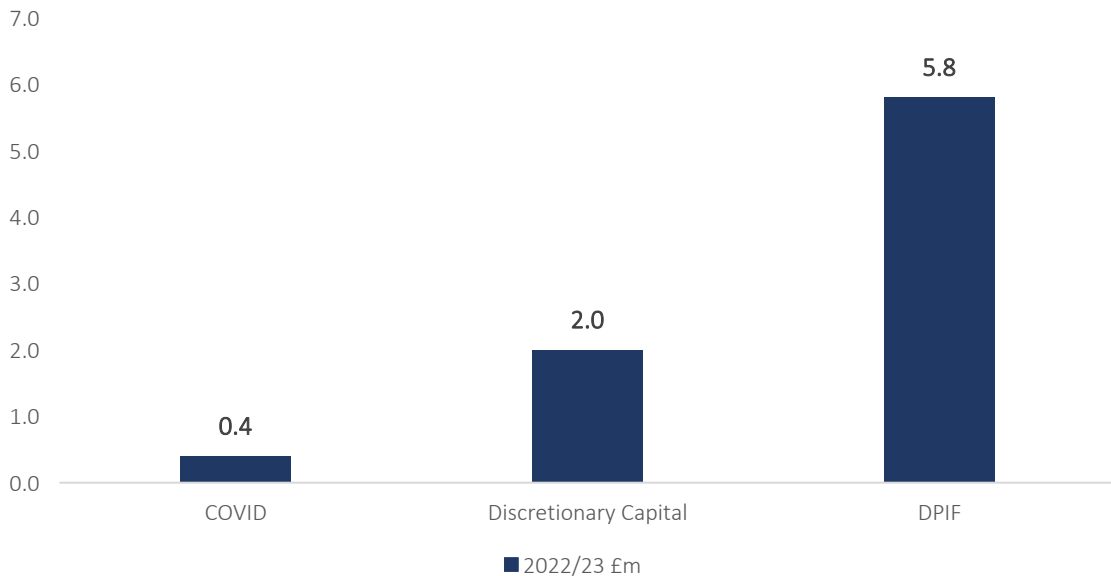


2 Remain within Capital Expenditure Limit

The current capital funding envelope is £8.2m, DHCW is reporting a £6.9m capital spend to date and a year end spend consistent with allocation.



Forecast Capital Spend 2022-23



4 Cash Balances

Ensuring appropriate balances to meet creditor requirements with a year end ceiling of end of year target of £2m.



FINANCE UPDATE | 2022/23 YEAR END OVERVIEW

2022/23 will be the second set of accounts produced by DHCW. The closure plan has been applied successfully since DHCW was formed and has been subject to minor refinements over this period to reflect improvements identified within the team and through audit recommendations.

The closure plan includes:

1. A detailed timetable identifying deadlines and named responsible officers for all required tasks throughout the closure process. This timetable is reviewed daily from February until the final submission date in July.
2. A detailed closing pack for use within the finance team setting out the key deadlines and processes to be followed for the main areas of the accounts. This ensures that the rules are understood and applied consistently across the various services.
3. Communication posted to all DHCW staff so they are aware of their roles and deadlines within the closure process.
4. Regular meetings of the finance team to discuss progress against the plan.

The key deadlines for 2022/23 as set out in the MfA are set out in slide 13.

FINANCE UPDATE | AUDIT PROCESS

The interim audit for the 2022/23 accounts has started within March, which is later than in previous years. This is replicated across NHS Wales and is not unique to DHCW. A preliminary meeting with Audit Wales has taken place on January 12th to agree the touchpoints required through the 2022-23 DHCW Audit.

Audit Wales have indicated that as a result of revisions to the International Standard on Auditing (ISA) 315 (Identifying and assessing the risks of material misstatement International Standard on Auditing) their audit approach will change for this year. Initial discussions have been held on the impact of this on DHCW and this will continue during the interim audit work. This change will not impact on how the accounts and annual report are prepared.

FINANCE UPDATE | KEY CONSIDERATIONS

The following areas have been identified as requiring additional consideration as part of the 2022/23 accounts closure process and are included for note. Where these issues have an all-NHS Wales impact, they will be discussed at the All-Wales Technical Accounting Group meetings to ensure a consistent approach is applied. DHCW will also liaise with Audit Wales and seek advice from their technical team where appropriate.

1: Provisions: IAS 19-Employee Benefit (Holiday Pay Accrual) & Supplier Specific Items

As part of the annual accounts, organisations are required to provide for the costs of holiday pay earned but not paid at the end of the reporting period (i.e. untaken leave), this provision will also include where staff have requested payment in lieu of annual leave due to be settled in 2022/23. DHCW will also identify and agree any other supplier specific provisions to be reflected with the final accounts.

2: Bad Debt provision

An allowance for irrecoverable debt (previously known as bad debt provision) will be calculated at year-end based on the level of debt outstanding and our history of debt collection. Due to the relatively low values of debts this will be charged to a central code and is unlikely to have a material impact on the accounts. In the 2021-22 Annual Accounts DHCW had a zero bad debt provision.

3: Losses and Special payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation and need to be formally disclosed. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government. These types of payments include settlements, overpayments, damages, and thefts. It is a requirement that these payments are reported to the Audit & Governance Committee, and therefore a central list is maintained and the appropriate disclosure is also required within the final accounts.

FINANCE UPDATE | KEY CONSIDERATIONS

4: Pensions Tax Annual Allowance – Scheme Pays Arrangements

- In December 2019, the Welsh Government announced that clinical staff who go over their annual allowance for the 2019/20 tax year and who use scheme pays to pay the tax charge can be compensated in retirement for any reduction to their NHS Pension Scheme benefits. The announcement gave assurance to clinicians that they could undertake any combination of clinical roles for the NHS during the 2019/20 tax year, including additional work relating to the coronavirus response, without suffering any financial loss as a result of the annual allowance taper. In certain circumstances this could lead to additional tax charges in excess of any additional income earned. On 18th December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages.
- Under the eligibility terms of the scheme clinicians must be 'employed or engaged in a clinical role delivering care to NHS patients that requires registration with an appropriate healthcare regulatory body'. DHCW has determined that as it does not deliver direct patient care the work of the organisation would not meet the eligibility criteria for the scheme. However, the circumstances of each individual case need to be reviewed to consider any specific exceptional factors.
- Welsh Government have received a list of all scheme applicants across NHS Wales and an initial sub-group meeting of the Technical Accounting Group was held on 9th January to discuss the process to allocate the individuals to each organisation, and a list of staff in the scheme was provided on the 2nd February, of which there was no-one identified for DHCW. DHCW will continue to liaise with Audit Wales to ensure any cost implications are captured and recorded appropriately with any variation of opinion clarified and reported to the Audit & Assurance Committee. In 21-22 all LHBS, Velindre NHS Trust and PHW Trust resulted in having a qualified regularity audit opinion from the Auditor General for Wales.

FINANCE UPDATE | KEY CONSIDERATIONS

5: Excess pension Costs.

- For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment. Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance cost. There is one such instance provided for in the DHCW annual accounts in 21-22, which at the time of the report will be carried forward into 22-23.

6: Pension rate 6.3%

- The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019. As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency). However, NHS Wales' organisations are required to account for their staff employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis.

FINANCE UPDATE | KEY CONSIDERATIONS

7: International Financial Reporting Standard 16 (IFRS16) – Leases

- Following a number of deferrals IFRS16 became effective for NHS Wales organisations from 1st April 2022. The standard brings most operating leases from a revenue cost onto the Statement of Financial Position, representing a significant change in the accounting and funding of leases.
- Currently DHCW has 12 leases affected by IFRS16, comprising 10 property leases and 2 non-property leases that falls under the requirements of IFRS16 and the required calculations are prepared and have been processed through the ledger. The required funding adjustments have been agreed with Welsh Government and there is no bottom-line impact on the performance against the revenue resource allocation.

8: ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement

- On the first of March 2023 DHCW was notified that the audit of accounts for the year ended 31 March 2023 will be carried out under a revised auditing standard (ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement (Revised July 2020)).
- As a result of the changes outlined above, we expect 2022-23 audits to take longer to complete. We will also be required to use more experienced CCAB qualified staff on audits to deal with the higher level of judgement necessitated by the standard.
- Consequently, Audit Wales have proposed an audit certification deadline of 31 July 2023 for NHS, this will impact DHCW Standing Orders requirement to hold an AGM no later than 31 July. The finance team are in weekly sessions with Audit Wales to work together in order to expedite and receive a formal opinion ahead of the July 31st deadline however there will be an estimated increase in audit fees of 10.2% (circa £0.02m) as a result of the extension in timelines and increased senior audit staff requirement to meet ISA315.

FINANCE UPDATE | KEY CONSIDERATIONS

9: Audit of 2021/22 Accounts

- During the audit of the 2021/22 accounts Audit Wales recommended that the useful lives of existing assets that are not fully depreciated are subject to an annual review and with any lives adjusted as deemed necessary. Amendments to Financial Control Procedure (FCP) have been made to incorporate the asset lives review and will be applied to 2022-23 assets onwards to reflect these requirements and processes are in place for the year-end.

10: Year-end Cut-off

As part of the year-end accounts closure process DHCW has various tasks in place to help ensure all income and expenditure is accounted for within the correct financial year.

This includes:

- Guidance published setting out the accounting rules that must be followed by all staff, including information on when costs and income can be recognised. This is supplemented by a closing pack issued to all finance staff providing further detailed information on the processes.
- Finance Business Partners meet regularly with budget holders to discuss the year-end forecasts, including progress on specific areas of work. Where necessary, advice is sought from the Financial Accounting Team.
- Finance Business Partners prepare detailed reconciliations for all balance sheet codes relating to their service areas, which requires them to review each invoice and accrual being made. Where an estimate of the costs of work carried out is required an appropriate methodology must be provided as evidence. This is further reviewed by the Financial Accounting Team prior to the closure of the accounts.

11: Key Deadlines

- Welsh Government has now agreed the key deadlines with Audit Wales, which are approximately seven weeks later than in 21-22. DHCW will continue to work with Audit Wales to support completion of the Audit in line with 22-23 timescales if possible. Although final sign-off cannot take place until any all-Wales issues are considered and resolved.

FINANCE UPDATE | HIGH LEVEL TIMELINES



Key Deliverables:

Date	Activity	Lead
11/04/2023 5pm	Indicative year-end position submitted to Welsh Government (Day 5)	Associate Director of Finance
2/05/2023 Midday	Full Monthly Monitoring Return Submission	Associate Director of Finance
04/05/2023 12-00-13.00	Audit & Assurance Committee to review draft annual accounts	Executive Director of Finance & Business Assurance
05/05/2023	Draft accounts and financial returns submitted to Welsh Government & Audit Wales	Associate Director of Finance
13/06/2023 10.00-11.00 Placeholder	Audit & Assurance Committee to review and approve annual report and accounts	Executive Director of Finance & Business Assurance
13/06/2023 13:00-14:00 Placeholder	SHA Board to review and approve annual report and accounts	Executive Director of Finance & Business Assurance
31/07/2023	Signed final version of annual report and accounts submitted to Welsh Government	Executive Director of Finance & Business Assurance

FINANCE UPDATE | RISKS & CONCERNS

ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement

DHCW will continue to liaise with Audit Wales and look to mitigate and potential impact of the implementation of ISA316 on timelines to ensure compliance with stated reporting timescales. Progress will continue to be monitored via established management and governance mechanisms.

Oracle Financial Systems – Service Interruption

An issue has emerged impacting on BCU ,PHW, DHCW, Velindre and ,CwmTaf and is resulting in either an “intermittent fall out when staff are in Qlikview” or the QlikView link going down. These organisations access Qlikview by a common link with the remaining Organisations accessing it using a separate link that is working as per normal . This is required to ensure we spread the network traffic and don’t overload the network.

Whilst some organisations may request an extension for the Welsh Government “Day 5” submission, DHCW is currently planning meeting the stated timelines.



2023/24 Finance Plan Key Themes

FINANCE UPDATE | KEY THEMES

1. Financial Outlook 2023/24
 - Overview
 - Challenges & Cost Pressures
 - Key Activities - Cyber Security
 - Key Activities - Datacentre Migration
2. Addressing the challenges
 - Efficiency & Savings
 - Financial Sustainability – SLA/DPIF Financial Management (Growth/Uplift Mechanism to support national service pressures).
 - Value Promotion - Benefits Realisation Planning & Tool Development
 - Financial Business Intelligence Initiatives

FINANCE UPDATE | 2023/24 IMTP OUTLOOK

Overview

DHCW received confirmation of its Core & Primary Care IM&T funding for 2023/24 on 17 February 2023, with a COVID allocation letter received on 7th February. The DPIF allocation has been reviewed to support the final IMTP submission.

Material cost pressures as a result of unavoidable costs/necessary developments have also been identified.

This information has enabled DHCW to identify a revenue funding gap for the three years within the plan, currently assessed at £1.9m, £3m and £2m for the financial years 2023/24 – 2025/26 respectively.

In accordance with established practice, an "Accountable Officer" letter notifying Welsh Government of the current unbalanced IMTP position was issued by the Chief Executive on March 17th 2023 containing details of material contributing factors.

Actions

Further mitigating actions to be considered and pursued with accountable officer feedback from Welsh Government to be addressed.

FINANCE UPDATE | 2023/24 CHALLENGES

Material future pressures to be addressed during the planning term:

Unavoidable Pressures & Necessary Investments



Service Delivery & Growth.... RIGHTSIZING OF RECHARGES TO CURRENT SERVICE PROVISION.



Exceptional Costs.... REQUIREMENT TO MITIGATE ENERGY COST INCREASES.



General & Digital Inflation.... GENERAL & SECTOR SPECIFIC FUTURE COST PRESSURES.



Datacentre Migration Project.... NON RECURRENT FUNDING REQUIREMENT TO SUPPORT ACTIVITY RESOURCING.



Cyber Security Improvements.... NEW AND STRENGTHENED CYBER POSTURE (POTENTIAL NATIONAL PERSPECTIVE).



Digital Priority Investment Fund – Service Delivery.... THE ONGOING PROVISION OF SERVICES ONCE IMPLEMENTED.

Service Development Choices



Cloud Adoption....SUPPORTING THE LONG TERM OBJECTIVE OF TRANSITION AWAY FROM CAPITAL TO REVENUE SUPPORTED SERVICE MODELS.



Capital Investment.... SUPPORTING DELIVERY OF ORGANISATIONAL OBJECTIVES

Focus on Efficiency, Savings and Evidencing Value !

FINANCE UPDATE | SAVINGS AND EFFICIENCY

Monitoring & Mitigation

DHCW is focusing savings and efficiency via a number of control groups:

- Capital & Non Pay Delivery Group – Responsible for savings proposals and monitoring.
- Establishment of Cloud Fin Ops Team – Responsible for efficient use of cloud services and cost optimisation.
- Energy Costs Group – Responsible for mitigating estates and datacentre energy cost increases.
- Product Approach – Resulting in more effective and efficient service delivery models

Target

An initial £2.4m target has been identified for 2023/24 covering areas such as:

- Travel Expenditure Reduction £0.3m
- IT Maintenance & Support £0.5m
- Cost Improvement Target Against Discretionary Budget Lines £0.3m
- Estates Rationalisation £0.6m
- Procurement Savings Target £0.2m
- Potential Vacancy Factor £

A total of £1.9m (79%) is expected to be recurrent in nature.

FINANCE UPDATE | FINANCIAL SUSTAINABILITY

SLA Financial Management & Governance

A formal mechanism needs to be agreed to ensure effective future financial planning and agreement of funding to underpin:

- Legacy Service Funding arrangements no longer reflecting Models
- Service Growth
- Emerging Digital Cost Pressures
- Transition from CAPEX to OPEX service models

Digital Priority Investment Fund Sustainability

DHCW is focusing savings and efficiency via a number of control groups:

- Projects & Programmes transitioning to live service provision
- Future balance between new and ensuring the provision of resilient, secure high performing services

FINANCE UPDATE | NECESSARY INVESTMENTS – CYBER SECURITY

Cyber Security – Context and Landscape

Cyber-attacks are the highest-impact risk to all organisations. Recent impact upon health bodies have been devastating, resulting in long-term total loss of IT systems.

The HSE suffered a serious criminal cyber-attack in May 2021. Current known cost is > £80M NHS Wales must learn from these incidents and prioritise an organisation-wide approach to cyber resilience

Are we prepared for defence?

- 40% of incidents managed by NCSC by August 2021 were targeted at public bodies
- Russia's invasion of Ukraine has prompted the NCSC to call on all UK organisations to bolster their online defences
- 90 to 95% of attacks are by phishing emails so what is your organisation doing to train the end user on phishing emails?
- Cyber is not just an IT issue and can be classed as a National Incident

An October 2022 Cyber Resilience review by Audit Wales showed that of the Boards and public bodies:

- Only 65% of Boards have a cyber responsible member
- Only 35% have a dedicated strategy and budget for cyber
- Only 55% have some understanding of cyber threats and understood actions required when attacked
- Only 53% have a dedicated cyber team, most only comprising of one or two people
- Only 33% shared cyber risks with all staff members via internal communications channels, emails; newsletters, bulletins and briefings
- Only 65% have an incident response plan. 15% didn't know!

FINANCE UPDATE | NECESSARY INVESTMENTS – CYBER SECURITY

Cyber Security Investment Plan

To attempt to strengthen its current position, DHCW has developed a 3-year Cyber Security plan which lays out various activities to improve its security posture to meet an acceptable, base level of Cyber and Information Security. This base-level of security has been derived from the Security of Network & Information Systems Regulations (NIS Regulations), its associated Cyber Assurance Framework (CAF) and ISO27001. The plan has been compiled after a series of audits, reviews and consultancies. The outputs of the defined objectives are aligned to the Cyber

Assurance Framework (CAF) which is a legislative requirement for DHCW and other health organisations.

In order to successfully deliver the key objectives, the plan also highlights the critical investment and resources required.

Many aspects of the 3-year cyber plan can be delivered within DHCW's existing resources, but others are not able to be met. This business case is seeking to secure the budgets needed to implement new or improved security controls to address the following vulnerable areas.

- Privileged Password Management, Privileged Identity Management and Privileged Access Management
 - Security Monitoring and Alerting
 - Permanent loss of data resulting from a sophisticated ransomware attack
 - Improved management of Cyber Security in the NHS Supply chain – i.e. a risk of an attacker breaching our systems via one of our suppliers
 - Application Security Development Tool, to reduce risk of vulnerabilities existing in DHCW developed services
 - Public Key Infrastructure (PKI)
-
- Funding for this requirement is yet to be formally approved.

Datacentre Migration

There is a requirement for DHCW procure a Replacement Data Centre facility to maintain a second, physical Data Centre and continue to provide NHS Wales with resilience for its critical services. Similar to the procurement activity that was conducted for the DC1 Replacement, DHCW will ensure that sustainability is included within the Tender Specification and Scoring Model to ensure that a reduction in both operating costs and the Organisation's carbon footprint can be guaranteed.

A Replacement Data Centre facility has now been secured, DHCW will need to build and configure the Replacement Network Equipment and commence with relocation of the systems currently hosted in DC2. This needs to be completed within a very demanding timescale.

Whilst DHCW long-term strategy and plans lead to Cloud-first implementations or further migration activity, DHCW needs to relocate the systems currently hosted in Data Centre Two and continue hosting a large number of racks for Third-Party Suppliers who wish to fully depreciate their Data Centre assets before moving to Cloud.

Benefits realisation is the process of identifying, planning, and tracking the benefits that an organization expects to receive from a particular project or initiative.

It is a critical part of project management, as it helps to ensure that projects are aligned with the overall strategy of the organization and that they deliver the expected benefits.

The strategic benefits have been aligned with DHCW strategy and objectives set up in IMTP 2023_26.

Outcomes

OUR VISION is to provide world leading digital services, empowering people to live healthier lives.

The collaborative use of high-quality information, systems, and technologies supports patient care and delivers benefits throughout the NHS system.

Health system transformation and efficiency is increased as sustainable digital services support service re-design, and save time.



Patient Safety is increased as manual processes and paper are removed and more data is available for clinicians to make informed decisions and errors are reduced.



Positive health outcomes are seen as a result of increased availability of data and analysis and more time with the patient.



Health system costs decrease where digital supports automation, care closer to home and patient empowerment.



Patient experience improves as convenience of care increases when patients can interact with health professionals digitally and have more quality time spend with staff.



Strategic Benefits

Improved efficiency and security of digital services
sustainable, state of the art technologies deployed ensure healthcare systems continuity, efficiency, data and cyber security.

Patient Safety is increased by system automations rather than manual data handling. Data is easily available to clinicians to make informed decisions and errors are reduced to minimum.

Patient Outcomes are improved as a result of time efficiencies and data availability, staff has more time to spend with patients and to focus on their core activities.

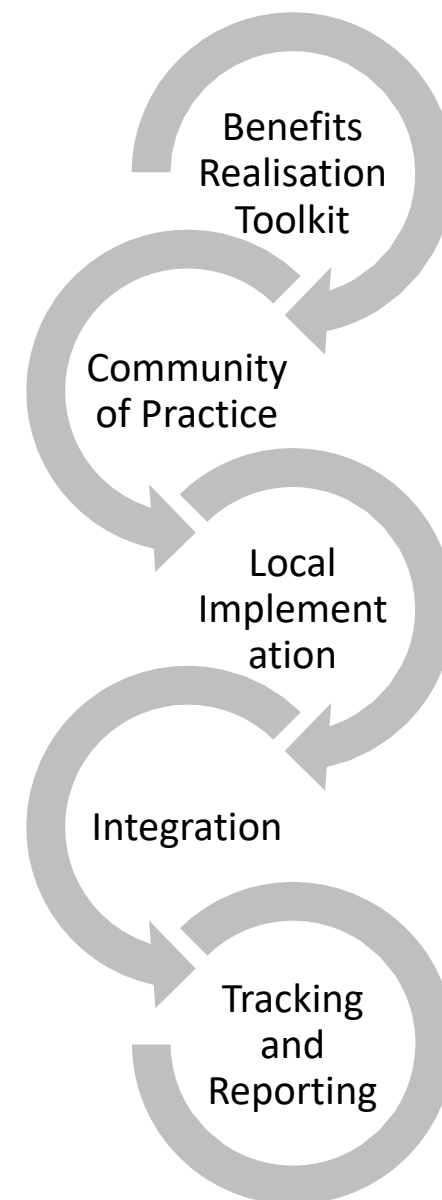
Health system costs decrease with world class digital systems in place.

Patient experience improved with digital services driving efficiency resulting in reduced waiting times, reduced number of mistakes and clinical staff having more quality time with patients.

FINANCE UPDATE | BENEFITS REALISATION IMPLEMENTATION

To fulfil an ambition to develop a national framework and process of benefits realisation the discovery study in early 22/23 identified the following steps for successful delivery:

- Benefits realization toolkit in place to support organizations in identifying, planning, and realizing benefits from their projects or programs.
- Setting up a community of practice focused on benefits realization to help organizations to build capacity, share best practices and improve outcomes.
- Research availability of benefits software on the market
- Framework implementation at local level
- National integration – create master registers through collaboration with partner organisations
- Develop national office for benefits realisation with database of all benefits and reporting capability



FINANCE UPDATE | BENEFITS REALISATION DELIVERY TO DATE

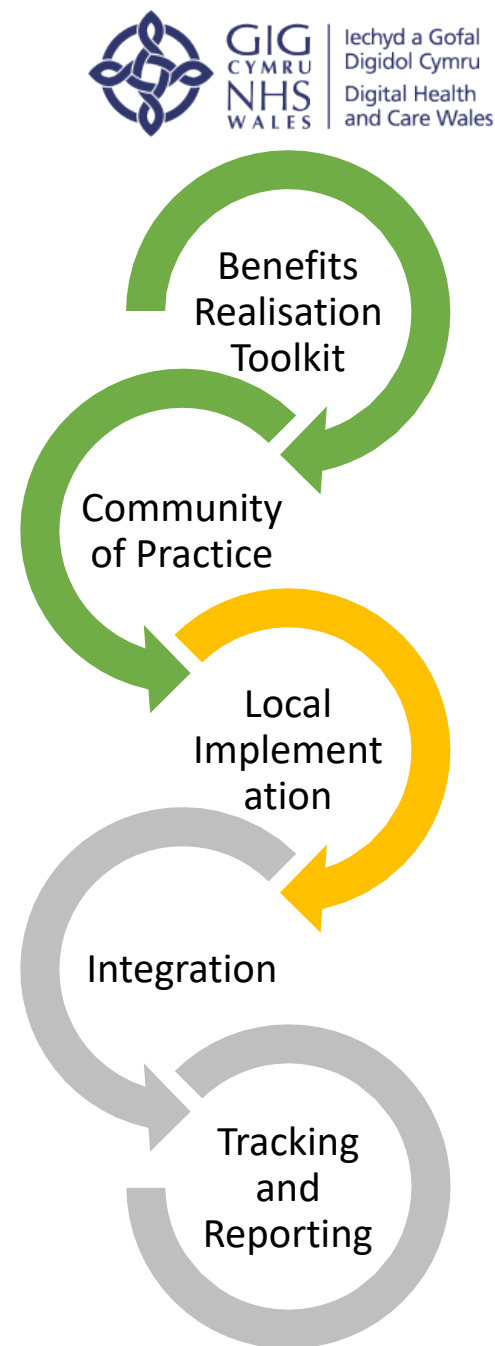
Discovery phase in early 22/23 includes the creation of a draft benefits toolkit and the benefits realisation management group represented by members of all partner organisations. The group held a series of workshops to discuss draft benefits guide and suggestions for the national benefits process, with a focus on the general aims and scope of the process and existing arrangements. Local processes were presented and discussed during the workshops.

The participants in the workshops concluded that a framework, rather than a guide, is the required solution and it should be left at local organisations discretion to follow local practices in developing benefits plans. The final outcome of this development was release of NHS Wales Benefits toolkit which was later approved by Welsh Government.

Additionally, the group recognized the need for ongoing collaboration, support and knowledge sharing among the network of benefits practitioners in NHS Wales and the benefits practitioners network has been established.

Summary of developments to date:

- Benefits realisation planning toolkit
 - Benefits management process framework
 - Guide to managing benefits
 - Benefits register framework
- Community of practice
- Benefits software - research complete
- Framework communicated and local implementation started



FINANCE UPDATE | NEXT STEPS AND KEY DELIVERABLES

For the next stage the following work has been outlined:

1. **Finalizing local benefits registers** of DPIF projects - the final documentation of the benefits of each project under DPIF must be compiled and recorded in the benefits registers. The registers will serve as a reference for tracking the benefits of each project.
2. It is essential to measure anticipated benefits. However, presently, there are no established metrics that can be utilized which makes a benefit plan development a long and time-consuming process. Each project need to devote resources and exertion to formulate the measures and organise regular readings. It would be more effective if a **centralized repository of Key Performance Indicators (KPIs)** was available, with outcomes published consistently, allowing for every benefit to be measured using those KPIs. This work could be coordinated with planning and organisational performance team as the same set of measures would provide metrics for monitoring of organisation's performance.
3. **Further development of community of practice** by engaging with Business Change Network and newly recruited benefit managers in partner organizations.
4. **Integration** of local project registers can be achieved through workshops held by a community of practice, and subsequent development of project "master registers" that specify the benefits and measures agreed upon by each partner organization, to be claimed and reported for each project.
5. **Tracking and Reporting:** master registers will be recorded in **Benefits Realisation Office (BRO)** that is being developed within Digital Portfolio Office (DPO). BRO will monitor benefits recorded in the master registers for all projects and maintain the master benefits database. It will oversee the tracking of benefits and report on the realization of these benefits through a **dynamic dashboard**, which will be developed and hosted on the BRO SharePoint site.



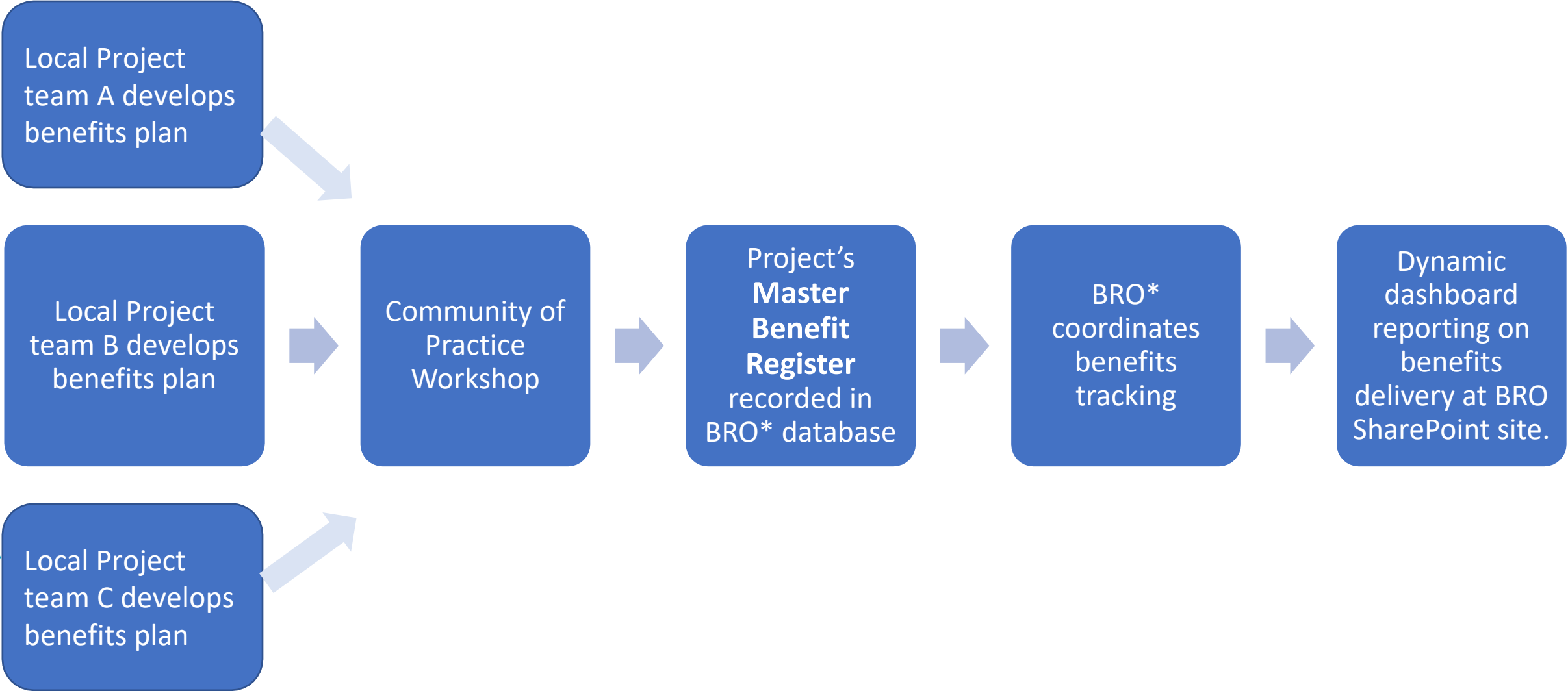
FINANCE UPDATE | BENEFITS REALISATION FRAMEWORK

The Benefits Realisation Framework is a structured approach to planning, managing, and tracking the benefits that an organization expects to achieve from its projects and initiatives. It is comprised of several key components that work together to ensure that benefits are identified, planned, monitored, and realized effectively. The key components of the Benefits Realisation Framework include:

- 1. Benefits Identification:** The first step in the Benefits Realisation Framework is to identify the benefits that organization expects to achieve from a particular project or initiative. This involves identifying both tangible intangible benefits and aligning them with the organization's strategic goals.
- 2. Benefits Planning:** Once the benefits have been identified, the next step is to plan how they will be realized. This includes defining the key performance indicators (KPIs) that will be used to measure progress towards the benefits and developing a roadmap for achieving them.
- 3. Benefits Tracking:** As the project progresses, it is important to track the progress towards achieving the benefits. This involves monitoring the KPIs and making adjustments to the plan as needed to ensure that the project stays on track.
- 4. Benefits Realization/ Make a change:** The final step in the Benefits Realisation Framework is to realize the benefits. This involves delivering the expected benefits and ensuring that they are sustained over time.
- 5. Governance:** Governance refers to the processes and procedures that are put in place to ensure that the Benefits Realisation Framework is effectively implemented. This includes establishing roles and responsibilities, creating a governance structure, and defining the processes for managing and reporting on the benefits.
- 6. Communication:** Effective communication is critical to the success of the Benefits Realisation Framework. This includes communicating the benefits to stakeholders, keeping them informed of progress towards achieving the benefits, and addressing any concerns or issues that arise.



FINANCE UPDATE | BENEFITS REALISATION PROCESS



FINANCE UPDATE | BENEFITS REALISATION OFFICE

Benefits Realisation Office Sharepoint site:

al Health and Care Wales Intranet

GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Digital Portfolio Management Office

Our Projects and Programmes

Portfolio Playbook

Guides, Templates & Standard Operating Procedures

Technical Toolkit

Talent Toolkit

Docu

o

Immersive Reader

Benefits Realisation Standard



Becky Trafford (DHCW - Service Transformation)
Management Consultant

"Benefits are not just one dimension of portfolio, programme and project management
rationale for the investment of taxpayers' and shareholders' funds in change i

Steve Jenner

- April'23 – WCCIS benefits register to be developed with the support from the external consultant. Standard step by step process of developing benefits register will be drawn based on WCCIS benefits plan development and placed on the BRO sharepoint site.
- Along further developments, the key processes and standard practices will be placed in BRO sharepoint site.
- BRO development will follow iterative agile process.




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graph TD; Plan --> Design; Design --> Build; Build --> Test; Test --> Review; Review --> Analyze; Analyze --> Launch; Launch --> Plan; subgraph Agile_Cycle; Plan; Design; Build; Test; Review; Analyze; end; Launch --> Agile_Cycle; Agile_Cycle --> Launch;
```


29/31

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FINANCE UPDATE | BENEFITS REALISATION OFFICE

Benefits Database at BRO:

 Digital Health and Care Wales Intranet



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Digital Portfolio Management Office

HomeOur Projects and ProgrammesPortfolio PlaybookGuides, Templates & Standard Operating ProceduresTechnical ToolkitTalent ToolkitDocumentsBusiness StandardNot following

ShareExportAutomateIntegrate

All Items

Benefits Register

ID	Programme Na...	Title	Owner	Description	Health Board	Benefit type	Benefit value	On track to real...
1	Programme 1	Test benefit	Matthew Dance (DHCW -	This is a test entry to show how the form works.	Cardiff & Vale Univers	Cash releasing	154,000	Green

- Register updated, maintained and serviced by a benefit officer with admin access to the register
- Dynamic benefits dashboard based on the data from the register due to be developed by Corporate Power BI team

30/31

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FINANCE UPDATE | FINANCIAL BUSINESS INTELLIGENCE

Intelligence Initiatives

DHCW is focusing savings and efficiency via a number of control groups:

- Implementation of enhanced service costing information via Power BI DashBoard.
- Proof of concept Service Level Reporting
- National Financial Business Intelligence Replacement - QlikSense
- Oracle Financial Systems transition to Cloud offering
- Innovation research into Robotics and AI application within finance settings.

National Context

DHCW is focusing savings and efficiency via a number of control groups:

- Primary Care Digital Spend Review
- NHS 10 Year Digital Requirement Refresh
- National Digital Cost Pressure Review
- Opportunities for efficiencies