Pwyllgor Archwilio a Sicrwydd Iechyd a Gofal Digidol Cymru - CYHOEDDUS

Tue 18 January 2022, 09:00 - 12:30

Agenda

09:00 - 09:05
5 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

I'w Nodi   *Cadeirydd*

1.2 Ymddiheuriadau absenoldeb

I'w Nodi   *Cadeirydd*

1.3 Datganiadau o Fuddiannau

I'w Nodi   *Cadeirydd*

09:05 - 09:30
25 min

2. BUSNES Y CYFARFOD

2.1 Cofnodion cyfarfod 5 Hydref 2021 sydd eto i'w cadarnhau - Cyhoeddus

I'w Gymeradwyo   *Cadeirwydd*
📄 2.1ii AA Draft Minutes 20211005-en-cy-C.pdf (22 pages)

2.2 Cofnodion cyfarfod 5 Hydref 2021 sydd eto i'w cadarnhau - Preifat

I'w Gymeradwyo   *Cadeirwydd*
📄 2.2 051021 AA-MDA-PRIVATE ABRIDGED.pdf (4 pages)

2.3 Cofnodion Gweithredu

I'w Nodi   *Cadeirwydd*
📄 2.3 Action log-A&A.pdf (1 pages)

2.4 Cylch Blynyddol Busnes y Pwyllgor2022/23 a Blaengynllun Gwaith

I'w Gymeradwyo   *Ysgrifennydd y Bwrdd*
📄 2.4 DHCW Audit & Assurance Committee Annual Cycle of Business & Workplan-v1.0.pdf (4 pages)
📄 2.4i DHCW Audit and Assurance Committee Annual Cycle of Business.pdf (3 pages)
📄 2.4ii Audit & Assurance Committee Forward Workplan v6.pdf (4 pages)

2.5 Adroddiad Hunanasesu Effeithiolrwydd Blynyddol y Pwyllgor Archwilio a Sicrwydd

I'w Nodi   *Cadeirydd*
📄 2.5 Audit and Assurance Committee Effectiveness Self Assessment Report.pdf (7 pages)

2.6 Adolygiad Blynyddol Cylch Gorchwyl y Pwyllgor

I'w Gymeradwyo   *Ysgrifennydd y Bwrdd*
📄 2.6 Audit and Assurance ToR Cover Report.pdf (4 pages)

09:30 - 10:45
75 min

3. ARCHWILIO AC ATAL TWYLL

3.1 Adroddiad Cynnydd Archwilio Mewnol

I'w drafod   *Archwilio Mewnol PCGC*

3.2 Adroddiadau Archwilio Mewnol

Ar Gyfer Sicrwydd   *Archwilio Mewnol PCGC*

3.3 Adroddiadau Cryno Cymru Gyfan – Sicrwydd Ystadau

Ar Gyfer Sicrwydd   *Archwilio Mewnol PCGC*

3.4 Diweddariad Pwyllgor Archwilio Cymru

Ar Gyfer Sicrwydd   *Archwilio Cymru*

3.5 Adroddiad Adolygiad Llywodraethu Gwaelodlin Archwilio Cymru

Ar Gyfer Sicrwydd   *Archwilio Cymru*

3.6 Llesiant Staff y GIG drwy Covid:Gofalu am Ofalwyr

Ar Gyfer Sicrwydd

3.7 Cofnodion Gweithredu Archwilio

I'w Nodi   *Pennaeth Gwasanaethau Corfforaethol*

3.8 Adroddiad Diweddaru Atal Twyll Lleol

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

4. ADRODDIADAU CORFFORAETHOL

4.1 Fframwaith Sicrwydd Llywodraethu

I'w Nodi   *Ysgrifennydd y Bwrdd*

- 4.1 Governance Assurance Framework Cover Report.pdf (4 pages)
- 4.1i DHCW Governance Assurance Framework.pdf (22 pages)

4.2 Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd Bwrdd yn cynnwys y Gofrestr Risg Corfforaethol

I'w Nodi   *Ysgrifennydd y Bwrdd*

- 4.2 Risk Management Report.pdf (5 pages)
- 4.2i Appendix A DHCW Corporate Risk Register (002).pdf (9 pages)
- 4.2ii Appendix B Audit Committee Jan 2022 Recruitment and Vacancies.pdf (5 pages)
- 4.2iii Appendix C DHCW Risk and BAF Milestone Plan.pdf (2 pages)
- 4.2iv Appendix D - Board Assurance Report Template.pdf (3 pages)

4.3 Datganiadau o Fuddiannau, Anrhegion a Lletygarwch

Ar Gyfer Sicrwydd   *Ysgrifennydd y Bwrdd*

- 4.3 Declarations of Interests, Gifts and Hospitalities Report.pdf (4 pages)
- 4.3i Declarations of Interest Register.pdf (9 pages)
- 4.3ii Appendix B Standards of Behaviour Framework Summary.pdf (2 pages)

4.4 Adroddiad Gorchymun Prynu Gwerth Uchel

I'w Nodi   *Cyfarwyddwr Gweithredol Cyllid*

- 4.4 High Value Purchase Order Cover Report F-01.pdf (5 pages)
- 4.4i Appendix A - High Value Purchase Orders Tracker January 18th.pdf (1 pages)
- 4.4ii Appendix B - Cumulative High Value Transactions Tracker Jan 18th.pdf (2 pages)

4.5 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

I'w Nodi   *Pennaeth Gwasanaethau Masnachol*

- 4.5 Procurement and Scheme of Delegation Compliance Report Jan22.pdf (4 pages)
- 4.5i Appendix A DHCW Single Tender single quotation and change notice activity.pdf (9 pages)

4.6 Strategol Datgarboneiddio Iechyd a Gofal Digidol Cymru (DHCW)

I'w Nodi   *Pennaeth Gwasanaethau Corfforaethol*

- 4.6 REP-DHCW Decarbonisation Strategic Delivery Plan-v1.0.pdf (9 pages)
- 4.6i DHCW Decarbonisation Strategic Delivery Plan-v1.0.pdf (50 pages)
- 4.6ii AC284ENC - Call for Evidence DHCW_.pdf (20 pages)
- 4.6iii Decarbonisation Presentation.pdf (2 pages)

4.7 Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio

I'w Nodi   *Pennaeth Ansawdd a Rheoleiddio*

- 4.7 DHCW Quality and Regulatory Update Report F-01.pdf (5 pages)
- 4.7i DIGITAL HEALTH AND CARE WALES QUALITY AND REGULATORY ANNUAL PLAN 22_23 Final.pdf (13 pages)

4.8 Adrannau'r Cynllun Tymor Canolig Integredig (IMTP)

Ysgrifennydd y Bwrdd

- 4.8 DHCW Integrated Medium Term Plan 22_25 Section Review Report.pdf (5 pages)
- 4.8i DHCW 22_25 IMTP Sections for Review.pdf (20 pages)

4.9 Adroddiad Colledion a Thaliadau Arbennig

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

4.10 Adroddiad Statws System Wybodaeth Gofal Cymunedol Cymru

Ar Gyfer Sicrwydd *Pennaeth Gwasanaethau Masnachol*

📄 4.10 Welsh Community Care Information System Commercial Status Update.pdf (8 pages)

4.11 Adroddiad Asesiad Blynyddol Safonau Iechyd a Gofal

I'w Gymeradwyo *Pennaeth Gwasanaethau Corfforaethol*

📄 4.11 DHCW Health Care Standards Annual Assessment Report 21-22-v1.0.pdf (8 pages)

4.12 Adroddiad Diweddaru Ymchwiliad COVID-19

I'w Nodi *Ysgrifennydd y Bwrdd*

📄 4.12 Covid-19 Inquiry Update Report.pdf (5 pages)

4.13 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG CYMRU

I'w Nodi *Ysgrifennydd y Bwrdd*

📄 4.13 Audit and Assurance NWSSP Assurance Report Report - Copy.pdf (3 pages)
📄 4.13i NHS Wales Shared Services Partnership Committee Assurance Report.pdf (5 pages)

12:25 - 12:25
0 min

5. MATERION I GLOI

5.1 Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd

I'w Drafod *Cadeirydd*

5.2 Unrhyw Faterion Brys Eraill

I'w Drafod *Cadeirydd*

5.3 Dyddiad y cyfarfod nesaf: 19th Ebrill 2022

I'w Nodi *Cadeirydd*

Pwyllgor Archwilio a Sicrwydd - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

🕐 09:00 – 12:00 05/10/2021

📍 Galwad Teams

Cadeirydd	Marian Wyn Jones

Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones	MW-J	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Grace Quantock	GQ	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Mynychwyr			
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Mark Cox	MC	Dirprwy Gyfarwyddwr Cyllid	Iechyd a Gofal Digidol Cymru
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	Iechyd a Gofal Digidol Cymru

Rachel Powell	RP	Dirprwy Gyfarwyddwr Gwybodaeth	Iechyd a Gofal Digidol Cymru
David Murphy	DM	Uwch Archwiliwr	Archwilio Cymru
Darren Griffiths	DG	Rheolwr Archwilio (Perfformiad)	Archwilio Cymru
James Quance	JQ	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Martyn Lewis	ML	Rheolwr Archwilio TG	Archwilio Mewnol PCGC
Simon Cookson	SC	Cyfarwyddwr Archwilio a Sicrwydd	Archwilio Mewnol PCGC
Nigel Price	NP	Arbenigwr Atal Twyll Lleol	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Konrad Kujawinski	KK	Pennaeth Sicrwydd Ansawdd a Chydymffurfiaeth Rheoleiddio	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu Corfforaethol a Sicrwydd	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Ymddiheuriadau			
Carwyn Lloyd-Jones	CL-J	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru
Dave Thomas	DT	Cyfarwyddwr Archwilio	Iechyd a Gofal Digidol Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
AIA	Awdurdod Iechyd Arbennig	AS	Archwilio a Sicrwydd
DPA	Dangosyddion Perfformiad Allweddol	PCC	Pwyllgor Cyfrifon Cyhoeddus
RhS	Rheolau Sefydlog	CAS	Cyfarwyddiadau Ariannol Sefydlog

AaGIC	Addysg a Gwella Iechyd Cymru	FCP	Gweithdrefnau Rheoli Ariannol
WCCIS	System Wybodaeth Gofal Cymunedol Cymru	LASPAR	Cofrestr Gweinyddu Colledion a Thaliadau Arbennig

Rhif yr Eitem	Eitem	Canlyniad	Cam gweithredu
1	**MATERION RHAGARWEINIOL**		
1.1	**Croeso a chyflwyniadau** Gofynnodd y Cadeirydd i'r Aelodau Annibynnol gyflwyno'u hunain ac i'r sawl oedd yn mynychu gyflwyno'u hunain fel rhan o'r eitemau roeddent yn cyflwyno. Rhoddwyd croeso arbennig i David Murphy (Archwilio Cymru) a oedd yn bresennol i arsylwi fel rhan o broses Adolygiad Llywodraethu Gwaelodlin Archwilio Cymru. Cadarnhaodd y Cadeirydd ei bod wedi cyfarfod ymlaen llaw â'r Archwiliad Mewnol ac Allanol i ystyried y papurau a diolchodd iddynt am eu hamser. Mae Iechyd a Gofal Digidol Cymru wedi ymrwymo i fod yn agored ac yn dryloyw, ac yn cynnal cymaint o'i fusnes â phosibl mewn sesiwn y mae croeso i aelodau'r cyhoedd ei mynychu a'i harsylwi fel rheol. Fodd bynnag, yn unol â'r cyngor a'r arweiniad presennol mewn perthynas â Covid-19 ynghylch cynulliadau cyhoeddus, ac i weithio o gartref lle y bo'n bosibl, mae Iechyd a Gofal Digidol Cymru wedi cytuno y byddai cyfarfodydd Pwyllgorau Cyhoeddus yn parhau i gael eu cynnal drwy Teams a'u hadrodd drwy adroddiad tynnu sylw at y Bwrdd a thrwy gofnodion i'r cyfarfod Archwilio a Sicrwydd nesaf. Bydd y sefyllfa yn cael ei monitro'n barhaus wrth i gyfyngiadau lacio. Cynhaliwyd sesiwn breifat Rhan B ar ôl y sesiwn gyhoeddus i drafod materion nad oeddent yn briodol i'w trafod yn gyhoeddus.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: • Carwyn Lloyd-Jones, Cyfarwyddwr TGCh • Dave Thomas, Cyfarwyddwr, Archwilio Cymru	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Hysbysodd y Cadeirydd y Pwyllgor ei bod wedi derbyn cais gan y Gweinidog i ymuno â Grŵp Gorchwyl a Gorffen mewn	Nodwyd	**Cam Gweithredu:** Datganiad o

		perthynas â defnyddio cydymffurfiaeth â'r Gymraeg ym maes Iechyd a Gofal Cymdeithasol ac felly ei bod yn datgan yr wybodaeth hon mewn perthynas ag eitemau 3.3 a 3.4 a oedd yn ymwneud â chydymffurfiaeth â'r Gymraeg a dysgu. Byddai'r datganiad o fuddiant yn cael ei ychwanegu at y gofrestr er mwyn cyflawnrwydd. **GWEITHRED 20211005-A01** Byddai'r Datganiad o Fuddiant ychwanegol yn cael ei ychwanegu at y gofrestr.		Ddiddordeb y Cadeirydd mewn perthynas â Grŵp Gorchwyl a Gorffen Cydymffurfiaeth y Gymraeg i'w ychwanegu at y gofrestr gan Lywodraethu Corfforaethol.
2	**BUSNES Y CYFARFOD**			
2.1	**Cofnodion cyfarfod 6 Gorffennaf 2021 sydd eto i'w cadarnhau - Cyhoeddus** Nododd y Cadeirydd na chafwyd unrhyw sylwadau ynghylch cywirdeb y cofnodion. **Penderfynodd** y Pwyllgor: **Gymeradwyo'r** cofnodion fel cofnod cywir o'r drafodaeth a byddent yn cael eu gwneud yn gyhoeddus.	Cymeradwywyd	Dim i'w nodi
2.2	**Cofnodion cyfarfod 6 Gorffennaf 2021 sydd eto i'w cadarnhau - Preifat** Cadarnhaodd y Cadeirydd, yn unol â'r Rheolau Sefydlog, y dylid rhoi gwybod i sesiwn gyhoeddus nesaf y Pwyllgor am yr holl benderfyniadau a'r pwyntiau allweddol a drafodwyd yn y sesiwn breifat. Roedd yr eitem hon yn cynnwys cofnodion preifat cryno Cymraeg a Saesneg gan gynnwys penderfyniadau a wnaed yn y sesiwn honno. Nododd y Cadeirydd na chafwyd unrhyw sylwadau ynghylch cywirdeb y cofnodion. **Penderfynodd y Pwyllgor:** **Gymeradwyo'r** cofnodion fel cofnod cywir o'r drafodaeth a'u cyhoeddi ar wefan yr Awdurdod Iechyd Arbennig.	Cymeradwywyd	Dim i'w nodi
2.3	**Cofnodion Gweithredu** **Dan arweiniad Chris Darling (CD) Ysgrifennydd y Bwrdd** Gwahoddwyd CD i gyflwyno'r Log Gweithredu. Nododd y Pwyllgor y cafwyd tri cham gweithredu o gyfarfod diwethaf y pwyllgor, yr oedd pob un ohonynt wedi'u cwblhau a'r camau	Nodwyd	Dim i'w nodi

	gweithredu wedi'u nodi yn y Cofnodion Gweithredu. Gwahoddodd y CD Julie Ash (JA) i roi'r wybodaeth ddiweddaraf am yr hyn a ddysgwyd o Adroddiad y Grŵp Cynghori ar TG a gymerwyd drwy'r grŵp dysgu sefydliadol mewnol. Darparodd JA y diweddariad canlynol:

Aeth yr Aelodau i ffwrdd â chanlyniad yr adroddiad a bwydo'n ôl ar y cydymffurfiad â'r argymhellion. Y farn gyffredinol oedd bod cydymffurfiad yn uchel ond cytunwyd i ddod â'r adroddiad yn ôl i gyfarfod nesaf y Grŵp Dysgu.

Penderfynodd y Pwyllgor:

NODI'r log gweithredu. | | |
| 2.4 | **Blaengynllun Gwaith y Pwyllgor**

Dan arweiniad Chris Darling (CD), Ysgrifennydd y Bwrdd

Gwahoddodd y Cadeirydd CD i gyflwyno Blaengynllun Gwaith y Pwyllgor a gwnaeth sylwadau ar bwysigrwydd y Pwyllgor yn ymgymryd â gwaith sganio'r gorwel yng nghyd-destun tryloywder a bod yn agored.

Cadarnhaodd CD mai'r eitemau a ychwanegwyd i'r cynllun ar gyfer y cyfarfod ym mis Ionawr oedd Adolygiad Llywodraethu Gwaelodlin Archwilio Cymru, yr elfen sector benodol o'r Darlun o Wasanaethau Cyhoeddus, y Cynllun Iaith Gymraeg a Chynllun Archwilio Mewnol 2022/23. Yn ogystal, roedd trafodaethau ar y gweill gyda'r Cyfarwyddwr Cyllid Gweithredol i ychwanegu elfennau perthnasol o'r Cynllun Tymor Canolig Integredig i'r cyfarfod ym mis Ionawr er mwyn i Aelodau'r Pwyllgor allu ei weld a chraffu arno cyn i'r cynllun gael ei gymeradwyo.

Penderfynodd y Pwyllgor:

NODI Blaengynllun Gwaith y Pwyllgor. | Nodwyd | Dim i'w nodi |
| **3** | **ARCHWILIO AC ATAL TWYLL** | | |
| 3.1 | **Adroddiad Cynnydd yr Archwiliad Mewnol**

Dan arweiniad James Quance (JQ)

Cynghorodd JQ y Pwyllgor fod y papur yn dilyn y fformat safonol ac o ran cynnydd, roedd yn dal i fod yn ddyddiau cymharol gynnar ond yn cyflymu, gydag ychydig o adolygiadau wedi dod i ben ac ar yr agenda.

Roedd Atodiad 3.1i yn nodi rhaniad 50:50 o gwmpas y gwaith a fyddai'n cael ei adrodd i'r ddau gyfarfod nesaf ar gyfer gweddill Rhaglen y flwyddyn ariannol hon mewn pryd ar gyfer | Nodwyd ar gyfer Sicrwydd | **Cam Gweithredu:** Pwyllgor i edrych ar y themâu sy'n esblygu o'r Rhaglen Archwilio a nodi'r rheini i'w harchwilio ymhellach |

y broses adrodd ar ddiwedd y flwyddyn.

Oherwydd yr amgylchedd gweithredu anodd parhaus, roedd y cynllun yn agored i newid ac os bydd unrhyw risgiau yn dod i'r amlwg, gellid addasu'r cynllun yn unol â hynny.

Nodwyd y gallai Adolygiad Llywodraethu Gwaelodlin Archwilio Cymru dynnu sylw at faterion a rhoddwyd sicrwydd y gellid cwmpasu'r cynllun Archwilio Mewnol yn unol â hynny i fynd i'r afael ag unrhyw feysydd a gododd o'r gwaith hwn.

Dywedodd Ruth Glazzard (RG) fod angen i'r Pwyllgor gadw mewn cof sut y cafodd yr adolygiadau a'r themâu archwilio eu cyfleu i'r sefydliad ehangach. Dylai hyn barhau i fod ar agenda ehangach y Pwyllgor a dylid cymryd amser i ystyried y themâu wrth iddynt ddatblygu.

GWEITHRED 20211005-A02 Ychwanegodd CD y bydd nifer sylweddol o archwiliadau mewnol wedi bod tua diwedd y flwyddyn ariannol erbyn Pwyllgor Ebrill, a fyddai'n amser priodol i oedi a myfyrio ar y Traciwr Archwilio a nodi rhai themâu i ddychwelyd atynt a bydd yn cael ei drefnu.

Penderfynodd y Pwyllgor:

NODI'R diweddariad Archwilio Mewnol ar gyfer sicrwydd.

3.2	**Adroddiadau Adolygiad Archwilio Mewnol**	Ar gyfer Sicrwydd	

Dan arweiniad James Quance (JQ), Pennaeth Archwilio Mewnol a Martyn Lewis (ML) Partneriaeth Cydwasanaethau GIG Cymru

Archwiliad Newid

Cynhaliodd yr Archwiliad Mewnol Archwiliad i adolygu sut y mae'r sefydliad wedi trosglwyddo o Wasanaeth Gwybodeg GIG Cymru i Iechyd a Gofal Digidol Cymru. Cafodd yr adolygiad sgôr Sicrwydd *Rhesymol* gref. Roedd rhai gwersi ar gyfer y sefydliad o ganlyniad i'r broses, ond nid oeddent yn arwain at argymhellion pellach gan eu bod yn benodol i'r digwyddiad. Wrth edrych tua'r dyfodol fel sefydliad, cafodd y gwersi eu nodi. Cytunwyd ar yr argymhellion a'r amserlen ar gyfer yr argymhellion oedd diwedd mis Hydref.

Dadansoddeg Data

Cyflwynodd Martyn Lewis (ML) yr adroddiad Archwilio ar Ddadansoddeg Data a oedd wedi edrych yn benodol ar ymrwymiadau, adnoddau, llywodraethu data, mabwysiadu cynhyrchion a matrics perfformiad. Cafodd yr adolygiad archwilio sgôr Sicrwydd *Rhesymol* gref.

Nododd y Pwyllgor fod prosesau ymgysylltu da ar waith, diffiniwyd rolau, bod adnoddau ychwanegol ar waith a bod cynllun hyfforddi a datblygu parhaus.

Amlygodd ML y cynnydd da a wnaed o ran rheoli perfformiad a Dangosyddion Perfformiad Allweddol. Roedd datblygiad o ran llywodraethu data a chreu Dangosyddion Perfformiad Allweddol mwy ystyrlon yn cael ei wneud.

Amlygwyd y canfyddiadau a roddodd wybod i'r Pwyllgor am y meysydd yr oedd angen gweithredu pellach arnynt a byddai'r rhain yn cael eu cynnwys yn y cofnodion Gweithredu Archwilio.

Cadarnhaodd David Selway (DS) fod yr adroddiad yn rhoi mewnwelediad da i sefyllfa bresennol Iechyd a Gofal Digidol Cymru a cheisiodd eglurder gan y Gyfarwyddiaeth Wybodaeth a Rhaglen yr Adnodd Data Cenedlaethol ynghylch cwmpas yn y dyfodol, gan gydnabod bod hwn yn faes sy'n dod i'r amlwg ac felly roedd dealltwriaeth yn dal i fod yn ansicr o ran rolau a chyfrifoldebau. Byddai angen sgiliau newydd yn y ddau faes hyn a rhoddwyd sicrwydd i'r Pwyllgor y byddai bylchau mewn adnoddau a hyfforddiant yn dechrau yn gynt na'r dyddiad a nodwyd yn yr Archwiliad ym mis Mawrth 2022.

Sicrhaodd Rachael Powell (RP) fod gwaith Rhaglen yr Adnodd Data Cenedlaethol y Pwyllgor yn mynd rhagddo ac ni chollwyd unrhyw ymarferoldeb o ran ymgymhwyso/warysau data. Yn ogystal, roedd gan Raglen yr Adnodd Data Cenedlaethol (NDR) grŵp dadansoddeg uwch a oedd yn edrych ar faterion pwnc megis dadansoddeg uwch, sgwrsfotiaid a phroseswyr iaith naturiol ac mae Iechyd a Gofal Digidol Cymru wedi bod yn gweithio'n agos gyda'r prosiectau hyn.

GWEITHRED 20211005-03 Cytunodd RP i ddod â phapur ar y swyddogaeth datblygu ac ymchwil yn ôl i'r Pwyllgor am sicrwydd.

Gofynnodd DS am gadarnhad bod cyllideb ar gyfer ehangu adnoddau yn y maes hwn. Amlinellodd RP nad oedd cyllideb benodol ar gyfer y maes twf hwn. Fodd bynnag, mae Iechyd a Gofal Digidol Cymru yn derbyn dyraniad cyllideb ar gyfer gofynion blynyddol y gellir eu rheoli ar gyfer meysydd sy'n dod i'r amlwg yn fewnol. Pe bai angen yn cael ei nodi yn y Cynllun Tymor Canolig Integredig a bod cyfiawnhad wedi'i ddarparu ar gyfer gofynion ychwanegol, gellid cyflwyno achos busnes i Lywodraeth Cymru fel rhan o'r broses gynllunio, a fyddai'n nodi'r gofynion a'r manteision y byddai'r gofynion yn eu cyflawni a sut y byddent yn gysylltiedig â'r strategaeth gyffredinol.

Gofynnodd RG am ragor o wybodaeth am argymhelliad rhif pump a oedd yn amlinellu'r adroddiadau a'r defnydd a wneir ohonynt. Cynghorodd RP ei fod yn argymhelliad teg ac roedd yn faes gwannach i'r sefydliad. I fynd i'r afael â hyn, roedd dangosyddion perfformiad a mesurau perfformiad mwy ystyrlon yn cael eu datblygu o ran y cynhyrchion data sy'n cael

Cam Gweithredu: Cytunodd RP i ddod â phapur ar y swyddogaeth datblygu ac ymchwil yn ôl i'r Pwyllgor er mwyn cael sicrwydd.

Cam Gweithredu: RP i greu llinell

				amser briodol ar gyfer Dangosyddion Perfformiad Allweddol.
	eu cynhyrchu ac yn sicrhau cymeradwyaeth defnyddwyr o ran y manylebau a'r gofynion. **GWEITHRED 20211005-04** Creu llinell amser briodol ar gyfer Dangosyddion Perfformiad Allweddol ar gyfer cynhyrchion data. **Penderfynodd** y Pwyllgor: Dderbyn y ddau adroddiad ar gyfer **SICRWYDD**.			
3.3	**Adroddiad Ymgynghorol Adolygiad Safonau'r Gymraeg** **Dan arweiniad Simon Cookson (SC), Partneriaeth Cydwasanaethau GIG Cymru** Derbyniodd y Pwyllgor Archwilio a Sicrwydd Adroddiad Ymgynghorol Safonau'r Gymraeg ar gyfer GIG Cymru a oedd yn cynnwys crynodeb o'r 10 archwiliad a gwblhawyd dros y blynyddoedd diwethaf gan Archwiliad Mewnol. Dywedodd SC fod gwahanol gwmpasau ac argymhellion o fewn Safonau'r Gymraeg a oedd yn adlewyrchu lle'r oedd pob sefydliad ar y pryd. Roedd yr adroddiad yn crynhoi'r cwmpas, y canfyddiadau a'r argymhellion allweddol y dylai'r sefydliadau hynny ganolbwyntio arnynt. Amlygodd SC gynnydd da o ran deall y safonau a chael dull corfforaethol o ymdrin â hyn drwy ymgorffori'r safonau o fewn y cyfarwyddiaethau a'r isadrannau ar draws sefydliadau. Derbyniodd y Pwyllgor gadarnhad bod chwech, o'r deg adolygiad a gynhaliwyd, wedi cael sicrwydd rhesymol, cafodd tri radd gyfyngedig ac un radd nad oedd yn gymwys. Cynhaliwyd nifer o'r archwiliadau yn ystod Covid a chafodd hyn effaith wrth i sefydliadau flaenoriaethu Covid ac oedi mewn meysydd gwaith eraill. Pan oedd hyn yn wir, gellid darparu amserlenni diwygiedig os oedd angen. Gofynnodd Grace Quantock (GQ) a oedd yr adolygiadau archwilio wedi datgelu unrhyw sefydliadau enghreifftiol y gellid eu rhannu gydag Iechyd a Gofal Digidol Cymru. Cynghorodd SC na allai gyfeirio at un sefydliad a oedd yn sefydliad enghreifftiol, ond beth oedd wedi deillio o'r adolygiadau oedd bod dysgu cyffredinol wedi digwydd i helpu i lywio. Roedd enghreifftiau o arferion da ond nid o sefydliadau enghreifftiol. **GWEITHRED 20211005-05** Gofynnwyd i CD rannu gydag aelodau'r Pwyllgor y datganiad ysgrifenedig a wnaed gan y Gweinidog, Eluned Morgan yn tynnu sylw at gyhoeddi adroddiad gwerthuso gan ymgynghorwyr allanol ARAD	Trafodwyd	**Cam Gweithredu:** CD i rannu adroddiad gwerthuso

	Research ac OB3 o 'Mwy na Geiriau', strategaeth hirsefydlog Llywodraeth Cymru fframwaith ar gynnydd a lle y gellid gwneud gwelliannau **Penderfynodd** y Pwyllgor: **Drafod** yr adroddiad.			gan ymgynghorwr yr allanol ARAD Research ac OB3 o 'Mwy na Geiriau'
3.4	**Adroddiad ar Ddiweddariadau i'r Cynllun Iaith Gymraeg** **Dan arweiniad Sophie Fuller, Rheolwr Llywodraethu a Sicrwydd Corfforaethol.** Cafodd y Pwyllgor Archwilio a Sicrwydd yr wybodaeth ddiweddaraf am ddatblygu Cynllun Iaith Gymraeg Iechyd a Gofal Digidol Cymru. Darparod Sophie Fuller (SF) uchafbwyntiau penodol yn yr adroddiad a oedd yn cynnwys y bwriad i recriwtio Rheolwr Gwasanaethau'r Gymraeg; roedd pum unigolyn wedi estyn allan am drafodaeth anffurfiol a gobeithiwyd y byddai'r unigolyn llwyddiannus yn cael ei benodi erbyn diwedd mis Hydref ond o ganlyniad i cyfnodau rhybudd amrywiol, yn realistig, byddai'n ddiwedd y flwyddyn nes ei fod yn y swydd Mae Bwrdd Iechyd a Gofal Digidol Cymru yn glir am eu Hymrwymiad i'r Iaith Gymraeg ac mae ganddynt hyrwyddwyr gweithredol o'r tîm Gweithredol ac aelodau'r Bwrdd Anweithredol. Yn dilyn ymgynghoriad â swyddfa Comisiynwyr y Gymraeg a chydweithwyr ar draws y system, mae nifer o gerrig milltir y cynllun wedi symud. Derbyniwyd adborth cychwynnol gan swyddfa'r Comisiynydd, a oedd yn cynnwys nifer o eitemau i fynd i'r afael â nhw. Byddai'r rhain yn cael eu datblygu a'u hailgyflwyno. Y nod oedd cael cymeradwyaeth y Bwrdd ym mis Ionawr, ond efallai y bydd hyn yn cael ei newid gan fod angen cael cymeradwyaeth swyddfa Comisiynwyr y Gymraeg er mwyn parhau. Ystyriodd SF ganfyddiadau'r adolygiad Archwilio, gan gadarnhau, er bod Iechyd a Gofal Digidol Cymru am fod yn uchelgeisiol ac yn gyrru'r cynllun yn ei flaen, yn realistig heb adnodd penodol yn ei le, y byddai hyn yn cymryd mwy o amser. Ailadroddodd y RG bwysigrwydd y sefydliad yn gyrru'r cynllun yn ei flaen a mynegodd ei dymuniad bod cyfieithu ar y pryd ar gael ar gyfer cyfarfodydd y Bwrdd yn y dyfodol agos Dywedodd JQ ei bod yn dda gweld bod rôl Rheolwr Gwasanaethau'r Gymraeg yn cael ei recriwtio. Roedd yn bwysig sefydlu naws iawn gyda'r unigolyn gan ei fod wedi cael ei weld yn dilyn archwiliadau blaenorol nad oedd rhai		Trafodwyd	Dim i'w nodi

unigolion yn y rôl hon yn teimlo eu bod yn cael eu cefnogi.

Rhoddodd Claire Osmundsen-Little (COL) sicrwydd bod arweinyddiaeth yn y maes hwn yn cael ei ddatblygu'n rhagweithiol ac y byddai Grŵp Iaith Gymraeg yn parhau i gefnogi hyn gyda Chynllun Iechyd a Gofal Digidol Cymru unwaith y caiff ei gymeradwyo. Roedd y sefydliad yn awyddus i fanteisio ar y cyfleoedd a'r heriau a gyflwynwyd gan y cynllun.

Penderfynodd y Pwyllgor:

NODI cynnwys yr adroddiad a thrafod y sefyllfa.

3.5	**Diweddariad Archwilio Cymru**	Nodwyd	**Cam Gweithredu:** Archwilio Cymru i rannu'r papur sy'n nodi cynnydd System Wybodaeth Gofal Cymunedol Cymru, yn dilyn ystyriaeth gan Bwyllgor y Senedd.

Dan arweiniad Darren Griffiths (DG), Rheolwr Archwilio, Archwilio Cymru

Derbyniodd y Pwyllgor Archwilio a Sicrwydd dri adroddiad; adroddiad Diweddaru Pwyllgor Archwilio Cymru, Adroddiad System Wybodaeth Gofal Cymunedol Cymru (WCCIS), ac Adroddiad Darlun Gwasanaethau Cyhoeddus 2021.

Diweddariad Archwilio Cymru

Tynnodd DG sylw at yr Adolygiad Llywodraethu Gwaelodlin o'r adroddiad diweddaru. Mae'r adolygiad hwn yn cael ei gynnal i gefnogi dysgu ac i helpu i gyflawni dyletswydd statudol yr Archwilydd Cyffredinol bod yr AIA yn gwneud cynnydd da wrth sefydlu trefniadau priodol ar gyfer sicrhau cynildeb, effeithlonrwydd ac effeithiolrwydd yn ei ddefnydd o adnoddau. Mae David Murphy yn bwrw ymlaen â'r gwaith hwn ar ran Archwilio Cymru a bydd adroddiad yn cael ei gyflwyno i'r Pwyllgor ym mis Ionawr 2022.

Adroddiad System Wybodaeth Gofal Cymunedol Cymru (WCCIS)

Cyhoeddwyd yr adroddiad ym mis Hydref 2020. Nodwyd bod system cofnodion iechyd a gofal cymdeithasol electronig gyffredin yn allweddol i uchelgais Llywodraeth Cymru ar gyfer y dull 'Unwaith i Gymru' i alluogi cydlynu gwasanaethau iechyd a gofal o fewn y gymuned.

Cam Gweithredu: Archwilio Cymru i roi ymateb llawn i resymau Bwrdd Iechyd Prifysgol Caerdydd a'r Fro dros beidio â defnyddio'r system ac a yw'r sefyllfa hon wedi newid.

Daeth yr adolygiad i'r casgliad bod cyflwyno'r system cofnodion electronig a rennir yn gymhleth — roedd yn cymryd mwy o amser ac yn fwy costus na'r disgwyl. Er gwaethaf ymdrechion i gyflymu'r broses, mae'r rhagolygon ar gyfer derbyn yn llawn a gwireddu buddion yn parhau i fod yn ansicr. Hefyd, mae rhai materion pwysig ynghylch ymarferoldeb y system, safonau data ac adrodd am fuddion yn dal i gael eu datrys yn llawn. Nodwyd bod papur yn cael ei gynhyrchu ar

Cam

gyfer Pwyllgorau Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus y Senedd, sy'n nodi'r cynnydd ers mis Hydref 2020. Cytunodd Archwilio Cymru i rannu'r wybodaeth ddiweddaraf gyda'r Pwyllgor ar ôl iddi gael ei hystyried gan Bwyllgor y Senedd.

GWEITHRED 20211005-06 Archwilio Cymru i rannu'r papur sy'n nodi'r cynnydd, yn dilyn ystyriaeth gan Bwyllgor y Senedd.

Nodwyd yn yr adroddiad bod Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn annhebygol o fanteisio ar y system gan ei bod yn ddrutach ac nad oedd yn darparu'r un lefel o ymarferoldeb â'i system bresennol. Gofynnodd DS a oedd hyn oherwydd bod y system yn darparu llai o ymarferoldeb na'r hyn a fwriadwyd yn wreiddiol neu a oedd Caerdydd a'r Fro yn teimlo nad oedd angen y system arno. Cytunodd DG i gysylltu â'i gydweithwyr yn y tîm Astudiaethau Cenedlaethol a darparu ymateb llawn all-lein. Cadarnhaodd DG y byddai ymgysylltu pellach â'r Byrddau Iechyd a'r Awdurdodau Lleol er mwyn deall eu sefyllfaoedd yn well fel rhan o'r broses o baratoi'r wybodaeth ddiweddaraf ar gyfer Pwyllgor y Senedd.

GWEITHRED 20211005-07 Archwilio Cymru i roi ymateb llawn am resymau Bwrdd Iechyd Prifysgol Caerdydd a'r Fro dros beidio â defnyddio'r system ac os yw'r sefyllfa hon wedi newid.

Ceisiodd DS sicrwydd y byddai CareWorks yn dal i fodoli oherwydd yr amser yr oedd y prosiect yn ei gymryd.

Sicrhaodd Mark Cox (MC) y Pwyllgor fod cwmni o'r enw Advanced Health Care wedi prynu'r contract oddi wrth CareWorks a'i fod bellach yn darparu perthynas gontractiol uniongyrchol â gwasanaeth System Wybodaeth Gofal Cymunedol Cymru.

Dywedodd RG, er ei bod yn addysgiadol cael yr wybodaeth ddiweddaraf gan DG a chydweithwyr, bod cwestiynau y dylai'r Bwrdd fod yn eu gofyn i Iechyd a Gofal Digidol Cymru, h.y. sut oedd y strategaeth ymgysylltu newid yn symud y cynnyrch yn ei flaen. Un o feirniadaethau allweddol yr Is-gadeirydd oedd nad oedd y nifer a dderbyniodd y gwasanaeth yn gyson ar draws y bwrdd.

Cadarnhaodd Julie Francis (JF) ei bod wedi rheoli'r contract hwn ers sawl blwyddyn ac wedi cytuno bod dull cymysg o'i weithredu ar draws Cymru gyfan. Cadarnhaodd JF ei bod yn hapus i weithio gyda chydweithwyr i lunio adroddiad a fyddai'n egluro'r cymhlethdodau a'r atebion i gwestiynau a dod ag ef yn ôl i Bwyllgor Archwilio a Sicrwydd yn y dyfodol.

GWEITHRED 20211005-08 JF i ddod â phapur yn ôl i'r Pwyllgor Archwilio a Sicrwydd nesaf i roi sicrwydd ar y system.

Darparodd COL y pwyntiau canlynol; y cyfleoedd pe bai

Gweithredu:
JF i ddod â phapur yn ôl i'r Pwyllgor Archwilio a Sicrwydd nesaf i roi sicrwydd ar y system.

Cam Gweithredu:
DG o Archwilio Cymru i gefnogi Iechyd a Gofal Digidol Cymru i ystyried y ffordd orau o sicrhau'r Pwyllgor bod digon o ddysgu sefydliadol o'r themâu allweddol yn deillio o adroddiadau sy'n ystyried cyflwyno a gweithredu systemau cenedlaethol.

safonau data cyffredin, pe bai newid busnes cryf a chadarn a phwysigrwydd Iechyd a Gofal Digidol Cymru o ran rheolaeth ac arweinyddiaeth genedlaethol gref yn y maes. Roedd themâu allweddol cryf yn deillio o'r adroddiad ac roedd yn bwysig bod Iechyd a Gofal Digidol Cymru yn gwybod pa rôl oedd ganddo i'w chwarae i fwrw ymlaen â hyn.

GWEITHRED 20211005-09 Ystyried y ffordd orau o sicrhau'r Pwyllgor bod digon o ddysgu sefydliadol yn deillio o'r themâu allweddol a ddaeth i'r amlwg yn yr adroddiadau sy'n ystyried cyflwyno a gweithredu systemau cenedlaethol.

Cadarnhaodd DG fod yr adroddiad, o safbwynt Archwilio Cymru, wedi tynnu sylw at rai cyfleoedd dysgu a chyfleoedd allweddol, ond hefyd yn tynnu sylw at yr heriau wrth gyflwyno system feddalwedd gymhleth ar draws sector mawr a chymhleth. Cafodd Archwilio Cymru ei galonogi gan yr ymatebion a ddaeth i law a byddai'n hapus i ddod yn ôl i gefnogi unrhyw adroddiad atodol ar gyfer y Pwyllgor gan ddefnyddio gwersi a chyfleoedd allweddol a nodwyd, ond hefyd yn cysylltu â darnau eraill o waith cenedlaethol sydd wedi'u cwblhau (megis adolygiad o Profi Olrhain Diogelu) sy'n tynnu sylw at gyflwyno rhai systemau Cymru gyfan yn llwyddiannus.

Penderfynodd y Pwyllgor:

NODI adroddiad System Wybodaeth Gofal Cymunedol Cymru ar gyfer **SICRWYDD**

Darlun o Wasanaethau Cyhoeddus 2021

Derbyniodd y Pwyllgor Archwilio a Sicrwydd adroddiad Darlun o Wasanaethau Cyhoeddus 2021.

Amlygodd DG bwyntiau allweddol yn yr adroddiad☐

- Roedd yr adroddiad yn crynhoi'r prif dueddiadau ym maes cyllid cyhoeddus.

- Mae'n nodi persbectif annibynnol o Archwilio Cymru ar rai o'r materion allweddol ar gyfer darparu gwasanaethau yn y dyfodol.

Yn sail i'r adroddiad roedd cyfres o grynodebau sy'n benodol i'r sector sy'n nodi ffeithiau allweddol a dadansoddiad. Bydd yr adroddiadau hyn yn cael eu cyhoeddi dros y pedair wythnos nesaf.

Mae'r adroddiad yn nodi'r heriau sy'n wynebu'r wlad; argyfwng Covid, newid yn yr hinsawdd a'r sefyllfa economaidd. Fodd bynnag, er gwaethaf y rhagolygon brawychus, cafwyd cyfleoedd. Roedd y pandemig wedi dangos cryfderau gwasanaethau cyhoeddus yng Nghymru y dylid adeiladu

arnynt nawr i wella'r ffordd y darparwyd gwasanaethau ymhellach.

Gwnaeth COL sylw ar yr adroddiad, yn benodol ar Arddangosyn 12, a oedd yn dangos twf y boblogaeth a'r newid yn y demograffig i boblogaeth hŷn. Nodwyd effeithiau Brexit a nodwyd yr hyn yr oedd yn ei olygu i Iechyd a Gofal Digidol Cymru ac yn ogystal, sut y gallai Iechyd a Gofal Digidol Cymru leihau ei ôl troed carbon, mewn perthynas yn arbennig â'r gadwyn gyflenwi.

Penderfynodd y Pwyllgor:

NODI'R adroddiad Darlun o Wasanaethau Cyhoeddus ar gyfer **SICRWYDD**

3.6	**Cofnodion Gweithredu Archwilio** **Dan arweiniad Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol** Cadarnhaodd JA fod cynnydd da wedi'i wneud ac yn dilyn y cyfarfod diwethaf pan gytunwyd bod 6 o'r camau gweithredu, o'r 10 a nodwyd, wedi'u cwblhau, gyda 4 cam gweithredu ar agor. Dywedodd JA fod 1 o'r camau hyn wedi cael ei gwblhau gyda 2 o'r rhai sy'n weddill yn cael eu dangos fel melyn (ar y trywydd iawn) ac 1 fel coch (methwyd y dyddiad targed). Gofynnwyd i'r Pwyllgor nodi'r camau gweithredu agored a ddiweddarwyd a chytuno i gymeradwyo'r cam gweithredu a gwblhawyd. Dywedodd JA fod y camau agored yn ymwneud â Chofrestr Gweinyddu Colledion a Thaliadau Arbennig (LASPAR), Pontio'r Ganolfan Ddata a Seiberddiogelwch a gofynnwyd am ddyddiad targed diwygiedig ar gyfer y camau gweithredu LASPAR tra bo'r trafodaethau gyda Llywodraeth Cymru yn parhau. Cytunwyd ar hyn. **Penderfynodd** y Pwyllgor: **NODI'R** camau gweithredu oedd yn weddill a'r gwaith arfaethedig i gau'r cam gweithredu.	Nodwyd	Dim i'w nodi
3.7	**Adroddiad Diweddaru Atal Twyll Lleol** **Dan arweiniad Nigel Price (NP), Swyddog Atal Twyll, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro** Cynghorodd Nigel Price (NP) fod 10.5 diwrnod o gymorth atal twyll wedi'i gwblhau ar gyfer Iechyd a Gofal Digidol Cymru heb unrhyw ymchwiliadau wedi'u cynnal. Rhoddodd NP yr wybodaeth ddiweddaraf am gyfarfod	Nodwyd	Dim i'w nodi

diweddar gyda'r Cyfarwyddwr Gweithredol Cyllid a Phennaeth Cyfrifyddu Rheoli i drafod y ffordd ymlaen ar gyfer Asesiadau Risg. Maes arall o bryder oedd y diwydrwydd dyladwy a gyflawnwyd ar wiriadau cefndir gan asiantaethau ar gyfer staff asiantaeth a anfonwyd at Iechyd a Gofal Digidol Cymru.

Atgoffwyd yr aelodau fod Craig Greenstock, Pennaeth Atal Twyll yn ymddeol a oedd yn gadael swydd wag a gobeithiwyd y byddai'n cael ei llenwi erbyn diwedd y flwyddyn. Roedd swyddog gweinyddol hefyd wedi gadael a oedd yn golygu bod yr adran yn rhedeg ar gapasiti o 50%. Roedd proses recriwtio ar y gweill i ddod â'r adran yn ôl i gapasiti llawn ond yn y cyfamser byddai'r tîm Atal Twyll yn parhau i ddarparu dyraniad diwrnodau i Iechyd a Gofal Digidol Cymru.

Cafodd yr Aelodau sicrwydd, er gwaethaf y gostyngiad presennol mewn adnoddau, nad oedd unrhyw beth wedi llithro drwy'r rhwyd ac y byddai unrhyw ymddygiad amheus yn cael ei adrodd i'r adran. Cadarnhawyd bod polisïau'n cael eu hadolygu a'u diweddaru i fynd i'r afael ag unrhyw dwyll a bygythiadau posibl.

Penderfynodd y Pwyllgor:

NODI'R Adroddiad Diweddaru Atal Twyll Lleol

	Egwyl			
4	**ADRODDIADAU CORFFORAETHOL**			
4.1	**Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd Bwrdd yn cynnwys y Gofrestr Risg Corfforaethol** **O dan arweiniad Chris Darling** Amlygodd CD i'r Pwyllgor y sefyllfa bresennol o ran proffil risg. Roedd 19 o risgiau ar y Gofrestr Risgiau Corfforaethol a chafodd 15 eu cynnwys yn y sesiwn gyhoeddus, ac roedd 4 yn ymwneud â risgiau seiber i'w hystyried yn y cyfarfod preifat. Rhoddodd CD gyngor i'r Pwyllgor ar ddiweddaru'r Risgiau a thynnu sylw at y newidiadau a wnaed i'r gofrestr ers y cyfarfod diwethaf: • Roedd risg 0271 Fy Iechyd Ar-lein wedi'i dileu yn dilyn deialog lwyddiannus gyda'r cyflenwr. • Gostyngwyd risg arall 0270 sef Balansau Llwythi Etifeddol. Roedd yr holl wasanaethau bellach wedi symud i offer newydd a gefnogir. Trefnwyd profion i sicrhau nad oes unrhyw gysylltiadau anhysbys yn	Trafodwyd	**Cam Gweithredu:** MS i ddod â phapur i'r cyfarfod nesaf yn amlinellu rhagolygon twf recriwtio staff a swyddi gwag.	

parhau a gostyngwyd y risg o 20 i 6.

- System Gwybodaeth Rhwydweithiau Canser Cymru (CaNISC) yw'r risg uchaf o hyd oherwydd i'r amserlen ar gyfer gweithredu lithro i Fawrth 2022.

- Neilltuwyd risgiau corfforaethol i Bwyllgorau; roedd Llywodraethu a Diogelwch Digidol wedi gofyn am adroddiad at wraidd y mater yn ei gyfarfod nesaf.

- Neilltuwyd tair risg i'r Pwyllgor Archwilio a Sicrwydd; swyddi gwag staff, strategaeth dogfennau a chydymffurfiaeth â'r Gymraeg.

Cyfeiriodd CD at y drafodaeth gynharach ar gydymffurfio â'r Gymraeg a chadarnhaodd bod y Grŵp Safonau'r Gymraeg yn cyfarfod yn fisol i adolygu cydymffurfiaeth yn erbyn y safonau. Roedd cynllun gweithredu yn mapio'r safonau i safbwynt Iechyd a Gofal Digidol Cymru a gafodd ei sgôr coch melyn gwyrdd (CMG). Mae 121 o safonau, gyda 2 ohonynt yn cael sgôr CMG fel coch a 5 fel oren, mae'r safonau sy'n weddill yn cael eu sgorio naill ai fel gwyrdd neu ddim yn berthnasol i DHCW. Roedd rhai meysydd yn gofyn am waith pellach e.e. defnyddio cyfarchiad dwyieithog ar brif rif y switsfwrdd.

Rhoddodd Michelle Sell (MS) ddiweddariad ar y swyddi gwag sy'n parhau i fod yn her. Mae nifer o fentrau wedi'u sefydlu, gan gynnwys Tasglu Recriwtio a gyfarfu yn wythnosol, ymgysylltu ag asiantaethau recriwtio i gynorthwyo gyda rolau arbenigol a ffair recriwtio.

Bu rhywfaint o lwyddiant wrth gynyddu'r hyn sy'n gyfwerth ag amser llawn i'r targed a osodwyd ar ddechrau'r flwyddyn ond oherwydd dyraniad pellach o gyllid, yn bennaf drwy'r Gronfa Buddsoddi Blaenoriaethau Digidol (DPIF), roedd y targed wedi cynyddu. Roedd cynlluniau yn mynd rhagddynt i fynd i'r afael â'r mater hwn a oedd yn cynnwys gweithio gyda phartneriaid a ffocws wedi'i dargedu ar feysydd fel Profi, Olrhain, Diogelu.

Cynghorwyd yr Aelodau nad oedd y duedd o swyddi gwag yn gostwng gan fod 130 o apwyntiadau wedi bod ers i'r Tasglu fod ar waith ond oherwydd y cynnydd yn y targed recriwtio, nid oedd y sefyllfa'n gwella.

GWEITHRED 20211005-10 Cytunodd MS i ddod ag adroddiad yn ôl i'r Pwyllgor Archwilio a Sicrwydd ym mis Ionawr i amlinellu'r amcanestyniad twf o recriwtio staff.

Dywedodd MS wrth y Pwyllgor fod adolygiad ar arferion recriwtio ar y gweill i gynnwys adolygiad llawn o ddisgrifiadau swyddi a hysbysebion at nifer o ddibenion, gan gynnwys 'rhagfarn anhysbys'. Nodwyd bod lefel uchel o

ddiddordeb mewn hysbysebion swyddi ar-lein ond bod lefel is o ddilyniant wrth wneud cais am swyddi, a arweiniodd at ymchwiliadau pellach pam nad oedd yr ymgeisydd posibl yn parhau. Roedd gwaith yn mynd rhagddo ar estyn allan at ystod eang o sefydliadau ac ymgeiswyr posibl. Mae aelod o dîm y gweithlu yn mynychu cyfweliadau i adolygu unrhyw ragfarn megis recriwtio yn eu delw eu hunain.

Cytunodd MS i drafod gyda Phennaeth y Gweithlu yr awgrym a roddwyd i ymgysylltu â sefydliadau allanol i adolygu pa brosesau recriwtio a allai fod yn atal ymgeiswyr posibl.

Anogir cyfweliadau ymadael fel arfer safonol pan fydd gweithiwr yn gadael y sefydliad a datgelodd adborth gan Bennaeth y Gweithlu gyfuniad o ffactorau, gan gynnwys symud ymlaen i sefydliadau eraill y GIG, er y bu ychydig o bobl sydd wedi gadael yn fuan ar ôl ymuno â'r sefydliad a oedd yn destun pryder. Crëwyd nifer o gamau gweithredu o ganlyniad i drafodaethau gyda'r unigolion hyn gan gynnwys system 'gyfaill' a oedd yn ceisio neilltuo aelod newydd o staff gyda rhywun a all eu cefnogi ac ateb unrhyw gwestiynau sydd ganddynt.

Mae'r Gweithgor Ffyrdd Newydd yn edrych ar yr effaith y mae gweithio o bell yn ei chael ar ddiwylliant a llesiant staff nad ydynt yn cwrdd wyneb yn wyneb. Roedd yn arbennig o bwysig i aelodau newydd o staff gwrdd â chydweithwyr er mwyn rhoi ymdeimlad o berthyn iddynt o fewn y sefydliad.

Dywedodd COL wrth y Pwyllgor fod y risg o Strategaeth Rheoli Dogfennau yn ymwneud â symud i Office 365 a chafodd hyn ei bwysleisio drwy ddod yn Awdurdod Iechyd Arbennig o ran cael dull mwy cyson o reoli a chadw dogfennau. Cynhaliwyd gweithdai Rheoli Dogfennau yn ystod mis Medi. Yn dilyn hynny, drafftiwyd polisi Rheoli Cofnodion a Dogfennau lefel uchel cyntaf. Roedd cynnydd yn cael ei wneud yn y maes hwn a bydd hyn yn cael ei adlewyrchu yn y sgorau archwilio.

Penderfynodd y Pwyllgor:

Nodi'r Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd y Bwrdd yn cynnwys y Gofrestr Risg Corfforaethol

4.2	**Datganiadau o Fuddiannau, Anrhegion a Lletygarwch** **O dan arweiniad Chris Darling** Gwahoddwyd CD i roi'r wybodaeth ddiweddaraf am y cynnydd a wnaed ar y Datganiadau o Ddiddordeb, Rhoddion a Lletygarwch.	Sicrwydd	Dim i'w nodi

	Dywedodd CD yng nghyfarfod diwethaf y Pwyllgor bod yr holl ddatganiadau o fuddiannau wedi'u cofnodi ar gyfer Aelodau'r Bwrdd a'u cyhoeddi. Gwnaed cynnydd sylweddol ers y cyfarfod diwethaf gyda 147 o 195 o uwch reolwyr yn ymateb ac yn cael eu hychwanegu at y gofrestr.		

Roedd gwaith wedi bod yn mynd rhagddo gyda'r tîm Cyfathrebu i godi ymwybyddiaeth o'r Safonau Polisi Ymddygiad drwy'r cylchlythyr staff.

Tynnodd CD sylw'r Pwyllgor at 4 datganiad o roddion, lletygarwch a honoraria, a derbyniwyd, derbyniwyd a chymeradwywyd 2 ohonynt gan y Prif Weithredwr a gwrthodwyd 2 ohonynt.

Penderfynodd y Pwyllgor:

DDERBYN Adroddiad Datganiadau Buddiannau, Rhoddion a Lletygarwch ar gyfer **SICRWYDD** .

4.3	**Adroddiad Archeb Prynu Gwerth Uchel** **O dan arweiniad Mark Cox (MC)** Hysbyswyd y Pwyllgor fod yr adroddiad hwn yn adeiladu ar yr adroddiad a gyflwynwyd i'r Pwyllgor ym mis Gorffennaf ac roedd yn cyflwyno archebion dros £750 mil a gynhyrchwyd ers y dyddiad hwnnw. Ar hyn o bryd, roedd cyfanswm yr archebion yn £27.7m ac yn cwmpasu 4 maes penodol:	Nodwyd	**Cam Gweithredu:** Y Pwyllgor i gael archebion wedi'u holrhain am symiau llai gan yr un cyflenwr.

- Ymateb Covid 19 - roedd yna 3 gorchymyn gwahanol☐ Trustmarque, Solgari ac ateb amserlennu brechlynnau imiwneiddio
- Cytundeb Microsoft Enterprise

Sicrhawyd y Pwyllgor bod unrhyw wybodaeth benodol am werthoedd archebion yn cael ei golygu er mwyn lleihau unrhyw weithgarwch gwrth-dwyll posibl.

Nododd RG y ddarpariaeth o wybodaeth gronnus a phwysleisiodd y nifer fawr o archebion am symiau llai i rai cyflenwyr. Gofynnwyd i'r rhain gael eu holrhain er mwyn i'r Pwyllgor gael sicrwydd bod lefel gyfartal o graffu ar orchmynion a oedd yn is na'r trothwyon i gael mwy o graffu arnynt, yn enwedig os oeddent yn niferus.

GWEITHRED 20211005-11: Y Pwyllgor i gael archebion wedi'u holrhain am symiau llai gan yr un cyflenwr.

Penderfynodd y Pwyllgor:

Nodi'r Adroddiad Archeb Prynu Gwerth Uchel

| 4.4 | **Gweithdrefn Rheoli Cyfalaf** | Cymeradw | Dim i'w nodi |
| | **O dan arweiniad Mark Cox** | ywyd | |

Cynghorodd MC y weithdrefn hon a oedd yn cyd-fynd â'r weithdrefn gynllunio Cynllun Tymor Canolig Integredig ac roedd hi'n destun ymgynghoriad tan 19 Hydref. Darparodd y weithdrefn eglurhad ar rolau a chyfrifoldebau unigolion

Sicrhawyd y Pwyllgor bod y rolau a'r cyfrifoldebau yn cael eu cyfleu i unigolion drwy'r Grŵp Cyflenwi Cyfalaf a Chostau nad ydynt yn ymwneud â Thâl, sef y cyfrwng ar gyfer yr holl fuddsoddiad cyfalaf yn y sefydliad. Dyma lle byddai'r cyfathrebu yn digwydd rhwng yr aelodau staff penodol ac eglurhad o'u rolau a'u cyfrifoldebau.

Hysbyswyd y Pwyllgor, fel rhan o'r cynllun blynyddol a'r broses ddirprwyo cyllideb, yr ysgrifennwyd at bob deiliad cyllideb unigol i gadarnhau a chydnabod ei gyfrifoldebau o ran refeniw a chyfalaf. Darparwyd dolenni uniongyrchol at y CASau priodol hefyd i ddeiliaid y gyllideb lynu atynt.

Hysbyswyd y Pwyllgor bod y Weithdrefn Rheoli Cyfalaf yn ymwneud â sicrwydd a rhoddwyd yr wybodaeth ddiweddaraf am y mesurau sydd ar waith i gefnogi hyn. Roedd y templedi wedi eu diweddaru ac maent bellach wedi'u halinio'n fwy digidol nag yr oeddent o dan Ymddiriedolaeth GIG Prifysgol Felindre.

Penderfynodd y Pwyllgor:

Gymeradwyo'r Weithdrefn Rheoli Cyfalaf

| 4.5 | **Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo** | Nodwyd | Dim i'w nodi |
| | **Dan arweiniad Julie Francis (JF)** | | |

Gwahoddodd y Cadeirydd JF i gyflwyno'r adroddiad a llongyfarchodd y tîm Gwasanaethau Masnachol a enillodd wobr Ymateb Covid 19 Eithriadol yn seremoni wobrwyo meddygon teulu eleni.

Nododd y Pwyllgor y diweddariad mewn perthynas â gweithgaredd caffael ers cyfarfod diwethaf y Pwyllgor a oedd yn cynnwys adrodd am 4 Cam Dyfynbris Sengl a 3 estyniad Tendr a oedd wedi'u cynnwys yn yr adroddiad ar gyfer cyfnod rhwng 1 Mehefin a 31 Awst.

Nododd y Pwyllgor hepgoriad o fewn y papur, oherwydd fformatio, a oedd yn ymwneud â defnyddio a monitro'n briodol. Pwysleisiodd RG, wrth adrodd ar y gwerth uchaf o gaffael, ei bod yn bwysig sicrhau na chafodd gwybodaeth hanfodol ei hepgor er mwyn sicrhau tryloywder a sicrwydd.

Cafodd y Pwyllgor eglurhad ynghylch contract System

	Imiwneiddio Cymru y byddai'n cael ei fonitro'n fisol. Roedd rhai materion anhysbys yn gysylltiedig â'r contract megis yr atebion archebu a'r effaith y byddai hyn yn ei chael ar faint y defnydd yn y dyfodol. Roedd y rhan fwyaf o'r costau yn y llythyrau gwahodd a negeseuon testun. Fodd bynnag, roedd Iechyd a Gofal Digidol Cymru yn gweithio gyda Llywodraeth Cymru i ddatblygu porth digidol archebu ar-lein a fyddai ar gael yn gynnar yn y flwyddyn nesaf. Cadarnhaodd MS mai dim ond ar gyfer Covid yr oedd System Imiwneiddio Cymru yn cael ei ddefnyddio ar hyn o bryd gyda mecanweithiau presennol yn eu lle ar gyfer y ffliw a rhaglenni brechu eraill. Adolygiad parhaus ar y gweill ar sut y gellir defnyddio swyddogaeth System Imiwneiddio Cymru ar gyfer gwasanaethau yn y dyfodol. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo		
4.6	**Adroddiad Cydymffurfiaeth Ystadau** **O dan arweiniad Julie Ash** Gwahoddwyd JA i roi'r adroddiad Cydymffurfiaeth Ystadau a oedd yn cwmpasu'r cyfnod hyd at ddiwedd mis Awst 2021. Cynghorwyd y Pwyllgor fod cynnydd da wedi'i gynnal gyda chydymffurfiaeth gyffredinol o dros 95%. Roedd gwaith ar y gweill ar gyflwyniad i amlinellu datblygu cynllun ar gyfer Strategaeth Datgarboneiddio'r GIG a byddai hyn yn cael ei gyflwyno i'r Bwrdd Rheoli a'r Pwyllgor Archwilio a Sicrwydd nesaf ym mis Ionawr. **GWEITHRED 20211005-12** Cynllun datblygu Strategaeth Datgarboneiddio'r GIG ar ffurf cyflwyniad i'w ddwyn i gyfarfod nesaf y Pwyllgor. Cynghorwyd y Pwyllgor fod sgoriau Tystysgrif Perfformiad Ynni (EPC) ar gyfer ein hadeiladau ar gael. Roedd yn bosibl dylanwadu ar rai elfennau a oedd yn bwydo i mewn i'r EPC megis yr allyriadau o adeiladau ond nid eraill a oedd yn ddibynnol ar adeiladwaith yr adeiladau. Mewn perthynas â meincnodi, dywedodd JA fod Iechyd a Gofal Digidol Cymru wedi ymuno â dau fforwm; Cyd-fforwm Iechyd ac Ystadau a oedd yn cynnwys Byrddau Iechyd eraill a Llywodraeth Cymru a fforwm Ystadau ledled y DU a oedd yn rhannu gwybodaeth am ystadau fel mater o drefn. **GWEITHRED 20211005-13** Cytunodd JA i ddod â diweddariad ar yr wybodaeth a rennir yn y ddau Fforwm Ystadau yn ôl i'r	Nodwyd	**Cam Gweithredu:** JA i gyflwyno cyflwyniad ar gynllun datblygu ar gyfer y strategaeth datgarbonei ddio i'r Pwyllgor nesaf **Cam Gweithredu:** JA i roi'r wybodaeth ddiweddaraf am yr wybodaeth a dderbyniwyd gan y ddau fforwm Ystadau.

	Pwyllgor nesaf. **Penderfynodd** y Pwyllgor: **Nodi'r** cynnydd da a wnaed ar yr Adroddiad Cydymffurfiaeth Ystadau.			
4.7	**Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio** **O dan arweiniad Konrad Kujawinski (KK)** Rhoddwyd yr uchafbwyntiau allweddol i'r Pwyllgor☐ • Yr heriau a'r amcanion oedd cynyddu amlygrwydd ac ymgysylltu ag ansawdd yn y sefydliad. • Roedd ymgynghoriad ar y rheoliadau newydd ar Ddyfeisiau Meddygol. Roedd rhan o'r gwaith yn cynnwys addysgu gweddill Iechyd a Gofal Digidol Cymru a'r effaith y bydd dyfeisiau meddygol yn ei chael pan fydd y ddeddfwriaeth newydd yn cael ei chyhoeddi. Dywedodd KK wrth y Pwyllgor mai'r heriau mwyaf o ran ansawdd oedd recriwtio a sefydlu'r tîm newydd, ond erbyn hyn roedd y tîm ar waith. Roedd yr heriau yn canolbwyntio ar gynyddu amlygrwydd ansawdd a rheoleiddio ar draws y sefydliad. Roedd rhaglenni ar waith ar sut i fynd i'r afael â hyn. **Penderfynodd** y Pwyllgor: **Nodi'r** adroddiad.	Nodwyd	Dim i'w nodi
4.8	**Polisi Rheoli Asedau TG** **Dan arweiniad Julie Francis** Tynnodd JF sylw at y ffaith fod y polisi yn hanfodol er mwyn darparu canllawiau, cysondeb, atebolrwydd, effeithlonrwydd ac eglurder o ran sut mae Iechyd a Gofal Digidol Cymru yn gweithredu mewn perthynas â rheoli Asedau TG. Roedd polisi wedi bod ar waith i reoli Asedau TG am ddegawd ac roedd y polisi hwn yn cynrychioli'r trydydd fersiwn i adlewyrchu cyfeiriad strategol a gweithredol presennol y sefydliad a hefyd i fodloni safonau achredu ISO. Cynghorwyd y Pwyllgor bod y polisi asedau yn ymwneud â phob ased, boed yn cael ei ddatblygu'n fewnol neu ei brynu gan sefydliadau trydydd parti. Hysbyswyd y Pwyllgor bod disgwyliad o gylch oes 6-7 mlynedd ar gyfer gliniaduron cyn y byddai angen eu disodli. Ychwanegodd MC y defnydd o'r polisi hwn a sut y mae'n cysylltu, ond nid oedd yn union yr un fath â'r ased sefydlog. O	Cymeradwywyd	Dim i'w nodi

	ran yr eitemau a nodir yn y gofrestr a'r ffordd y cânt eu rheoli a'u cynnal, byddant yn wahanol ac ar wahân i asedau sefydlog **Penderfynodd y Pwyllgor:** **GYMERADWYO'R** Polisi Rheoli Asedau TG.			
4.9	**Protocol Gwasanaethau Masnachol Nwyddau a Gwasanaethau Am Ddim** **Dan arweiniad Julie Francis** Hysbyswyd y Pwyllgor fod yr adroddiad yn cynnwys cyfres o brotocolau y dylid glynu atynt ar draws y sefydliad a nodi'r rhesymeg yr oedd angen i gydweithwyr ei darparu wrth gaffael nwyddau a gwasanaethau. Dywedodd JF wrth y Pwyllgor fod cofrestr ganolog a gynhaliwyd gan y tîm gyda pherson arweiniol yn cael ei ddyrannu i unrhyw broses gaffael newydd i wirio a oedd cyflenwr wedi cyflenwi nwyddau am ddim i'r sefydliad o'r blaen. Yna, byddai'r wybodaeth hon yn cael ei hadrodd yn ffurfiol i'r Bwrdd Rheoli. Cynhaliwyd archwiliadau ar ddechrau a diwedd y broses gaffael yn unol â'r polisïau a'r gweithdrefnau a chofnodwyd unrhyw feysydd gwella, a gweithredu arnynt. Dywedodd COL wrth y Pwyllgor fod y mater hwn wedi dod i'r amlwg ar ddechrau'r pandemig Covid wrth i lawer o bobl wirfoddoli eu gwasanaethau ac roedd llawer o gynigion o nwyddau am ddim. Darparodd y Prif Swyddog Gweithredu ddisgyblaeth gadarn ynghylch y broses hon. Roedd olrhain a chofrestru nwyddau am ddim yn rhan weithredol o'r prosesau ac roedd y dysgu yn sail i'r polisi a oedd bellach yn ei le. Cadarnhaodd JF fod y polisi hwn yn ddogfen fyw a'r bwriad oedd ymgysylltu â rhanddeiliaid a chyfathrebu bod yn rhaid dilyn protocolau. **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** Protocol Gwasanaethau Masnachol Nwyddau a Gwasanaethau Am Ddim	Cymeradwywyd	Dim i'w nodi
5	**MATERION I GLOI**		
5.1	**Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd** Nododd y Cadeirydd yr eitemau a gymeradwywyd, a gefnogwyd ac a drafodwyd i'w cynnwys yn adroddiad y Cadeirydd i'r Bwrdd.	Trafodwyd	Dim i'w nodi
5.2	**Unrhyw Faterion Brys eraill** Dim i'w nodi.	Nodwyd	Dim i'w nodi

| 5.3 | **Dyddiad ac amser y cyfarfod nesaf:** 18 Ionawr 2022 | Nodwyd | Dim i'w nodi |

Audit and Assurance Committee - PRIVATE

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

🕐 12:15 – 12:45　　📅 05/10/21

📍 Teams Call

Chair	Marian Wyn Jones	

Present (Voting Members)		Title	Organisation
Marian Jones	MJ	Independent Member, Chair of the Audit and Assurance Committee	DHCW
Grace Quantock	GQ	Independent Member, Vice Chair of the Audit and Assurance Committee	DHCW
David Selway	DS	Independent Member	DHCW
Ruth Glazzard	RG	Independent Member, Vice Chair of the DHCW SHA Board	DHCW
Attendees (non-voting members)			
Claire Osmundsen-Little	COL	Executive Director of Finance	DHCW
			Audit Wales
James Quance	JQ	Head of Internal Audit	NWSSP Internal Audit
Chris Darling	CD	Board Secretary	DHCW
Julie Francis	JF	Head of Commercial Services	DHCW
Julie Ash	JA	Head of Corporate Services	DHCW
Martyn Lewis	ML	IT Audit Manager	NWSSP Internal Audit

Andrew Strong	AS	Financial Audit Lead - IT	Audit Wales	
David Murphy	DM	Senior Auditor	Audit Wales	
Darren Griffiths	DG	Audit Manager Performance	Audit Wales	
Jamie Graham	JG	Programme Lead – Resilience and ICT Planning	DHCW	
Sophie Fuller	SF	Corporate Governance and Assurance Manager	DHCW	
Julie Robinson	JR	Meeting Secretariat	DHCW	
Apologies		Title	Organisation	
Carwyn Lloyd-Jones	CL-J	Director of Information and Communication Technology	DHCW	

Acronyms				
DHCW	Digital Health and Care Wales		NWIS	NHS Wales Informatics Service
SHA	Special Health Authority			

Item No	Item	Outcome	Action
1	**PRELIMINARY MATTERS**		
1.1	**Welcome and introductions** The Chair commenced by welcoming everyone bi-lingually in Welsh and English and asked Independent Members to introduce themselves. The Chair also gave a special welcome to Jamie Graham who was attending in Carwyn Lloyd-Jones's absence.	Noted	None
1.2	**Apologies for Absence** Apologies for absence were noted from: • Carwyn Lloyd-Jones, Director of ICT	Noted	None
1.3	**Declarations of Interest** There were no Declarations of Interest received.	Noted	None
1.4	**Unconfirmed Minutes from the last Private Committee Meeting** The minutes were reviewed for accuracy, no amendments were	Approved	None

		received.		
		The Committee **resolved** to:		
		Approve the minutes as a true record of discussion.		
2		**Audit and Counter Fraud**		
2.1		**DHCW Response to Audit Wales Annual Audit of Nationally Hosted IT Systems**	Assurance	**Action:** JA/COL to liaise with AS (Audit Wales) when actions are complete.
		Led by Audit Wales		
		Audit Wales presented the DHCW Response to Audit Wales Annual Audit of Nationally Hosted IT Systems. AS provided some background to the paper and confirmed that it was the first time the report had been brought to this Audit and Assurance Committee.		
		AS highlighted the scope of work within the report and that a similar report was produced for the National Wales Shared Services Partnership (NWSSP) Audit Committee.		
		The Committee were assured that there was a process in place to record all recommendations from reports such as this and they would be added to the Audit Action log administered by the Head of Corporate Services. It was noted that there were not currently many current open audit actions on the log but as the year progressed and further reports were received, this would change and it was important that the recommendations were kept at a manageable level.		
		CD confirmed that due to the nature of the business some actions were beyond DCHW's control and were the responsibility of a third party. The actions in the action log had been split to reflect this.		
		ACTION: 20211005 – A001 AS suggested the Head of Corporate Services and Director of Finance liaise with him when it was agreed an action was complete as he did not regularly attend this meeting.		
		The Committee **resolved** to**:**		
		Receive the report for **ASSURANCE**.		
2.2		**Audit Action Log – Cyber Security Risks**	Assurance	**Action:** Further discussions on the presentation of Cyber Risks in
		Led by Julie Ash		
		JA provided an update on the current status of the Audit Action Log in relation to Cyber Security Actions as follows:		
		• At the last Committee there were two open actions and it was agreed to close one.		
		• The one open action related to the Incident Response		

				public or private arena.
	Plans and this was on track for completion in March 2022.

The Committee discussed the necessity for the Cyber Audit Actions to be taken in a private session as DHCW should be as transparent and open to the public as possible.

It was noted this had been discussed at the last Digital Governance and Safety Committee where they were keen to see cyber security brought into the public domain where possible. It was agreed further discussion on how to take this forward was needed.

ACTION 20211005-A002 Further discussion required on the decision of discussing Cyber Audit Actions in the public domain.

The Committee **resolved** to:

Receive the Audit Action Log: Cyber Audit Actions for **ASSURANCE.** | | |
| 3 | **Corporate Reports** | | |
| 3.1 | **Corporate Risk Register – Cyber Security Risks**

Led by Chris Darling

There were four risks relating to Cyber Security, these had been scrutinized by the Digital Governance and Safety Committee who have oversight and responsibility for the cyber risks.

Jamie Graham (JG) provided an overview of the risks, along with the dates for implementation for work to be undertaken.

JG provided further detail on the Legacy risks and the Ransomware communication out to other Health Boards.

The Committee **resolved** to:

NOTE the report. | Noted. | None |
| 4 | **Closing Matters** | | |
| 4.1 | **Items for Chair's Report to Board**

Note the items received in the private session for inclusion in the report to Board. | Discussed | None |
| 4.2 | **Any Other Urgent Business** | Noted | None |
| 4.3 | **Date and Time of Next Meeting:** 18 January 2022

Meeting closed at 12.45pm. | Noted | None |

Agenda item 2.3

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20211005-A01	05/10/2021	The Declaration of Interest if the Chair in respect of the Welsh Language Compliance Task and Finish Group to be added to the register by Corporate Governance	Chris Darling (DHCW - Board Secretary)	06/10/2021	Declaration of interest added to the register.	Complete			Public
20211005-A02	05/10/2021	Committee to look at the themes that evolve from the Audit Programme and identify those for further investigation	Chris Darling (DHCW - Board Secretary)	31/03/2022	Report built into the programme of business for the April Audit Committee.	Complete			Public
20211005-A03	05/10/2021	In relation to the Data Analytics report it was agreed a paper to be brought back on the development and research function to the Committee for assurance.	Rachael Powell (DHCW - Deputy Director of Information)	30/12/2021	Will be brought to the April Committee	Underway		01/04/2022	Public
20211005-A04	05/10/2021	An appropriate timeline for KPIs (data products) to be produced and brought back to the Committee	Rachael Powell (DHCW - Deputy Director of Information)	30/12/2021	Will be brought to the April Committee.	Underway		01/04/2022	Public
20211005-A05	05/10/2021	In relation to the Welsh Language Advisory Report item, CD was requested to share the external consultant (ARAD) research and OB3 of 'More than Words'.	Chris Darling (DHCW - Board Secretary)	06/10/2021	The report was shared with members.	Complete			Public
20211005-A06	05/10/2021	Audit Wales to share the paper setting out WCCIS progress, following consideration by the Senedd Committee.	Wales Audit Office 3	04/11/2021	Audit Wales are in the process of preparing an update paper on WCCIS for the Senedd Public Accounts and Public Administration Committee. The paper will be shared with DHCW after it has been presented to the Committee for consideration sometime in January 2022.	Underway			Public
20211005-A07	05/10/2021	Audit Wales to provide a full response offline on Cardiff and Vale's reasons for not taking up the system and if this position had changed.	Wales Audit Office 3	11/11/2021	Cardiff and Vale UHB's position is set out in the WCCIS report, which is that even when all the agreed functionality is available, the current version of WCCIS would not meet its requirements, offering less and proving significantly more costly compared to its existing arrangements. As part of Wales Audit's update work, they have been in touch with C&V who have stated their position remains broadly the same. The Committee may want to consider exploring this matter further with Rhian Hamer, WCCIS National Programme Director.	Complete			Public
20211005-A08	05/10/2021	A paper to be brought back to next Committee providing assurance on the WCCIS system.	Julie Francis (DHCW - Commercial Services)	30/12/2021	On agenda for 18 January 2022	Complete			Public
20211005-A09	05/10/2021	DG of Audit Wales. Consideration be given as to how best assure the Committee that there was sufficient organisational learning from the key themes.	Wales Audit Office 3	30/12/2021	Wales Audit's January update will include a short summary of the key messages arising from work in relation to TPP and vaccinations. However, it is a matter for DHCW to identify how best to apply the learning from the successful deployment and roll-out of national systems during the pandemic to its wider programme of work.	Complete			Public
20211005-A10	05/10/2021	Paper to be brought to next Committee outlining the growth projection of staff recruitment and vacancies.	Michelle Sell (DHCW - Chief Operating Officer)	30/12/2021	On agenda for 18 January 2-22	Complete			Public
20211005-A11	05/10/2021	The Committee to be provided for assurance with the tracked orders for smaller amounts from the same supplier.	Mark Cox (DHCW - Finance & Business Assurance)	30/12/2021	Details provided in agenda item 4.4 Appendix B on January agenda.	Complete			Public
20211005-A12	05/10/2021	A presentation on development plan for Decarbonisation Strategy to be brought back to next committee.	Julie Ash (DHCW - Corporate Services)	30/12/2021	To be presented to the January 2022 meeting.	Complete			Public
20211005-A13	05/10/2021	Information shared from the two Estates fora to be brought back to the next Committee.	Julie Ash (DHCW - Corporate Services)	30/12/2021	To be included in Report for January 2022 meeting.	Complete			Public
20211005-A14	05/10/2021	DHCW to liaise with AW when audit actions are complete.	Julie Ash (DHCW - Corporate Services)	30/12/2021	Process agreed with Audit Wales.	Complete			Private
20211005-A15	05/10/2021	A further discussion on if the presentation of Cyber Risks should be in a public or private arena was required,	Chris Darling (DHCW - Board Secretary)	30/12/2021	Discussion held with DG&S Chair and advice sought from Audit Wales and Internal Audit. Agreed that any detailed discussion around Cyber including mitigating of risks, should be held in private session, however, highlight reports to Board to include appropriate cyber activity.	Complete			Private

DIGITAL HEALTH AND CARE WALES
AUDIT AND ASSURANCE COMMITTEE ANNUAL CYCLE OF BUSINESS AND FORWARD WORK-PLAN

Agenda Item	2.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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 Approval
Recommendation	
The Committee is being asked to: **APPROVE** the Annual Cycle of Business (2.4i) for the DHCW Audit & Assurance Committee. **NOTE** the Forward Workplan at item 2.4ii	

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Cycle of Business covers the period 1 April 2022 to 31 May 2023. The Cycle of Business (item 2.4i) has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

2.2 The Cycle of business then informs the forward workplan (2.4ii) which is a live document that will be updated as additional items are identified and agreed for inclusion on the agenda by the Chair of the Committee. The Forward workplan will include the four meetings to be held on 19 April, 5 July, 18 October 2022, 14 February 2023.

2.3 The DHCW Audit and Assurance Committee shall meet no less than four times per year, however because of the need to consider annual statements and accounts the Committee is likely to meet circa five or six times.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 All DHCW Audit and Assurance Committee members and officers should be aware of the Annual Cycle of Business and should note submission dates for reports falling under their remit being two weeks prior to meetings held.

4 RECOMMENDATION

The Committee is being asked to:

APPROVE the Annual Cycle of Business at item 2.4i.
NOTE the Forward Workplan at item 2.4ii

DHCW Audit and Assurance Committee Annual Cycle of Business   Page 2 of 4   Author: Julie Robinson
Approver: Sophie Fuller
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5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT		Date of submission:	
No, (detail included below as to reasoning)		Outcome:	
Statement: The Annual Cycle of Business and Forward Workplan do not require an EQIA.			

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	The Annual Cycle of Business/Forward Workplan sets out the work programme for the Committee and ensures good governance contributing towards high quality, safe services.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The Annual Cycle of Business/Forward Workplan ensures that statutory reporting timescales are adhered to.

DHCW Audit and Assurance Committee Annual Cycle of Business   Page 3 of 4   Author: Julie Robinson
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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

Audit & Assurance Committee

Cycle of Business
(1st April 2022 – 31st May 2023)

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

The Cycle of Business covers the period 1st April 2022 to 31st May 2023.

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

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

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

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

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Audit & Assurance Committee Cycle of Business (1st April 2022 – 31st May 2023)

Item of Business	Executive Lead	Reporting period	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023
Preliminary Matters																			
Minutes of the previous Committee Meeting	Board Secretary	All Regular Meetings	✓			✓			✓			✓				✓			✓
Action Log	Board Secretary	All Regular Meetings	✓			✓			✓			✓				✓			✓
Forward Workplan	Board Secretary	All Regular Meetings	✓			✓			✓			✓				✓			✓
Internal Control & Risk Management																			
Audit & Assurance Committee Annual Report	Board Secretary	Annually	✓													✓			✓
Audit & Risk Committee Annual Self-Assessment	Board Secretary	Annually														✓			✓
Audit & Risk Committee Terms of Reference	Board Secretary	Annually	✓													✓			
Losses & Special Payments Report	Director of Finance	All Regular meetings	✓			✓			✓			✓				✓			✓
Procurements & Scheme of Delegation Report	Director of Finance	All Regular meetings	✓			✓			✓			✓				✓			✓
Annual Financial Accounts –	Director of Finance	Annually				✓	✓	✓											
Accountability Report	Board Secretary	Annually					✓												
Organisational Risk Register	Board Secretary	All Regular Meetings	✓			✓	✓		✓			✓				✓			✓
Board Assurance Framework	Board Secretary	At least twice a year							✓							✓			
Audit Recommendations Tracker	Board Secretary	All regular meetings	✓			✓			✓			✓				✓			✓
Local Counter Fraud Update	Head of Local Counter Fraud	All regular meetings	✓			✓			✓			✓				✓			✓
Counter Fraud Annual Report	Head of Local Counter Fraud	Annually				✓													
Counter Fraud Annual Self Review	Head of Local Counter Fraud	Annually				✓													
Counter Fraud Draft Work plan for 22/23	Head of Local Counter Fraud	Annually				✓													
Declarations of Interest and Gifts & Hospitality Report	Board Secretary	Quarterly	✓			✓			✓			✓				✓			
Committee Forward Work Programme	Board Secretary	All regular meetings	✓			✓			✓			✓				✓			✓
Estates Compliance	Director of Finance	All regular meetings	✓			✓			✓			✓				✓			✓

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Item of Business	Executive Lead	Reporting period	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023
Quality and Regulatory Compliance	Director of Finance	All regular meetings	✓			✓			✓			✓				✓			✓
Health & Care Standards	Director of Finance	Annually	✓													✓			
Committee Cycle of Business	Board Secretary	Annually	✓													✓			
Welsh Language Annual Report	Board Secretary						✓												
Internal Audit																			
Internal Audit Progress Report	Head of Internal Audit	All Regular Meetings	✓			✓			✓			✓				✓			
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					✓												
Internal Audit Reviews	Head of Internal Audit	All regular meetings	✓			✓			✓			✓				✓			
Head of Internal Audit Opinion and Annual Report	Head of Internal Audit	Annually							✓										
Audit Wales																			
Audit & Assurance Committee Update	Audit Wales	All regular meetings	✓			✓			✓			✓				✓			
Audit Wales Review Reports (as relevant)	Audit Wales	All regular meetings	✓			✓			✓			✓				✓			
Audit Wales Annual Audit Report	Audit Wales	Annually														✓			
Audit Wales Audit Plan 2022	Audit Wales	Annually					✓												
Audit Wales Audit of the Financial Statements (ISA 260) Report (Including the letter of representation and Audit Opinion)	Audit Wales	Annually							✓										
Baseline Governance / Structured Assessment	Audit Wales	Annually	✓												✓	✓			
Audit of Financial Statements Addendum Report (if required)	Audit Wales	Annually					✓												

Digital Health and Care Wales Audit and Assurance Committee Work Programme

Meeting Date	Standing Items and any additional items	Governance	Finance	Internal Audit	External Audit	Counter Fraud	Quality	Health and Safety (placeholder)
18th January 2021	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board • Audit Tracker	• Risk and Board Assurance Report • Declarations of Interest, Gifts and Hospitalities Report • Assurance paper on WCCIS system • Paper outlining growth projection of staff recruitment and vacancies • Health and Care Standards Report	• Losses and special payments report • Procurements and scheme of delegation report	• Internal Audit Progress Report • Internal Audit reviews	• Audit and Assurance Committee updates • Audit Wales review reports • Sector specific reports – a Picture of Healthcare and Picture of Social Care • NHS Staff Wellbeing through Covid (Taking Care of the Carers) • Comparing lessons from WCCIS report and TPP report •	• Local Counter Fraud Update Report	• Quality and Regulatory Compliance Report	• Estates Report • Presentation on development plan for decarbonisation strategy

		• NWSSP Assurance Report • Governance Assurance Framework						
19th April 2022	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board • Audit Tracker	• Risk and Board Assurance Report • Declarations of Interest, Gifts and Hospitalities Report • Covid Inquiry • Cyber Resilience Unit Plan • Annual Governance Reporting	• Losses and special payments report • Procurements and scheme of delegation report	• Internal Audit Progress Report • Internal Audit reviews • Internal Audit – DHCW data centre project move – and the current position regarding data centres • 2022/23 IA programme for approval with Directors discussion in advance and Auditors and Committee	• Audit and Assurance Committee updates • Audit Wales review reports • DHCW Audit Report Themes Review • WCCIS follow up report	• Local Counter Fraud Update Report	• Quality and Regulatory Compliance Report	• Estates Report

			members in advance.				
5th July 2022 - Welcome and Introductions - Minutes - Declarations of interest - Action log - Review of risk register relevant to committee - Forward Work Programme - Committee Highlight Report to Board - Audit Tracker	- Risk and Board Assurance Report - Declarations of Interest, Gifts and Hospitalities Report - Covid Inquiry	- Losses and special payments report - Procurements and scheme of delegation report	- Internal Audit Progress Report - Internal Audit reviews	- Audit and Assurance Committee updates - Audit Wales review reports - DHCW Audit Report Themes Review	Local Counter Fraud Update Report	Quality and Regulatory Compliance Report	Estates Report
18th October 2022 - Welcome and Introductions - Minutes - Declarations of interest - Action log - Review of risk register relevant to committee - Forward Work Programme - Committee Highlight Report to Board - Audit Tracker	- Risk and Board Assurance Report - Declarations of Interest, Gifts and Hospitalities Report - Covid Inquiry	- Losses and special payments report - Procurements and scheme of delegation report	- Internal Audit Progress Report - Internal Audit reviews	- Audit and Assurance Committee updates - Audit Wales review reports - DHCW Audit Report Themes Review	Local Counter Fraud Update Report	Quality and Regulatory Compliance Report	Estates Report

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

Agenda Item	2.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Marian Wyn Jones, Committee Chair

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is being asked to: **NOTE** the content of the report and **DISCUSS** the findings.	

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Acronyms				
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AG	Auditor General	IA	Internal Audit
PSIAS	Public Sector Internal Audit Standards		

1   SITUATION/BACKGROUND

1.1   The Chair of the Audit & Assurance Committee is required to present an annual report outlining the business of the Committee through the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny undertaken by the Committee on behalf of the DHCW Board in relation to Audit and Assurance. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.

1.2   Members of the Audit & Assurance Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Audit & Assurance Committee during 2021.

1.3   Members should note eight responses were received. The report does not include comments in order to ensure anonymity. Any additional responses received will be incorporated into the final report which goes to the SHA Board.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   SUMMARY REPORT

The report is split into three areas:
- Positive assurance
- Areas that have not arisen but the Committee were aware of their responsibilities
- Areas for further assurance

Positive Assurance	Area: Composition, Establishment and Duties
	Findings: Members were aware that: • There were approved **Terms of Reference** and although the Committee had not been established for a year there was an expectation they will be reviewed before March 2022 and will take into account governance development and the remit of other Committees. • The Committee have established an **annual cycle of business** Members felt: • The Committee have been **provided with sufficient authority** • The Committee will prepare an **annual report** on its work and performance

Audit and Assurance effectiveness self-assessment Survey Report   Page 2 of 7   Author: Sophie Fuller
Approver: Chris Darling

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for 21/22 to the SHA Board

- The Committee meet sufficiently **frequently to deal with planned matters** and there was sufficient time for questions and discussions
- The atmosphere is considered conducive to **open and productive debate and behaviour is courteous and professional**
- (All but one responses) felt there was appropriate use of private sessions of the Committee. This has been sense checked with Audit Wales who concur with the consensus that the appropriate information is being received in the private session of the Committee
- Agenda items are appropriately **'closed off'**
- The use of **Welsh Language** was deemed currently at the right level but additional use of the welsh language would be welcomed
- The **virtual nature of the meetings** had been effective
- All but one member felt the Committee has formally considered how it integrates with other Committees that are reviewing **risk**
- **The systems of assurance** are being finalised on an ongoing basis and the Committee are sighted on this and aware of progress to ensure robust review
- The Committee receive **timely reports in the right format and content**, that improvements have been made throughout the year and will continue to be made.

Area: Committee Business	
Findings:	
Area: Audit	

Finding:
- The Committee have **received and approved the Internal audit plan for 21/22** and would approve any material changes if they occurred
- The Committee felt **the Internal Audit plan was derived from clear processes based on risk assessment** and linked to the systems of assurance and receive regular updates on the progress of the audit work
- The members noted there were no investigations into management refusal to accept audit recommendations, but should they occur, the Committee would investigate
- All but one of the Committee felt there was **effective monitoring of the implementation of management actions**
- Most members were aware of the Internal Audit performance measures
- The members were aware the Committee will receive the Head of Internal Audit's Annual Report and Opinion within the annual reporting cycle
- The members were aware of the Auditor General's representatives (Audit Wales) audit plan for DHCW
- Members were clear that in the next annual cycle actions will be monitored and reviewed in respect of the first year's review.
- Members were clear 22/23 will provide the first AG Annual Audit Report for consideration by the Committee
- Most members were aware of the nature and value of the non-statutory work commissions by DHCW from the AG

Audit and Assurance effectiveness self-assessment Survey Report   Page 3 of 7   Author: Sophie Fuller
Approver: Chris Darling

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	Area: Counter Fraud
	Findings: • All but one of the Committee were **aware the annual counter fraud plan** was reviewed and approved at the beginning of 21/22 and would expect this to be the case for 22/23 with the planned work covering the areas within the NHS Counter Fraud Policy • The Committee were unified in that any material changes to the planned counter fraud work plan would be reviewed and approved by the Committee • All but one of the members were aware the Counter Fraud Plans were derived from clear processes based on risk assessment • All were aware **the Committee receive regular reporting** and that should any management actions arise the Committee would monitor their implementation • The members were aware the Counter Fraud specialist has a right of direct access to the Committee and the Chair • Most of the Committee members were aware the effectiveness of the Local Counter Fraud services and the adequacy of its staffing is reviewed • The Committee expected to review the Local Counter Fraud Specialist's Annual Report and Qualitative assessment • All but one of the members were aware the Committee receive and discuss reports arising to quality inspections by the NHS Counter Fraud Authority
	Area: Legislative Compliance
	Findings: • All but one of the members were aware the Committee review assurance and regulatory/legislative compliance reporting processes • All but one of the members were aware the Committee have a mechanism to ensure awareness of topical, legal and regulatory issues
	Area: Chair
	Findings: • All members considered the **meetings effectively chaired with clarity of purpose and outcome** • All members felt **the Chair provided clear and concise information to the Board on the activities of the Committee** and any gaps in assurance and/or control •
	Area: Meeting Support and training
	Finding: • Most members felt the Committee is adequately supported by the Executive Directors in terms of attendance, quality and length of papers and response to challenge/questions • The members felt there was adequate secretariat support • Most members were happy with their level of training and no additional needs were specifically identified
	Area: General Feedback
	Findings:

	• The Chair is considered to be very clear and effective • The Committee is well run and undertaking all required responsibilities • It was recognised that some activities such as presenting formally to Committee would be new for some members, but good progress had been made and will continue to be made • The support from the Corporate Governance function has been very well received and made a positive impact to the Committee
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties
	Findings: • Additional meetings to address the approval of the draft and final accounts could be scheduled at the beginning of the year. • Reiteration of the Committee referral mechanism and the Risk and Board Assurance Framework that sets out how risk management across the organisation works on behalf of the Board • The meetings and direct line of audit colleagues with the Chair could be made more explicit for the members to provide assurance this was the case. • Members were divided on if and how the Committee review the effectiveness of the Internal Audit and the adequacy of staffing and resources within IA • Some members were unsure if the Committee evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards (PSIAS) • Internal Audit performance measures could be made more explicit for the memberships review • It could be more explicit as to how and when the Committee will assess the quality and effectiveness of External Audit work

Areas Requiring Further Action			
Action Plan	Action	Lead	Timeframe
1.	The DHCW Legislative Assurance Framework is currently under development and will be provided to the Committee at each meeting	Board Secretary	April 2022
2.			
Appendices	[Audit and Assurance Effectiveness Self-Assessment Survey](#)		

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3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

The Committee is being asked to:
NOTE the content of the report and **DISCUSS** the findings.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

Audit and Assurance effectiveness self-assessment Survey Report   Page 6 of 7   Author: Sophie Fuller
Approver: Chris Darling

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IMPACT ASSESSMENT

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

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

Agenda Item	2.6

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary

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

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

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

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

1   SITUATION/BACKGROUND

1.1   In-line with the SHA's Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.

1.2   The Audit and Assurance Committee Terms of Reference were reviewed and agreed by the Audit and Assurance Committee in May 2021 and approved by the SHA Board in May 2021.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The review of the Audit and Assurance Committee Terms of Reference by Members of the Committee allows for any comments or changes to be incorporated prior to submission to the SHA Board for approval.

2.2   The Terms of Reference have been reviewed by the Corporate Governance Team. There are a limited number of changes made to the Terms of Reference, these changes have been tracked and left in the document so that Committee members can easily see the changes made.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   As 2021/22 is the first year the SHA has operated the terms of reference are being reviewed eight months after their initial approval but going forward their review will take place on a circa twelve-month basis.

4   RECOMMENDATION

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

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All

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

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: Effective reporting and structure helps uphold all the quality standards.	

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

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

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	11/05/21	Approved

IMPACT ASSESSMENT

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

WORKFORCE IMPLICATION/IMPACT	activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY

<ID Reference to be added when approved>

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

AUDIT AND ASSURANCE COMMITTEE

Agenda Item	2.6~~7~~

Document Version	d0.~~7~~6

Status	Draft

Document author:	Chris Darling, Board Secretary
Approved by	Marian Jones, Chair of Audit & Assurance Committee
Date approved:	18 January 2022 by Audit and Assurance Committee
Review date:	14 February 2023

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below: A prosperous Wales A globally responsible Wales A Wales of vibrant culture and thriving Welsh language	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 13485	

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

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

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

COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	18 January 2022	
SHA Board	31 March 2022	

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The Committee remit includes oversight of quality and regulatory compliance
	Yes, please see detail below

LEGAL IMPLICATIONS/IMPACT	The Committee will have oversight of statutory duties
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The Committee shall review the establishment and maintenance of an effective system of financial governance, policies and controls
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

TABLE OF CONTENTS

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

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

1.2 REVIEWERS

This document requires the following reviews:

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

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Chris Darling
Role:	Board Secretary

Signature:	X Author

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

1.4   DOCUMENT LOCATION

Type	Location
Electronic	Integrated management System

2   INTRODUCTION

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

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

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

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

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

3   PURPOSE OF THE COMMITTEE

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

- **Assure** the Board and the Chief Executive (who is the Accountable Officer) that effective arrangements are in place

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

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

4 OBJECTIVES OF THE COMMITTEE

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

4.1 Internal Control and Risk Management

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

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

4.2 Finance

The Committee shall review the establishment and maintenance of an effective system of financial governance, policies and controls. In particular, the Committee will review the adequacy of:

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

- the circumstances associated with each occasion where Standing Financial Instructions are waived.

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

4.3   Internal Audit

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

4.4   External Audit

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

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

The Committee shall review the annual financial statements before submission to the Board, focusing particularly on:
- changes in, and compliance with, accounting policies and practices;
- major judgemental areas;
- significant adjustments resulting from the audit;
- compliance with legal requirements;

- review any material mis-statements identified during the Audit.

4.5   Procurement and Commercial Services

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

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

4.6   Value and Efficiencies

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

4.7   Quality Standards

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

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

4.8   Medical Devices Regulation Assurance

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

4.9   Counter Fraud

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

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

4.10 Environmental Sustainability, Estates & Health & Safety Compliance

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

5   ACCESS

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

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

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

6   MEETINGS

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

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

6.1   Withdrawal of individuals in attendance

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

6.2   Circulation of Papers

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

7   MEMBERSHIP, ATTENDEES AND QUORUM

7.1   Members

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

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

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

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

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

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

Other usual expected attendees:
Director of Finance
Board Secretary
Deputy Director of Finance
Head of Corporate Services
Head of Internal Audit
External Audit Representative
Counter Fraud Representative

7.2   By Invitation

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

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

7.3   Appointments

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

The Board shall ensure succession planning arrangements are in place.

7.4   Quorum

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

8   GOVERNANCE

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

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

to perform the role of other committees.

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

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

8.2   Reporting and Assurance Arrangements

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

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

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

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

8.3   Applicability of standing orders to Committee Business

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

9   REFERENCES

DOCUMENT	VERSION
Standing Orders	1
Standing Financial Instructions	1

10   DEFINITIONS

TERM	DEFINITION
DHCW	Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
INTERNAL AUDIT PROGRESS REPORT 2021/22
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	3.1

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	James Quance, Head of Internal Audit
Presented By	James Quance, Head of Internal Audit

Purpose of the Report	For Assurance
Recommendation	
The Committee is asked to **NOTE** the Internal Audit Progress Report for **ASSURANCE**.	
Acronyms	

DHCW	Digital Health and Care Wales		

1   SITUATION/BACKGROUND

1.1   This document sets out the progress with the Internal Audit Plan for 2021/22 (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 Committee.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   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.

2.2   The report contains the current status as well as the anticipated meeting dates that the Audit Committee can expect to receive each report based upon current best knowledge. This may be subject to change if circumstances dictate but it is useful to set out expectations.

2.3   Committee members should further note a suite of three All Wales Summary Assurance Reports relating to Estates Management to cover: Control of Contractors, Water Management, Fire Safety. These do not relate directly to DHCW but may provide useful learning.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4   RECOMMENDATION

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

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	The Plan covers corporate risks where appropriate

WELL-BEING OF FUTURE GENERATIONS ACT	A resilient Wales

If more than one standard applies, please list below:

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Due to the nature of Internal Audit coverage all standards are applicable.	

EQUALITY IMPACT ASSESSMENT STATEMENT

	Date of submission:
No, (detail included below as to reasoning)	Outcome:

Statement:
Not required.

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling		Agreed

IMPACT ASSESSMENT

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

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IMPLICATION/IMPACT	

Internal Audit Progress Report
Page 4 of 4
Author: James Quance
Approver: Chris Darling

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Internal Audit Progress Report

Audit Committee

December 2021

Digital Health and Care Wales

NWSSP Audit and Assurance Services

Contents

1. Introduction

The purpose of this report is to:

- highlight progress of the 2021/22 Internal Audit Plan for Digital Health and Care Wales (DHCW) to the January 2022 Audit Committee; and
- provide an overview of other activity undertaken since the previous meeting.

2. Progress against the 2021/22 Internal Audit Plan

There are 13 individual reviews in the 2021/22 Internal Audit Plan, a further two which are undertaken at NWSSP and provision for follow-up work.

We continue to make good progress with the delivery of the programme which has been enabled by positive engagement from senior management. Three further reviews have been completed and are reported to the January 2022 meeting of the Audit Committee. Detailed progress in respect of each of the reviews in the 2021/22 Internal Audit Plan is summarised in Appendix A.

The table in Appendix A sets out the anticipated reporting of the remainder of the programme to the next meeting of the Audit Committee. We are undertaking the fieldwork on Assurance & Risk Management, Strategic Planning and Performance Management together and we are planning to produce one report containing the three areas, recognising the interconnected nature of them. We have also touched upon Risk Management in our first review of Overall Governance Arrangements.

3. Other Activity

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

- attendance at Board Development sessions;
- monthly meetings between the Head of Internal Audit and Board Secretary;
- monthly meetings with the Director of Finance and Business Assurance;
- Audit Committee pre-meeting with the Audit Committee Chair;
- induction meetings with the Chair and Chief Executive;
- audit scoping meetings; and
- liaison with senior management.

We have also provided summary reports of our work over recent years in respect of the Capital & Estates areas of Control of Contractors, Water Management and Fire Safety for information.

4. Recommendation

The Audit Committee is invited to note the above.

Appendix A: Progress against 2021/22 Internal Audit Plan

Review	Status	Rating	Summary of recommendations	Anticipated Audit Committee[1]
Corporate Transitional Plan	Final	Reasonable	1 Medium Priority, 1 Low Priority	October
Data Analytics (Information)	Final	Reasonable	5 Medium Priority	October
Project Assurance (GP Procurement)	Final	Substantial	1 Medium Priority	January
System Assurance (WRIS)	Final	Reasonable	3 Medium Priority, 1 Low Priority	January
Governance Arrangements	Final	Substantial	2 Medium Priority, 1 Low Priority	January
System Development	Work in Progress			April
Workforce Review	Work in Progress			April
Core Financial Systems	Work in Progress			April
Assurance & Risk Management	Work in Progress – to be reported together			April
Strategic Planning				
Performance Management				
Directorate/Service Review	Planning			April
Data Centre	Planning			April
Follow-up	Not started			April

Reviews at other bodies (undertaken within NWSSP Plan)				
Purchase to Pay	Planning			TBC
Payroll	Planning			TBC

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[1] May be subject to change

DIGITAL HEALTH AND CARE WALES
WELSH RADIOLOGY INFORMATION SYSTEM
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	3.2

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Meirion George, Director of Applications Development and Support
Prepared By	James Quance, Head of Internal Audit
Presented By	Martyn Lewis, IT Audit Manager

Purpose of the Report	For Assurance
Recommendation	
The Committee is asked to **RECIEVE** the Internal Audit report for **ASSURANCE** which has been agreed with the Executive Lead and Senior Leadership Team.	

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

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

Acronyms			
DHCW	Digital Health and Care Wales		

1 SITUATION/BACKGROUND

1.1 The audit has been completed and the report has been produced in line with the Internal Audit Plan for 2021/22 for DHCW.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Committee is asked to consider the findings and management responses of the report.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Any matters for escalation to the Board to be determined by the Committee following consideration of the report.

4 RECOMMENDATION

The Committee is asked to **RECIEVE** for **ASSURANCE** the Internal Audit report which has been agreed with the Executive Lead and Senior Leadership Team.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Effective Care

Author: James Quance
Approver: Meirion George

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If more than one standard applies, please list below:		

EQUALITY IMPACT ASSESSMENT STATEMENT

	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A

Statement:
Not required.

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

Welsh Radiology Information System (WRIS)

Final Internal Audit Report

December 2021

Digital Health and Care Wales

NWSSP Audit and Assurance

Contents

Review reference:	DHCW-2122-08
Report status:	Final
Fieldwork commencement:	17th August 2021
Fieldwork completion:	22nd November 2021
Draft report issued:	30th November 2021
Debrief meeting:	30th November 2021
Management response received:	8th & 21st December 2021
Final report issued:	23rd December 2021
Auditors:	James Quance, Head of Internal Audit
	Martyn Lewis, ICT Audit Manager
Executive sign-off:	Meirion George, Director of Applications Development and Support
Distribution:	Tim Mullis, Head of Software Development
	Gareth Evans, Diagnostics Applications Manager
	Amanda Carter, Senior Product Specialist
Committee:	Audit 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 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 Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Digital Health & 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.

Executive Summary

Purpose

To provide assurance over the adequacy of the processes in place in DHCW for the management of the WRIS and the data within it.

Overview of findings

- The performance monitoring process does not monitor and report on system performance.
- The control of the database lies with local user organisations. As such DHCW cannot be assured of controls over them.
- The level of resource within the WRIS team is not sufficient to allow for development and implementation of all the required changes.
- Setting of specific password controls has been devolved to user organisations.

Overall we have provided reasonable assurance over the provision and management of WRIS.

Report Classification

Reasonable assurance

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

Assurance objectives	Assurance
1 Governance Processes	Reasonable
2 User Needs	Limited
3 Security	Reasonable
4 Access Controls	Substantial
5 Input Controls	Substantial
6 Interfaces	Substantial
7 Continuity and Disaster Recovery	Substantial

Matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Performance Monitoring	1	Operation	Medium
2	Database Responsibility	1	Operation	Medium
3	WRIS Team Resource	2	Operation	Medium

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

1. Introduction

1.1　The review of governance arrangements in place for the Welsh Radiology Information System (WRIS) within Digital Health & Care Wales (DHCW or the organisation) was completed in line with 2021/22 Internal Audit Plan.

1.2　WRIS, also known as RadIS2 is a radiology IT system that performs functions such as patient scheduling and clinical reporting involving medical images such as x-rays, CT and MRI scans and ultrasound. WRIS works in conjunction with the Picture Archiving and Communications System (PACS) to manage the storage, retrieval, distribution and presentation of images and allows the sharing of these images nationally.

1.3　DHCW provide the application and support ongoing developments, with the system being hosted within user organisations that are responsible for the server and database.

1.4　The potential risks considered in the review are as follows:

- the system does not meet the needs of the users;
- inappropriate access to system / data;
- inaccurate data held in system; and
- loss of processing / data.

2. Detailed Audit Findings

Audit objective 1: A governance process is in place that ensures policies and procedures are followed and that performance is monitored and reported

2.1　The governance process for WRIS fits into the overall DHCW governance structure.

2.2　WRIS has a Service Management Board (SMB) in place which meets regularly and has good attendance from stakeholders across Wales.

2.3　The SMB covers key items as expected e.g. performance, developments and system management, to ensure the appropriate management of the system.

2.4　There is a risk management process in place for WRIS, with risks being identified and subject to regular monitoring by the SMB. We note that risk is a standing agenda item for the SMB.

2.5　Performance against the service standards in the SLA for provision of services between DHCW and user organisations is reported and monitored at every SMB. The items reported include call volumes, incident and problem management and change management.

2.6　The availability of WRIS is monitored and reported to the SMB.

2.7　The performance report includes problems and notes the volume of these and their status. Resolution plans and the status of known error fixes are also reported to SMB.

2.8   Tracking of problems is also recorded within the action log for the SMB, with regular updates included.

2.9   However, we note that there is no monitoring and reporting of system performance items such as response time, error rate, CPU and memory use. The reason for this is based on historical decisions and due partly to the local hosting arrangements. However without monitoring and reporting on items such as these, the performance of the system and the impact of individual hosting environments cannot easily be tracked. (Matter Arising 1)

2.10   As the system is locally hosted the system administration function is undertaken by the local managers and there are guides for this aspect of system management.

2.11   The SLA and service schedule clearly defines the responsibilities of the various teams / parties involved in WRIS.

2.12   The DHCW WRIS team monitors items that are the responsibility of the user organisations e.g. capacity planning to ensure problems are identified early.

2.13   The Service Schedule sets out that responsibility for the SQL Server Database is the responsibility of local managers and not the WRIS team, with the WRIS team required to "…define database maintenance tasks" for handover. Due to the differences in knowledge in local user organisation teams this handover has not been done formally, and there is no set of defined maintenance tasks that sets out the expectations of DHCW for local maintenance. The passing of database control introduces a risk as any change to the database can result in application issues.

2.14   In addition, the service documentation states that DHCW is to "...set up database security associated with the RadIS application". Whilst this is done on creation, the lack of control over the database means that the WRIS team cannot guarantee security and so unapproved changes or access may occur that are outside their control. (Matter Arising 2)

2.15   We note that the passing of database control has contributed to the resolution of a reported incident being complicated. The system had stopped working due large amounts of data attached to "dummy" patient records. The incident required re-indexing of the database to fix. This resolution required database administration (DBA) skills which were not present in the Health Board and so was resolved by the DHW WRIS team.

2.16   We also note that the DBA resource is no longer within the WRIS team within DHCW, and so should events like this occur again the resolution may be protracted as resource would have to be called on from other areas within DHCW.

Conclusion:

2.17   There are sound governance structures in place for WRIS, with good engagement with stakeholders across Wales. Responsibilities are clearly set out within service documentation and there is monitoring of performance against this. We have noted risks relating to the transfer of control of the database and the incomplete monitoring of system performance. We have provided reasonable assurance over this objective.

Audit objective 2: A process for engagement with users to ensure the system meets their needs is in place and feeds an appropriate change management process

2.18   As noted above, there is an engagement process for WRIS, via the SMB. There is also a Change Advisory Board (CAB) in place, with representation from each of the user organisations.

2.19   User needs are raised at both the SMB and CAB. The decision over how to take these forward is discussed amongst all the user organisations at the CAB.

2.20   We note that although the structures are established for managing needs and changes, there is no Senior Responsible Owner for WRIS and there has been a historic lack of consensus between user organisations over how WRIS is to be developed. This has led to bespoke developments and differences in WRIS versions across Wales.

2.21   The needs and requests are formalised in a change request using a standard template which is logged in Service Point. This then creates a change record which is assessed by the DHCW WRIS team and at the CAB.

2.22   There are appropriate approval mechanisms for changes, with changes either being approved at the CAB or by local managers when appropriate.

2.23   The progress of changes is monitored by the CAB, with regular discussion on progress evidenced.

2.24   There is a lack of resource available for developing WRIS, this means that there are some change requests that are not able to be fulfilled, as such the system cannot fully meet all the user identified needs.

2.25   This lack of resource has been exacerbated by the lack of consensus across Wales as the available resource has been used to develop and maintain more than one version of WRIS and so, has not been directed or utilised in the most effective way.

2.26   In many cases the needs that are expressed within the change requests are bundled up into releases. As the resource within the WRIS team is not sufficient to enact all the change requests, the prioritisation of the changes into releases is done by stakeholder engagement with user organisations asked to prioritise the changes to be included in the upcoming release.

2.27   We note that delays to releases can occur due to the lack of timely provision of resource within Health Boards to contribute to user testing for releases.

2.28   There is active management of the change backlog, with reporting to CAB and periodic culling of older changes.

Conclusion:

2.29   There is a robust process to identify user needs and translate these into approved changes. However, the lack of resource available for development of WRIS, and of the lack of consensus and inefficient use of the available resource means that not all the user needs have been enacted and the system has fallen behind what user

organisations require from a radiology system. Accordingly, we have provided limited assurance over this objective.

Audit objective 3: Appropriate consideration is given to security, with databases and applications being held securely and subject to regular patching

2.30 WRIS is built using various codes and is based on a SQL Server database.

2.31 All code for WRIS is held securely using a product called TFS to ensure access is restricted.

2.32 Patching of the server and database is Health Board and Trust responsibility for their installation of WRIS, although we note that the DHCW WRIS team monitor the status of this.

2.33 There are regular (annual) penetration tests of WRIS, with any issues identified being reported to SMB / CAB and changes implemented accordingly to address them. We note that the latest report dating from September 2020 highlighted no issues and that a test has been undertaken recently, however no report was ready at the time of the audit.

2.34 We note that currently the database / servers are on version 2008 which is out of support and so presents a risk to user organisations. The local organisation provide the server with the DHCW WRIS team doing the work to utilise this. Accordingly, the responsibility for updating lies with the local organisation and we note that there are plans to move to a supported platform with a target / deadline of January 2022.

Conclusion:

2.35 Within the limitations of the 2008 environment the security of WRIS is considered, with secure holding of the code and regular penetration checks. Accordingly, we have provided reasonable assurance over this objective for the areas of activity which are the responsibility of DHCW.

Audit objective 4: Proper control is maintained over access to both the application and database, with access requirements being determined by job function and need

2.36 WRIS is modular and hierarchal so access is restricted according to user roles.

2.37 WRIS is not integrated into Active Directory and access is granted using usernames and passwords. The passwords are held within the system and are encrypted.

2.38 WRIS does allow the facility for strong password controls with minimum length, complexity and forced changes after a set period of time.

2.39 The setting of specific values for password controls e.g. minimum length of password, is the responsibility of local managers. Testing of a local version within a Health Board showed that the settings had not been set to comply with national policy for passwords. As password controls are defined by national policy, allowing local changes allows for deviation from national policy. (Matter Arising 4)

Conclusion:

2.40 As WRIS allows role defined access and for the setting of strong password controls the system allows for strong access control measures to be in place, accordingly we have provided substantial assurance that the system provided by DHCW enables user organisations to maintain appropriate security. However we note that the actual implementation of these is outside the remit of DHCW.

Audit objective 5: All input is appropriately authorised, complete, accurate, timely and input once only with appropriate data quality controls in place

2.41 WRIS user input is partly free text and data and partly by the use of drop down lists. There are input controls in place to manage data quality which are managed by both the application and the database.

2.42 There is a check in place on data entry for duplicate patients.

2.43 Data entry controls over key items are in place for WRIS, with the specifics being tailorable by local administrators. These controls include ranges and limits, format checks and mandated fields.

2.44 Maintenance of standing data which populate the drop down lists is predominantly the responsibility of local PACS management.

2.45 DHCW is responsible for ensuring the maintenance of national reference data, with an action for this assigned to the Senior Product Specialist.

2.46 There are standard reports available regarding data quality. i.e. identifying records with incomplete data. This enables local management to identify and correct data quality issues.

2.47 There are user and training guides in place and these have been recently been reviewed and updated.

2.48 We note that the majority of training on the use of the system is provided by local management to ensure that use matches departmental processes, there is a training programme available provided by DHCW when new installations are carried out.

Conclusion:

2.49 There are good controls over data entry available in WRIS, with the specific tailoring of these the responsibility of local management. Drop down lists are used to minimise the potential for user error and data quality reports are also available to enable retrospective identification and correction of errors. Accordingly, we have provided substantial assurance that the system provided by DHCW enables user organisations to maintain control over their data entry.

Audit objective 6: Appropriate control is maintained over interfaces to ensure that all data transmission to and from WRIS is complete and accurate

2.50 There are interfaces in place which have been developed by DHCW for WRIS to share data with other systems. This includes information on referrals and demographics for patients.

2.51 The interfaces are clearly stated within the service schedule for WRIS.

2.52 The interfaced items work on an individual basis and do not comprise bulk, batched transfer of information. As such missing information from failed transfers is immediately noticeable for users in order to resolve. Users are able to "resend" lost messages if required without recourse to 2nd line support.

Conclusion:

2.53 There is clarity over the interfaces in place and errors will be identified. Accordingly we have provided substantial assurance over this objective.

Audit objective 7: Appropriate business continuity and back up arrangements are monitored

2.54 As noted previously, the architecture of WRIS is within the Health Boards and Trusts, as such the responsibility for ensuring continuity, backups and disaster recovery resides with these.

2.55 There is additional resilience provided by the DHCW WRIS service. In the event of a loss of system when the local disaster recovery procedures do not work, this can be resolved by restoring a local version of WRIS from DHCW code.

2.56 We note that an issue has been identified in a Health Board where the backup had not been operating properly and was illegible when there was a need to restore. This was raised as a risk within the SMB.

2.57 Following this, an action was created on the action log and work has been coordinated via the SMB to ensure each organisation tests the backups and to develop standard templates for disaster recovery.

2.58 We also note that there is some monitoring of the success of backups by the DHCW WRIS team to enable rapid identification of any issues.

Conclusion:

2.59 The continuity processes reside with the individual organisations, however the DHCW team provides support and monitors the process. Accordingly, we can provide substantial assurance over this objective.

Appendix A: Management Action Plan

Matter arising 1: Performance Monitoring (Operation)	Impact
There is no monitoring and reporting of system performance items such as response time, error rate, CPU and memory use. The reason for this is based on historical decisions and due partly to the local hosting arrangements. However, without monitoring and reporting on such items, the performance of the system and the impact of individual hosting environments cannot easily be tracked.	Potential risk that the system does not meet the needs of the users.

Recommendations	Priority
1.1 Consideration should be given to monitoring system performance items and reporting via SMB.	**Medium**

Management response		Target Date	Responsible Officer
1.1	This will be raised at the next WRIS SMB, to suggest that the LHBs provide KPIs on performance items listed above.	16 Dec (next SMB)	Diagnostic Applications Manager

Matter arising 2: Database Responsibility (Operation)	Impact
The Service Schedule sets out that responsibility for the SQL Server Database is the responsibility of local managers and not the WRIS team, with the WRIS team required to "…define database maintenance tasks" for handover. Due to the differences in knowledge in local teams this has not been done formally and it is on a case by case basis. The passing of database control introduces a risk as any change to the database can result in application issues. In addition, the service documentation sates that DHCW is to "…set up database security associated with the RadIS application". Whilst this is done on creation the lack of control over the database means that the WRIS team cannot guarantee security and so unapproved changes may occur that are outside their control.	Potential risk of: • inappropriate access to system / data. • loss of processing / data.

Recommendations	Priority
2.1 Consideration should be given to ensuring control of the database is within the WRIS team, with the local management responsible for the hosting environment only. Should database control not be taken on board then the database maintenance and security tasks required should be clearly communicated to local managers.	**Medium**

Management response	Target Date	Responsible Officer
2.1 This will highlighted at next WRIS SMB. Options are:- 1) HBs provide DBA support based on database tasks defined by DHCW 2) Provide funding via the SLA for DBA resource WRIS Team.	16 Dec (next SMB)	Diagnostic Applications Manager

Matter arising 3: WRIS Team Resource (Operation)	Impact
Due to lack of resource within the WRIS team and the inefficient direction for the use of this, there are some change requests that are not able to be fulfilled, as such the system cannot fully meet all the user identified needs. We recognise that investing in a legacy system has limited benefit but we suggest that the resource requirement over the remaining life of the system is reviewed in order to ensure that, as far as possible, reasonable user identified needs are met.	Potential risk that the system does not meet the needs of the users.

Recommendations	Priority
3.1 The resourcing of the WRIS development team should be reviewed to ensure that the reasoanable needs of user organisations can be met. A Senior Responsible Officer should be appointed for WRIS in order to ensure that the use of resource is effective and enforce the governance process and a consensus for developments.	**Medium**

Management response	Target Date	Responsible Officer
3.1 Resource is up to, and actually well beyond, the level provided by the LHBs SLA. The LHBs are the Responsible Officers for this. This will be raised in the next SMB for discussion	16 Dec (next SMB)	Diagnostic Applications Manager

Matter arising 4: Password Controls (Operation)	Impact
WRIS allows for strong application-level password controls to be applied. However, the setting of these controls is the responsibility of local managers. As password controls are defined by national policy, allowing local changes allows for deviation from national policy, and testing of a local version showed that the settings had not been set to comply with national policy.	Potential risk of inappropriate access to system / data.

Recommendations	Priority
4.1 Consideration should be given to bringing the control over password settings into the central management function.	Low

Management response	Target Date	Responsible Officer
4.1 Development required. However, appetite for this from the Service will likely be low due to the procurement of a new RIS system. Will highlight at the next SMB for possible inclusion in Release 2.5	Release 2.5	Diagnostic Applications Manager

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.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: [Audit & Assurance Services -
NHS Wales Shared Services Partnership](#)

DIGITAL HEALTH AND CARE WALES
GP SYSTEM PROCUREMENT PROJECT
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	3.2ii

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Carwyn Lloyd Jones, Director of ICT
Prepared By	James Quance, Head of Internal Audit
Presented By	Martyn Lewis, IT Audit Manager

Purpose of the Report	For Assurance
Recommendation	
The Committee is asked to **RECIEVE** the Internal Audit report for **ASSURANCE** which has been agreed with the Executive Lead and Senior Leadership Team.	
Acronyms	

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

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

DHCW	Digital Health and Care Wales		

SITUATION/BACKGROUND

1.1   The audit has been completed and the report has been produced in line with the Internal Audit Plan for 2021/22 for DHCW.

SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

1.2   The Committee is asked to consider the findings and management responses of the report.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

1.3   Any matters for escalation to the Board to be determined by the Committee following consideration of the report.

RECOMMENDATION

The Committee is asked to **RECEIVE** the Internal Audit report for **ASSURANCE** which has been agreed with the Executive Lead and Senior Leadership Team.

IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below:	

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EQUALITY IMPACT ASSESSMENT STATEMENT

	Date of submission:
No, (detail included below as to reasoning)	Outcome:

Statement:
Not required.

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

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GP Procurement Project   Page 3 of 3   Author: James Quance
Approver: Carwyn Lloyd-Jones

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GP System Procurement Project

Final Internal Audit Report

December 2021

Digital Health and Care Wales

NWSSP Audit and Assurance

Contents

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

Disclaimer notice - please note

Executive Summary

Purpose

To provide assurance over the GP System Procurement project to ensure that appropriate project governance is in place, that stakeholders are fully engaged and that there is clarity over costs and benefits.

Overview of findings

- The risk register has not been subject to regular, ongoing review.

Overall we have provided substantial assurance over the GP IT Systems Procurement Project.

Report Classification

Substantial Assurance

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

Low impact on residual risk exposure.

Assurance summary[1]

Assurance objectives	Assurance
1 Governance	Reasonable
2 Stakeholder Engagement	Substantial
3 Costs and Benefits	Substantial

Matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Risk Visibility	1	Operation	Medium

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

1. Introduction

1.1 The review of governance arrangements in place for the GP System Procurement Project within Digital Health & Care Wales (DHCW or the organisation) was completed in line with 2021/22 Internal Audit Plan.

1.2 The previous contract for the provision of GP IT Systems for patient management included two suppliers. The contract with one of these was cancelled due to the lack of ability of the supplier to deliver the contractual requirements. Due to the need to provide choice to GPs in the selection of an IT system a new procurement was undertaken to develop a framework agreement for multiple suppliers.

1.3 The potential risks considered in the review are as follows:

- poor project governance results in time delays and acceptance of inappropriate risk; and

- the project does not deliver the anticipated benefits.

2. Detailed Audit Findings

Audit objective 1: Appropriate governance is in place for the project

2.1 Following the cancellation of the contract for the provision of GP Systems with one of the two providers a new procurement exercise was undertaken to develop a framework for the provision of GP systems and enable GPs to choose from a selection of providers.

2.2 The procurement exercise was not a project as such. However, a project management methodology was placed around it to enable full control and governance of the procurement. This was led by a qualified project manager.

2.3 The GMS IMT Programme Board acted as the project board, and met regularly, had good attendance, and maintained oversight of the project / procurement.

2.4 The GMS IMT Programme Board has a formal terms of reference in place which note that part of its role is to oversee GP IT Systems and to enable value and choice for GP systems.

2.5 A Task and Finish group was established by the GMS IMT Programme Board to undertake more detailed work on the procurement. This acted like a project team, met regularly and had good attendance.

2.6 There was clear reporting from the Task and Finish Group to the Programme Board, with regular updates, and copies of the minutes provided.

2.7 As the procurement wasn't a full project, there was no full project plan. There was an outline of timings produced along with the key governance stages.

2.8 There is also a standard implementation plan template for any practice that wants to change suppliers and implement a new system. This sets out the key steps and provides clarity over what will be required and the type of timescale involved.

2.9   There was a formal risk management process, with a risk log in place for the procurement project. Risks were identified and entered onto the risk register, along with appropriate actions identified in order to treat the risks.

2.10   Although risks were identified, discussed at programme Board at the time and added to the risk register, there was no ongoing review of the risk register by the Programme Board and risk was not a core, standing agenda item. (Matter Arising 1)

2.11   As previously noted, this was not a full project and accordingly there was no business case or project initiation document. There was engagement with stakeholders to decide what to do after the cancellation with a previous supplier, and options were provided to the GMS IMT Programme Board. Subsequent to this, agreement to go ahead with a procurement was granted and this was captured in the decision log.

2.12   The specification and tender detail was developed by the Task and Finish Group, with reporting and approval to the GMS IMT Programme Board.

2.13   There was an assessment of the potential to use the English framework for GP systems that has recently been developed (GPITF). However, the result of this assessment noted that it was not a valid option for Wales.

2.14   The development of the technical specification requirements also included the review of GPITF and the requirements for this procurement have been simplified to align to the GPITF requirements in order to encourage supplier participation.

2.15   The GMS IMT Programme Board can evidence scrutiny over the process overall and over the development of the specification, with approvals granted at each stage in the process from initiation of the preparatory work, to approval of the tender documents and then the approved suppliers.

Conclusion:

2.16   There was good project governance over the GP Systems procurement, with regular review and monitoring of the process and identification of key risks, although we noted there was no regular, ongoing review of the risk register. Scrutiny and approval was clear at each stage from initiation to supplier recommendation. Accordingly we have provided reasonable assurance over this objective.

Audit objective 2: Appropriate engagement is maintained with stakeholders and the processes for defining stakeholder requirements is clear

2.17   The basic system requirements have not changed from the original project and the original requirements were worked up using a series of workshops with all the stakeholders.

2.18   The GMS IMT Programme Board is chaired by the C&V UHB Director of Primary Care. There is representation from key stakeholder groups including: GPs; GP Council; Royal College of GPs; Stakeholder Reference Group; Practice Managers; Welsh Government and DHCW.

2.19 We do note that there is no attendance from Swansea Bay UHB or Aneurin Bevan UHB at the GMS IMT Programme Board, although there are processes in place for provision of information to these bodies.

2.20 As noted above, the detail of the requirements for this procurement project were developed by the Task and Finish Group and this was comprised of representatives from the same stakeholder groups as above.

2.21 The procurement project also issued communications at key points. Communications by letter were sent at key stages to Health Boards and practices. These included documentation explaining the decisions where appropriate.

2.22 There are also a monthly newsletter produced by the Primary Care team. These have included updates on the procurement at appropriate times.

Conclusion:

2.23 Stakeholders have been involved in each stage of the procurement project, and in the development of the requirements and there has also been regular communication to the wider stakeholder community. Accordingly, we have provided substantial assurance over this objective.

Audit objective 3: Costs, benefits and assumptions are appropriately supported and are clearly stated

2.24 As this was not a full project with a formal business case, project costs did not need to be identified from first principles as they were generally understood.

2.25 However, costs were considered as part of the process and the overall cost remains within the budget envelope, although we note that the budget was reprofiled to align to changes in the way service credits are applied within the new contract.

2.26 The tender included a threshold to ensure costs are acceptable to NHS Wales.

2.27 There was an initial assessment of potential benefits. These were brought forward from the original project. However, the key benefit to be achieved was to be to provide choice to GPs in the provision of IT Systems and this has been achieved from the procurement project.

2.28 There was work on identifying the way forward following the cancellation of the previous contract. As part of this there was a presentation to the GMS IMT Programme Board on the possible procurement route and this included a slide on the assumptions made for the considerations for procurement going forward

2.29 The early GMS IMT Programme Board meetings, when the way forward was being discussed, also evidence discussion relating to assumptions.

Conclusion:

2.30 As we have noted there was clear consideration of costs and assumptions for the procurement project. Benefits, although not reported were considered with the key requirement of providing choice to GPs being realised. Accordingly we have provided substantial assurance over this objective.

Appendix A: Management Action Plan

Matter arising 1: Risk Visibility (Operation)	Impact
Although risks were identified, discussed at programme Board at the time and added to the risk register, there was no ongoing review of the risk register by the Programme Board and risk was not a core, standing agenda item.	Potential risk of time delays and acceptance of inappropriate risk

Recommendations	Priority
1.1 Risk management should be included as a standing agenda item for Programme Board meetings.	**Medium**

Management response	Target Date	Responsible Officer
1.1 This has now been resolved with a standing agenda item introduced for the Programme Board to review the risk register. The first review of the risk register was carried out at the last Board meeting held on the 24th September.	Complete	Planning and Coordination Manager

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.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services -
NHS Wales Shared Services Partnership

DIGITAL HEALTH AND CARE WALES
GOVERNANCE ARRANGEMENTS – PART ONE
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	3.2iii

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	James Quance, Head of Internal Audit
Presented By	James Quance, Head of Internal Audit

Purpose of the Report	For Assurance
Recommendation	
The Committee is asked to **RECIEVE** the Internal Audit report for **ASSURANCE** which has been agreed with the Executive Lead and Senior Leadership Team.	
Acronyms	

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

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

DHCW	Digital Health and Care Wales		

1   SITUATION/BACKGROUND

1.1   The audit has been completed and the report has been produced in line with the Internal Audit Plan for 2021/22 for DHCW.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The Committee is asked to consider the findings and management responses of the report.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Any matters for escalation to the Board to be determined by the Committee following consideration of the report.

4   RECOMMENDATION

The Committee is asked to **RECIEVE** the Internal Audit report for **ASSURANCE** which has been agreed with the Executive Lead and Senior Leadership Team.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT

	Date of submission:
No, (detail included below as to reasoning)	Outcome:

Statement:
Not required.

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

Governance Arrangements   Page 3 of 3   Author: James Quance
                                                                 Approver: Chris Darling
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3/3   102/451

Governance Arrangements Part One

Final Internal Audit Report

December 2021

Digital Health and Care Wales

Contents

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

Executive Summary

Purpose

To ensure the governance arrangements, as set out within the Standing Orders, have been implemented for Digital Health and Care Wales and are operating as intended.

Overview

Our testing covered the limited period that Digital Health and Care Wales (DHCW) has been established for.

We have audited the governance arrangements, noting that work is in progress to fully implement and embed processes and procedures supporting the Standing Orders adopted by the Board.

We identified no significant matters for reporting in our review, but recognised that work is still underway to implement risk management arrangements and raised a recommendation to support this process.

We also recommend that an overview of progress against the implementation of the Standing Orders is given to the Board periodically.

Other recommendations / advisory points are within the detail of the report.

Report Classification

		Trend
Substantial	Few matters require attention and are compliance or advisory in nature.	N/A
	Low impact on residual risk exposure	See page 2

Assurance summary[1]

Assurance objectives		Assurance
1	Governance arrangements have been implemented	Substantial
2	Governance arrangements are operating as intended	Substantial

Matters arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Access to Standing Orders	1	Design	Low
2	Standing Orders Implementation	1	Design	Medium
3	Risk Management	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 On 30 September 2019 the Minister for Health and Social Services announced that the NHS Wales Informatics Service (NWIS) will transition from its current structure, as part of Velindre University NHS Trust, to a new Special Health Authority (SHA) – Digital Health and Care Wales (DHCW) establishing its own Board governance arrangements. This transition was effective from 1 April 2021.

1.2 The DHCW Board was responsible for adopting the Standing Orders (SOs) for the regulation of its proceedings and business. They are designed to translate the statutory requirements set out in legislation into day-to-day operating practice. Together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of DHCW.

1.3 These documents form the basis upon which DHCW's governance and accountability framework is developed and, together with the adoption of the DHCW's Values and Standards of Behaviour Framework, is designed to ensure the achievement of the standards of good governance set for health organisations in Wales.

1.4 Ensuring the Standing Orders are implemented and are operating as intended are key to the delivery of good governance arrangements.

1.5 The key risks considered in this review are the inability to implement and comply with the requirements of the organisation's Standing Orders, leading to DHCW failing to manage risks and achieve its strategic objectives, exposing DHCW to significant reputational damage and / or increased financial costs.

1.6 This audit is being supported by a second audit, General Governance Part Two (DHCW-2122-01), that is focused on strategic planning, planning and performance and risk management governance arrangements in more detail.

2. Detailed Audit Findings

Audit objective 1: to ensure governance arrangements, as set out within the Standing Orders have been implemented

2.1 We set out to determine if the Standing Orders had been fully implemented or where this was not the case and progress is still underway, if the pace was appropriate for the organisation at this stage. We found that progress completed so far was as expected.

2.2 The DHCW Board considered and agreed to adopt the model Standing Orders for the regulation of their proceedings and business at their inaugural meeting held on 1 April 2021. They were designed to translate the statutory requirements set out in legislation into operating practice and include the Scheme of Decisions reserved

to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions.

2.3 The Board is comprised of seven Independent Members and five Executive Director posts, of which two are currently vacant and subject to an active recruitment process. The Board established three committees being the Audit and Assurance, the Digital Governance and Safety, and the Remuneration and Terms of Service Committees.

2.4 The model Standing Orders were subject to minor changes impacting the Board Committees' Terms of References and the Standing Financial Instruments. None of these amendments contravened directions issued by Welsh Ministers or statutory requirements. The amendments included:

- Schedule 1 – revised general consent to enter individual contracts;
- Section 12.2.1 – amended to reference Schedule 1 and removal of reference to Schedule 2;
- Section 12.6.6 – removal of reference to Schedule 1; and
- Section 16.1.2 - changed the capital plan responsibility from the Director responsible for workforce to the Executive Director of Finance.

2.5 The Board approved the Standing Orders, as amended, at its second meeting held on 27 May 2021. The Standing Orders comprising Standing Orders Reservation and Delegation of Powers, and Standing Financial Instructions, were detailed in the meeting's agenda and papers which were placed on the DHCW public website. However, we noted that within the key documents section of the DHCW public website that the Standing Orders radial button on the web site page does not work, preventing the public from accessing the document. This has been raised as matter arising one in Appendix A.

2.6 An assessment of the implementation of each individual Standing Order approved by the DHCW Board was performed. Board and committee papers were obtained and reviewed, together with evidence provided by the Board Secretary in response to specific questions. We concluded that progress on every individual Standing Order audited (89 paragraphs in total), in the first nine months of DHCW's existence, was in line with expectations. We found no issues with the work completed to implement individual orders to date.

2.7 We also confirmed that Board members have been assigned champion roles, in accordance with Welsh Health Circular 2021/002 (Board Champion Roles), where expectations are currently being developed.

2.8 Furthermore, we interviewed each independent member to determine the level of engagement and information received from the organisation. Overall, we were informed that there is a good flow of information via the Board and other

committees, leading to confidence that the Standing Orders were being implemented.

2.9   However, there was little evidence of assessment by the Board of the implementation of individual Standing Orders. Whilst Independent Members interviewed all commented that Standing Orders had been approved, Board members need to have confidence that all Standing Orders have been implemented in full and embedded. There is a need for the Board to be provided with periodic reports on this subject until full implementation has been confirmed. The Board needs to consider any gaps or delays, and whether additional interim measures are required to attain the level of confidence sought by the Board until full implementation is achieved. This has been raised as matter arising two in Appendix A.

Conclusion:

2.10   Standing Orders were considered and approved by the DHCW Board at its first two meetings and progress has been made to implement individual Standing Orders within the first nine months of the organisation's existence. No significant matters for reporting were identified, therefore we have provided **substantial assurance** over this area.

Audit objective 2: to ensure key governance arrangements are operating as intended

2.11   We identified the Standing Orders approved and adopted regarding the risk management control and oversight of strategic objectives. We completed a review of these to assess how the Board's role to the organisation has been embedded.

2.12   The DHCW Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- setting the organisation's strategic direction;

- establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and

- by ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of DHCW's performance across all areas of activity[2].

The Board has accepted the above definition of its main role, as evidenced in the minutes of its Meeting held on 27 May 2021, where the Standing Orders were approved.

2.13   The Standing Orders also comment that the Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of DHCW business, its governance, and the effective management of the organisation's risks

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[2] Para. 1.4.1 of Standing Orders

in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers[3].

Papers were presented by the Board Secretary to the Board covering the Risk Management and Board Assurance Framework Strategy at its May 2021 meeting. We confirmed that the Board approved the Risk Management and Board Assurance Framework Strategy and associated milestone plan.

2.14 The latest milestone plan reviewed was presented to the Board at its November 2021 meeting. It detailed a number of areas where work was in progress, including further work required on principal risks and training of staff and directorates. Further, the delivery of the Business Assurance Framework (BAF) which provides reporting on strategic objectives and management of related risks, has not yet been presented to the Board, but we noted that an initial BAF report is scheduled to be presented at the Board's January 2022 meeting.

2.15 Whilst the revised Risk Management Framework is yet to be fully implemented and embedded, the Board and sub-committees are receiving operational risk information on which they can exercise oversight. However, there is a need for the Board to establish a target date for the delivery of a fully functioning revised Risk Management Framework, as approved by the Board in May 21 to ensure compliant operational risk reporting and BAF reporting is delivered. We have raised this as matter arising three in Appendix A.

2.16 Alongside ongoing development work, we confirmed that risk management is actively reported and discussed at the Board, including via the Corporate Risk Management report and Corporate Risk Register.

2.17 Furthermore, we confirmed that the terms of reference for each of the sub-committees to the Board have been developed and approved. Each of the committees have been established to operate in accordance with the Standing Orders[4]. We reviewed the operation of each of these through a review of all agendas and accompanying minutes since April 2021. We found no issues.

2.18 To embed the key requirements of the work programme, the Board has considered key work programmes to underpin the Standing Orders. We confirmed that Board members have received regular progress updates on each of the work programmes, notably:

a. Strategy Development;
b. Planning and Performance;
c. Risk Management; and
d. Stakeholder Engagement / Relationship Management.

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[3] Para 10.0.1 of Standing Orders
[4] Para. 3.4.1 of Standing Orders

Conclusion:

2.17 The DHCW Board has defined its main role and has revised inherited risk management practices, presenting the Board with papers detailing a Risk Management and Board Assurance Framework Strategy that was approved by the Board in May 2021. However, work is in progress to deliver the Strategy in full, and progress is being reported to the Board. No significant matters for reporting were identified, therefore we provide **substantial assurance** over this area.

Appendix A: Management Action Plan

Matter arising 1: Access to DHCW Standing Orders (Design)	Impact
The DWHC public website refers to key documents held on the site, but the Standing Orders radial button on the key documents section of the web site page does not work. The public cannot access the Standing Orders.	Potential risk of: • The pubic are not able to access the Standing Orders of DHCW, which is a mandatory requirement.

Recommendations		Priority
1.1	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.	Low

Management response		Target Date	Responsible Officer
1.1	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.	14/01/21	Chris Darling, Board Secretary

Matter arising 2: Review of Implementation of Standing Orders (Design)	Impact
The Board of DHCW approved and adopted Standing Orders at its first two Board meetings held in April and May 2021, respectively. DHCW has now been in existence for nine months and there is little evidence of review by the Board of the level of implementation of individual Standing Orders.	Potential risk of: • Standing Orders approved and adopted by the Board, but are not sufficiently implemented and embedded in DHCW processes, which may lead to increased reputational risk.

Recommendations	Priority
2.1 We recommend that the Board Secretary ensures that: a. The Board is provided with assurance on the level of implementation of Standing Orders and is able to request periodic reports on this subject until full implementation has been confirmed. b. The Board considers any gaps or delays to full implementation, and whether additional measures are required to achieve the level of governance sought by the Board in the interim, until full implementation is achieved.	Medium

Management response		Target Date	Responsible Officer
2.1	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	31/03/21	Chris Darling, Board Secretary

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.

b. The Board will consider any gaps or delays to full implementation, and whether 31/03/22   Chris Darling, Board Secretary
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.

In addition, there is a Board Development session planned on the 06/01/22 to 06/01/22
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.

Matter arising 3: Delivery of Revised Risk Management Framework (Operation)	Impact
Whilst the revised Risk Management Framework, approved by the Board in May 2021, is yet to be fully implemented and embedded, the Board and Committees are receiving risk information and are providing oversight of operational risk. However, until the revised risk management framework is fully implemented and embedded, the lack of a Business Assurance Framework process limits the ability of the Board to receive reports that enable key risks to be fully mitigated. The Board has not established a target date for its delivery.	Potential risk of: • The revised risk framework may never be fully delivered, reducing the value that the framework can provide in the management of risk, particularly through the Business Assurance Framework process.

Recommendations	Priority
3.1 We recommend that the Board Secretary ensures that the Board establishes a target date for the delivery of a fully functioning revised Risk Management Framework and monitors DHCW management's progress in its delivery.	Medium

Management response	Target Date	Responsible Officer
3.1 The Risk Management and Board Assurance Framework (BAF) Strategy was approved by the Board in May 2021, a Risk and BAF Milestone Plan has been taken to the Audit and Assurance Committee and public Board meetings since this approval to update Committee and Board members on progress in implementing the strategy, and this will continue. A number of key milestones are planned for January and March 2022 including the strategic risks (BAF) report. Pace of implementation has been impacted by no dedicated risk resource within DHCW, however, a dedicated risk post has been approved and the Risk and Regulatory Officer starts on the 23/12/21. The Risk and BAF Milestone Plan will be reviewed and updated going into the 2022/23 year to include any outstanding implementation, however it should be noted it is unlikely there will be	01/04/22	Chris Darling, Board Secretary

a time when all requirements are delivered, because there are some milestones which will be recurrent each year e.g. review and approval of the Boards risk appetite, agreement of strategic objectives annually and therefore risks to achieving these objectives.

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.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services -
NHS Wales Shared Services Partnership

All-Wales Summary Report Estates Assurance – Control of Contractors

October 2021

NWSSP Audit and Assurance Services

Contents

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

1. Introduction

In 2019/20 and 2020/21, we completed reviews of the arrangements in place for the management and control of contractors at the following NHS Wales organisations:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board.

  * One of the above reviews was advisory in nature, focussing on arrangements in place at the major programme/project being delivered by the UHB, and is therefore not included within the conclusions of this review.

NHS bodies and their appointed contractors have responsibilities under health and safety legislation, to ensure appropriate precautions are taken to reduce the risks of danger to patients, employees, visitors and the contractors themselves.   Applicable legislation includes the Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Control of Substances Hazardous to Health Regulations 2002 and the Control of Asbestos Regulations 2012, amongst others.

The Health & Safety Executive (HSE) has produced a range of guidance on the safe management of contractors, including "Managing Contractors" (HSG 159), and the "Using Contractors – a Brief Guide."   The audits assessed compliance with the requirements of this guidance.

Note that the assessment of compliance with the Construction (Design and Management) Regulations 2015 was outside the scope of the current reviews.

The areas considered within the reviews were:

Governance

That appropriate policy and procedural documents were in place to manage contractors, in line with Health & Safety Executive (HSE) requirements.

Appointment of Contractors

That potential contractors were appropriately checked to establish compliance with HSE requirements and the organisations' required standards for health and safety, including confirmation that contractors had sufficient skills/competencies/insurances to undertake the work safely.

Management of work on site

That appropriate arrangements were in place to manage contractors working on the organisations' premises, including risk assessments, site access controls, induction arrangements, operation of Permits to Work, and monitoring of contractors on site to ensure compliance.

Monitoring & Reporting

That there was ongoing monitoring and review of contractors / contractor-related incidents, in order to maintain the required standards of health and safety and to improve existing processes.

2. Summary of Consistent Messages

2.1 Overall position

In line with our agreed audit approach, each objective area was assessed in relation to the adequacy and effectiveness of the system of internal control under review. An overall assurance rating, along with individual assurance ratings for each objective area, were determined (see **Appendix A** for a description of the assurance ratings applied).

These anonymised ratings are provided below to illustrate the strengths and potential for improvement in the organisations' control of contractors arrangements; with an overall limited assurance determined in five of the six audits undertaken.

	Number of organisations receiving each assurance rating			
2.1 Overall assurance rating	-	5	1	-
2.2 Governance	-	2	3	1
2.3 Appointment of Contractors	-	4	2	-
2.4 Management of work on site	-	5	1	-
2.5 Monitoring & Reporting	-	4	2	-

Note: The advisory review did not provide assurance ratings.

A total of 54 audit recommendations were raised, these are summarised by priority below:

Total Recommendations
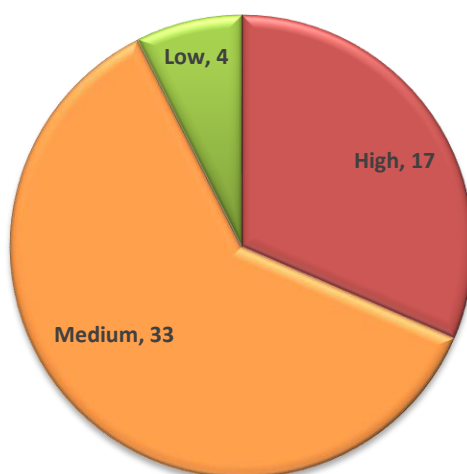
Note: No recommendations were raised at the advisory review.

Governance arrangements across the organisations were generally well defined with procedural guidance (reflecting HSE requirements) in place for the control of contractors. Formal policies did, however, require development in a number of organisations.

Whilst recognising the procedural guidance, compliance issues were generally noted in the application of the defined/mandated control procedures, particularly in respect of the management of work on site, in the application of contractor's site inductions and site signing in processes. Improvements were also required at several the organisations examined in the contractor appointment checks and in the monitoring and reporting of compliance.

At the request of management within one of the organisations examined, where a limited assurance report was issued, a follow up review was undertaken within three months of the initial review. This work confirmed that the majority of agreed recommendations had either been implemented or were in progress.

2.2 Governance

Most organisations had developed appropriate procedural guidance for the control of contractors, in line with HSE expectations – although there was no procedural guidance in place at one organisation.

Only three organisations had implemented an overarching policy, and only one was appropriately communicated via its online publication

2.3 Appointment of Contractors

To ensure appropriate safe working practices are applied whilst contractors are working on site, organisations should operate robust controls when selecting and appointing contractors. Checks should include competencies, industry accreditations, prior experience, and validation of appropriate insurance cover to ensure sufficient indemnity is provided in the event of an incident occurring.

A number of organisations demonstrated robust controls in this area through the operation of local frameworks / measured term contracts, particularly for capital works. The contractors 'called-off' from such frameworks for individual jobs had generally been subject to appropriate checks upon their initial appointment.

However, where contractors were appointed on an individual job basis, typically for service/ maintenance work, there was insufficient evidence in most organisation to demonstrate that the key checks had been undertaken.

In some cases, prior experience with a contractor was relied upon. It was noted that in the majority of these instances, there was no appropriate audit trail to support previous checks having been made, or to ensure that insurances / accreditations remained up to date.

Some organisations had established electronic systems to facilitate the monitoring of contractors, including the central retention of supporting documentation. However, it was observed that these systems held out of date information thus reducing the potential benefits.

We consistently identified the following areas for improvement:

- Improved pre-selection checks for contractors, particularly those not appointed from frameworks / measured term contracts; and

- Improved updating of the electronic systems where relied upon for the appointment of contractors.

2.4 Management of work on site

Where in place (*refer to section 2.2*), the organisations' procedural guidance) clearly established the controls required before permitting contractors to commence work on site. These typically included the completion of the contractors' Risk Assessments/Method Statements, completion of an induction process and, in some cases, completion (with the works supervisor) of a pre commencement checklist.

Inductions were typically delivered in one of two ways:

1. Centralised, periodic 'classroom' based sessions, or

2. 'On the job' discussions with the works supervisor at the start of the job.

Both methods were capable of delivering the required information, however in most cases, organisations did not maintain adequate records, or make adequate checks, to ensure the inductions had been attended prior to allowing works to commence.

Risk Assessments/Method Statements were in place for the majority of jobs reviewed during the audits. However, in one organisation, there was no evidence these had been reviewed for adequacy by the appropriate works supervisors.

Most organisations operated a signing in/out system, however, in most cases compliance with the same was limited.

Where checklists were required to capture compliance with the above controls, these were not consistently applied across all contractor groups or by all works supervisors. In more than one organisation, other means of record keeping also required improvement (e.g. retention of Risk Assessments), to provide a retrospective audit trail in the event a job requires investigation post completion.

In most organisations, application of the required controls at community sites (i.e. without the presence of an Estates office), was further reduced.

We consistently identified the following areas for improvement:

- Improved controls in ensuring inductions have been attended prior to works commencing;

- Application of mandatory checklists in a consistent manner;

- Ensuring contractors comply with the established signing in/out systems;

- Retention of key paperwork such as Risk Assessments/Method Statements; and

- Improved application of required controls at community sites.

2.5 Monitoring & Reporting

It was noted that the number of contractor-related incidents in most of the organisations reviewed had been minimal in the years preceding the reviews;, with only one significant incident having occurred.). Most organisations had robust processes for ensuring contractor-related incidents were appropriately investigated, with lessons learnt clearly identified.

Whilst most organisations had also defined processes to monitor compliance with the agreed procedures, in some cases these were not being undertaken with sufficient regularity or with sufficient scope.

We consistently identified the following area for improvement:

- Improved application of in-house compliance audit processes to enable robust reporting of compliance to management, and to enable actions to be taken where compliance was deemed insufficient.

3. Good Practice Examples

This section provides some examples of good practice based upon our work across the organisations. Please note that this is not an exhaustive list of good practice across the five organisations.

- The use of local frameworks / measured term contracts, ensuring the robust application of selection and appointment checks at the outset, reducing the need for checks when calling off individual jobs.

- The use of such longer-term contractual arrangements improved collaborative working relationships between the organisations and the contractors, and provided an incentive for improved compliance with the organisation's procedures.

- The use of electronic systems, both for central document retention (for ease of reference when undertaking contractor checks) and for 'live' processes (such as signing in/out).

- Establishment of a dedicated Contracts Management team within the Estates department providing central contract management functions.

Appendix A: Audit Assurance Ratings

Substantial assurance

The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Reasonable assurance

The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

Limited assurance

The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

No assurance

The Board can take **no assurance** that arrangements in place to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **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** but which are relevant to the evidence base upon which the overall opinion is formed.

Office details:

Audit and Assurance Services – Specialist Services Unit
Floor 3
Companies House
Crown Way
Cardiff
CF14 3UB

Contact details:
Simon Cookson, Director of Audit & Assurance – simon.cookson@wales.nhs.uk
Huw Richards, Deputy Director of Specialist Services – huw.richards@wales.nhs.uk

All-Wales Summary Report Estates Assurance – Water Management

October 2021

NWSSP Audit and Assurance Services

Contents

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

Disclaimer notice - please note

1. Introduction

During the last four financial years (2017/18 – 2020/21), audits were completed assessing the arrangements in place for the management and control of water safety at the following NHS Wales organisations:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- Velindre University NHS Trust.

The key objective of the reviews was to assess compliance with the requirements of Welsh Health Technical Memorandum (WHTM) 04-01: *'Safe water in Healthcare Premises'*, which was produced to promote good practice in the design, installation, commissioning, operation and maintenance of water services in healthcare premises.

The scope and remit of the reviews was directed to the following areas:

- **Governance -** That adequate arrangements were in place to support the implementation of the approved code of practice. Also, that an appropriate policy was in place to address water safety issues, there were defined allocation of responsibilities, clear lines of communication and reporting and approval processes.

- **Procedures -** To ensure that management were implementing applicable procedures – both internal and external requirements.

- **Monitoring and Reporting -** To ensure that the estate was appropriately monitored and that effective monitoring procedures were operating e.g. the establishment of appropriate Water Safety Groups (WSGs). Assurance that there was appropriate record retention and dissemination of information through to the Executive team and Board.

- **Management -** Assurance that relevant staff received appropriate training, and appropriate resources were allocated. Assurance that appropriate inspection / detection regimes were operated.

- **Risk Management -** Assurance that suitable and sufficient assessments of risks were performed and that identified risks were appropriately managed.

Each organisation received an assurance report which contained considerations for the future specific to its circumstances. This summary report seeks to identify common themes and development areas.

Following an initial Limited Assurance report, management at one of the organisations requested that further audits be undertaken at all of their remaining acute sites. Accordingly, the data/issues arising from these two additional reviews are included within this summary paper for completeness (i.e. ten reports issued at eight organisations).

2. Summary of Consistent Messages

2.1   Overall Position

In line with our agreed audit approach, each objective area was assessed in relation to the adequacy and effectiveness of the system of internal control under review. An overall assurance rating, along with individual assurance ratings for each objective area, were determined (see **Appendix A** for a description of the assurance ratings applied).

These anonymised ratings are provided below to illustrate the strengths and potential for improvement in the organisations' management of water safety, with an overall limited assurance determined at five of the ten audits undertaken.

	Number of organisations receiving each assurance rating[1]			
Overall assurance rating	-	5	5	-
Governance	-	4	4	2
Policy & Procedures	-	3	4	3
Monitoring & Reporting	-	3	7	-
Management	-	6	4	-
Risk Management[1]	-	5	4	-

[1]one report did not determine an assurance rating in respect of risk management.

A total of 83 audit recommendations were raised, these are summarised by priority below:

TOTAL RECOMMENDATIONS
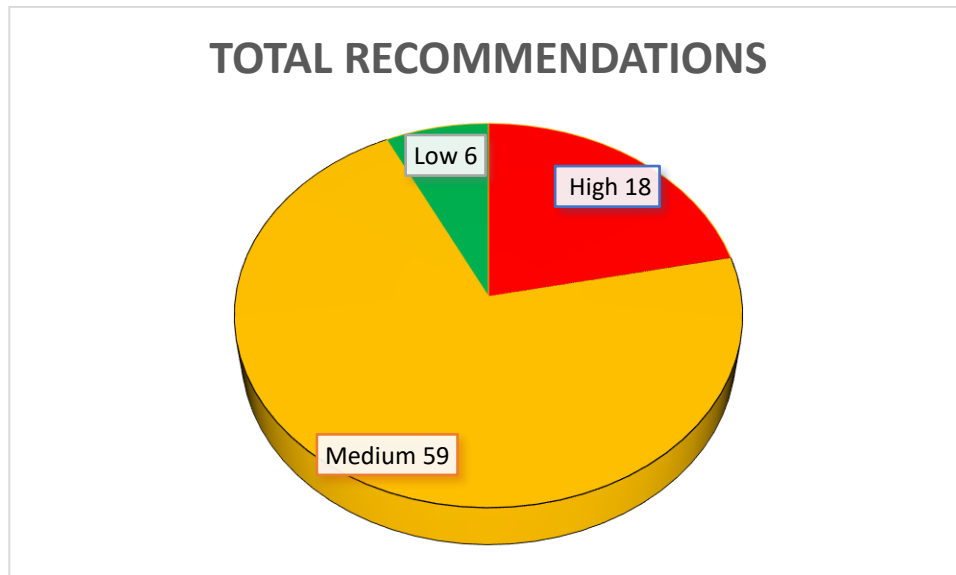
Follow up reviews have since been undertaken in some organisations, with positive action noted in respect of actions taken to address the agreed recommendations.

2.2 Governance

All organisations had defined an appropriate governance structure, including the establishment of a Water Safety Group and associated sub-groups (in accordance with WHTM 04-01); with clear reporting lines to the relevant Board-level Committee. Responsibilities, including at Executive level, had also been clearly assigned.

Responsible and Deputy Responsible Persons, with specific responsibilities for water safety, had been formally assigned at most organisations in line with WHTM 04-01 requirements. However, not all organisations had sufficient coverage of officers across the estate. Improved arrangements were observed where follow up exercises were subsequently undertaken.

All organisations had appointed an external Authorising Engineer, as required by WHTM 04-01, in most cases via NWSSP: SES. The Authorising Engineer makes recommendations for improvement in the issue of annual reports and more detailed tri-annual site-specific reports. However, not all organisations had sufficient mechanisms in place for monitoring the actions taken to address the recommendations or adequate reporting of progress to appropriate forums ensuring identified issues were rectified in a timely manner.

We consistently identified the following areas for improvement:

- Ensuring sufficient coverage of Responsible and Deputy Responsible Persons; and

- Formal monitoring of progress towards implementation of recommendations from external assurance providers (e.g. NWSSP:SES).

2.3 Policy & Procedures

WHTM 04-01 outlines the importance of organisations having an appropriate Water Management Policy and Water Safety Plan. The Water Safety Plan should assist with understanding and mitigating risks associated with waterborne hazards in distribution and supply systems and associated equipment, and should provide a risk-management approach to the safety of water.

Four of the organisations reviewed had up to date policies and procedures in line with the requirements of WHTM 04-01. However, at the other four, both of the key documents required updating.

We consistently identified the following areas for improvement:

- The need for up to date policies reflecting current guidance; and

- More frequently updated Water Safety Plans providing 'live' guidance for staff.

Where follow up exercises have been undertaken, the required policies and procedures had been updated in line with agreed recommendations.

2.4 Monitoring & Reporting

All organisations had established a Water Safety Group, with appropriate remit and memberships determined in line with the requirements of WHTM 04-01.

However, attendance levels were insufficient in nearly all cases particularly in respect of designated clinical representatives and a microbiologist; with meeting held insufficiently frequent.

Areas of good practice were noted in some organisations, with designated Compliance Managers appointed to enable robust monitoring and reporting of performance against agreed Key Performance Indicators and the requirements of the Water Safety Plan.

Where monitoring and reporting was identified as poor, concerns were identified in respect of the adequacy, accuracy and reliability of testing/monitoring records maintained for the sites examined.

We consistently identified the following areas for improvement:

- Improvements in the attendance of agreed members at the Water Safety Group; and

- The need for enhanced monitoring and reporting of compliance with the Water Safety Plan including for example, exception reporting, escalation

of identified issues, planned works against targets, results of routine spot checks etc. The same would facilitate effective control by the (responsible) Water Safety Groups

2.5 Management

Most organisations maintained at least some paper-based records, such as log books to record water management activities.

One organisation had procured specialist water management software to facilitate the planning, delivery and recording of Estates water activities (testing and inspection).

Issues were noted in the completeness and retention of these records to provide a robust audit trail of activities undertaken.

Pre-Planned Maintenance System (PPMs):

In most organisations, audit testing of a sample of PPMs found some activities (including associated remedial works) not completed as required. It was noted, however, that where omissions were significant, the organisations had attributed the same to insufficient staff resource and formally reported the same to an Executive level.

WHTM 04-01 requires 'accurate as-fitted drawings' to be available to facilitate the identification of poor water circulation and "dead-legs". The absence of up-to-date record drawings resulted in reduced assurance opinions at a number of organisations.

A number of the organisations had reported insufficient staff resource within their Estates departments to deliver the agreed plan for water-related estates activities.

Where electronic systems were introduced this also presented difficulties in the level of resource required to ensure the system was accurately populated and operated effectively to maximise the possible benefits.

In a number of organisations there was the potential for a case to be for additional staffing to deliver improvements, but this had generally not been pursued.

Regular flushing (of the systems), is a key control in managing underutilised water outlets and pipework (as required by WHTM 04-01). Procedures/protocols, including record keeping requirements, had generally been appropriately defined within the Water Safety Plans and associated procedural documentation. In most organisations, the responsibility for flushing of infrequently used outlets in clinical areas was assigned to ward staff.

However, issues were identified in most organisations in the consistent application of agreed procedures, coupled with insufficient monitoring of testing compliance to provide assurance to the Water Safety Groups.

Training for key staff with assigned water safety responsibilities was up to date in all bar two of the organisations. Enhanced training records, to facilitate proactive monitoring of training requirements, were required in a number of the instances.

Where follow up exercises have been undertaken, it was noted that training had been updated for key staff.

We consistently identified the following areas for improvement:

- The completeness and adequacy of water management activities (incl. Pre-planned and unplanned maintenance, flushing records etc.).

- The adequacy of record drawings retained;

- Insufficient resource in some organisations to deliver the required level of water safety activities set out in the Water Safety Plans;

- The need for enhanced training records, to facilitate proactive management of training requirements; and

- The need for improved compliance and monitoring of flushing activities.

2.6 Risk Management

Corporate and operational risk management processes were found to be robust in most of the organisations reviewed, facilitating the identification, monitoring and escalation of water-related risks.

Additionally, in line with best practice, water infrastructure risk assessments were up to date in the majority of organisations; having been refreshed within the prior three years.

However, issues with the quality of assessments undertaken by the appointed external consultants had been experienced in two organisations, reducing the ability to place reliance on the reported findings.

In some organisations, there was also insufficient evidence of progress towards implementing the issues identified at the infrastructure risk assessments (in some instances priority one/high risk issues remained unaddressed for a number of years).

We consistently identified the following areas for improvement:

- The quality of infrastructure risk assessments undertaken by external parties;

- The time taken to address identified water related risks (arising from infrastructure risk assessments); and

- The associated reporting of progress to address identified risks.

3. Good Practice Examples

This section provides some examples of good practice based upon our work across the organisations. Please note that this is not an exhaustive list of good practice across the eight organisations.

- Well defined governance arrangements had been developed within most organisations in accordance with WHTM 04-01.

- Comprehensive Water Safety Plans operating at sites, including e.g.

  o defined roles and responsibilities;

  o temperature testing expectations;

  o definition of elevated levels of bacteria;

  o definition of infrequently used outlets;

  o response times for infrastructure works;

  o clarification of durations of flushing; and

  o approach to pipework labelling.

- The allocation of the "Responsible Persons" role (at each key site within organisations) - a key role having the responsibility for routinely monitoring and testing compliance for water safety.

- Clear reporting lines from Water Groups (and sub-groups), through to the Health and Safety Committee and Executive Board (where required). Reports including clearly established performance data, test results, exception reporting and appropriate management/mitigating actions with defined timescales.

- The appointment of external consultants to facilitate key management tasks such as updating of the Water Safety Plan, delivery of training and undertaking of risk assessments.

- Where resourcing was seen to impact specifically on water management at key audits, mitigating measures to address the issues identified.

- Dedicated compliance monitoring teams enabling robust monitoring and reporting of performance including against agreed KPIs.

- Procurement of specialist water management software; but recognising this comes with resource / training implications to ensure the system is operated correctly to provide the best value.

- The replacement and recycling of shower heads, removing the need for cleaning/maintenance.

- Assignment of flushing responsibilities to Hotel Services to facilitate daily attention.

- Implementation of an electronic flushing management system to coordinate ward activities and facilitate central monitoring.

Appendix A: Audit Assurance Ratings

Substantial assurance

The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Reasonable assurance

The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

Limited assurance

The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

No assurance

The Board can take **no assurance** that arrangements in place to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **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** but which are relevant to the evidence base upon which the overall opinion is formed.

Office details:

Audit and Assurance Services – Specialist Services Unit
Floor 3
Companies House
Crown Way
Cardiff
CF14 3UB

Contact details:
Simon Cookson, Director of Audit & Assurance – simon.cookson@wales.nhs.uk
Huw Richards, Deputy Director of Specialist Services – huw.richards@wales.nhs.uk

All-Wales Summary Report

Estates Assurance – Fire Safety

December 2021

NWSSP Audit and Assurance Services

Contents

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

1. Introduction

During the last five financial years (2016/17 – 2020/21), audits were completed assessing the arrangements in place for the management and control of fire safety at the following NHS Wales organisations:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- Velindre University NHS Trust.
- Welsh Ambulance Service NHS Trust

The key objective of the reviews was to assess compliance with the requirements of Welsh Health Technical Memorandum (WHTM) 05-01: *'Firecode – Managing healthcare fire safety'*, which provides practical guidance in the application of statutory regulation in healthcare premises.

The areas considered within the reviews were:

Control Framework – To obtain assurance that management had implemented robust local Fire safety procedures/protocols – meeting both internal and external requirements;

Governance - Assurance that each organisation had established robust governance arrangements to manage Fire Safety requirements and that they operated effectively;

Monitoring & reporting – To obtain assurance that effective central monitoring and reporting arrangements had been applied including drawings, risk assessments, training, incidents, actions and inspections; and

Local Implementation - to obtain assurance that effective assurance mechanisms operated in respect of local compliance and implementation of defined requirements, including:

- local management, appointment and operation of fire safety officers and wardens;
- signage;
- equipment; and
- records

Each organisation received an assurance report which contains considerations for the future that are specific to its circumstances. This summary report seeks to identify common themes and development areas.

2. Summary of Consistent Messages

2.1 Overall position

In line with our agreed audit approach, each objective area was assessed in relation to the adequacy and effectiveness of the system of internal control under review. An overall assurance rating, along with individual assurance ratings for each objective area, were determined (see **Appendix A** for a description of the assurance ratings applied).

These anonymised ratings are provided below to illustrate the strengths and potential for improvement in the organisations' fire safety management arrangements.

	Number of organisations receiving each assurance rating*			
Overall assurance rating	-	7	1	-
Control Framework	-	5	3	-
Governance	-	5	3	-
Monitoring and Reporting	-	4	4	-
Local Implementation	1	7	-	-

A total of 85 audit recommendations were raised, these are summarised by priority below:
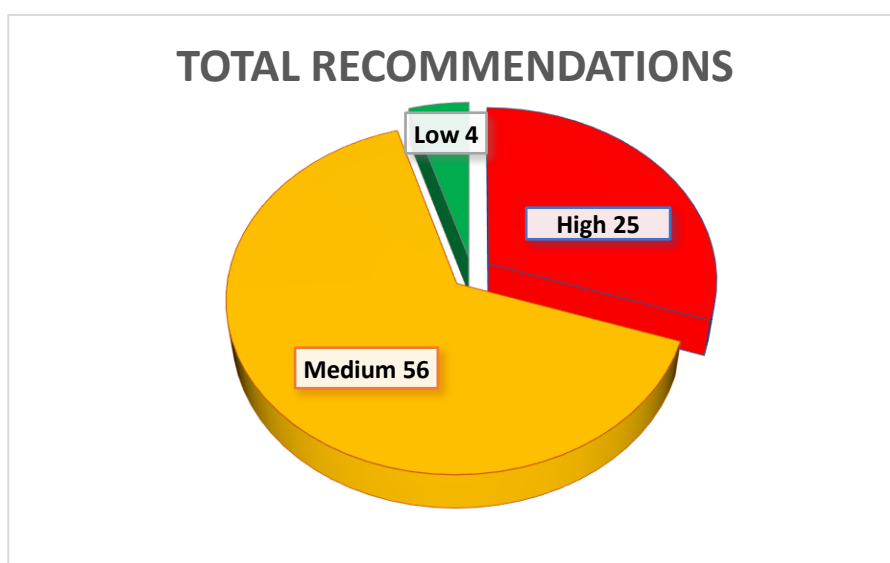
Two of the eight organisations had live fire enforcement notices at the time of the audits.

We note that in general, fire safety management arrangements required substantial improvement in most organisations – with seven of the eight audits determining limited assurance.

Follow up reviews were subsequently progressed at two organisations: one determining significant improvement and the other concluding that insufficient progress had been made to address the original recommendations.

2.2 Control Framework

The Regulatory Reform (Fire Safety) Order 2005 imposes a general duty to take such fire precautions as may be reasonably required to ensure that premises are safe for the occupants and those in the immediate vicinity.

Further clarity is provided for NHS Wales within the following Welsh Health Technical Memoranda:

- WHTM 05 01: Firecode – Managing Healthcare Fire Safety.
- WHTM 05 02: Firecode - Fire safety in the design of healthcare premises.
- WHTM 05 03: Firecode - Fire Safety in the NHS.

The above requires NHS organisations to have a clearly defined fire safety policy covering all buildings they occupy. At most organisations, the policies and other supporting procedural guidance were significantly out of date and required updating to reflect current Welsh Health Technical Memoranda guidance (together with issues raised at the respective audits). Additionally, certain mandated elements were omitted from policies e.g., Dangerous Substance and Explosive Atmosphere regulations (DSEAR).

Accordingly, we consistently identified the following area for improvement:

- The renewal/updating of Fire Safety policies (and associated supporting procedures) to reflect current guidance.

2.3 Governance

Most organisations had defined an appropriate governance structure, including committee-level responsibility for fire safety and the requirement for dedicated Fire Safety Groups.

At the majority of organisations examined the Fire Safety Groups were either inactive for significant periods or had not been established. Consequently, significant gaps in the effective scrutiny, accountability and control assurances were observed during the period of review.

Improvements were also recommended to enable appropriate monitoring and reporting arrangements to operate at the Fire Safety Groups.

In all organisations key fire safety roles, including a Fire Safety Manager and supporting Fire Safety Advisers, had been formally assigned.

However, for one, improved clarity in the roles and responsibilities of local (site/locality) management, estates personnel and fire safety advisers operating within the fire safety structure was required.

In a small number of instances, the Fire Warden role was not allocated, and Fire Warden and Incident Coordinator listings were out of date, meaning assurance could not be provided that the organisation would have sufficient, trained support in the event of a fire incident.

We consistently identified the following areas for improvement:

- Appropriate operation of the Fire Safety Groups; and
- The need to define/assign other local roles key to supporting/ implementing fire safety management.

2.4 Monitoring & Reporting

WHTN-05-01 Firecode notes that an essential element of any fire safety management system is a robust reporting and audit process.

The required annual fire safety audits submitted to NWSSP: SES had been reported in a timely manner in all organisations.

It is a statutory duty to complete Fire Risk Assessments on all NHS properties. Fire risk assessments are utilised to inform mitigating actions (e.g. required fire suppression, evacuation, and maintenance requirements etc.), and as such are a fundamental part of fire safety control. Management arrangements should therefore provide assurance on their completion and any associated mitigating actions.

Fire Risk Assessments had been completed as required in most organisations, however the quality, validity and currency of the completed risk assessments varied significantly i.e.

- The absence of completed risk assessments for key premises;
- Inconsistent completion of risk assessments for premises across the estate; and
- Risk assessments not updated for significant periods of time.

The majority of organisations highlighted significant backlog maintenance issues which included the need for fire safety improvements across the estate. The varying quality of the fire risk assessments would impact on the accuracy/extent of an organisations reported backlog maintenance requirements.

A particular (current) concern was the need to refresh risk assessments in relation to ward reconfigurations associated with the Covid response e.g. changes to the identified responsible staff; the risk profile of the changed service; and associated exit plans etc.

Also, as a result of the variable quality of the completed fire risk assessments, issues were noted in the corresponding monitoring and implementation of the resulting actions arising from the same.

The quality of monitoring and reporting of fire risk issues was also variable. As a consequence, effective scrutiny, accountability and control assurances were lacking, with common issues identified including:

- The absence of annual Fire Safety Reports;

- The absence of regular fire safety reporting at Committee or Group levels; and

- Lack of consistency in reporting.

A number of organisations highlighted insufficient resource available to address the significant number of actions identified at the risk assessments, however the resourcing issue and associated risks/impact had not always been reported.

We consistently identified the following areas for improvement:

- Improved quality and regular update of Fire Risk Assessments;

- Improved monitoring and implementation of actions arising from the Fire Risk Assessments.

- Reporting formats, coverage and summaries were insufficient to enable effective scrutiny and management;

- Consistent fire safety reporting at an appropriate forum (Fire Safety Group/Sub Groups) and escalation of issues to Committee levels e.g. Health and Safety Committees (or equivalents); and

- The sufficiency or resources afforded to fire safety issues.

2.4 Local Implementation

We sought to obtain assurance that effective assurance mechanisms operated in respect of local compliance and implementation of defined fire safety requirements. Performance in this area was poor, with seven of the eight organisations receiving 'Limited Assurance' ratings and the remaining organisation receiving "no Assurance".

The organisation receiving a 'no assurance' rating in this area was due to number of outstanding "fire safety actions", some of which related to fundamental fire safety requirements, and the insufficient resource available to monitor and action identified risks.

Most organisations operated maintenance and inspection regimes in key areas such as fire alarm systems, fire doors, fire extinguishers etc., but due to the quantum were unable to fully address the issues raised.

Site visits undertaken during the audits generally identified isolated instances of statutory non-compliance across a wide range of issues, however, when considered collectively, exposed the organisations to increased risks e.g. the need for up to date PAT testing, safe storage of materials, impediments to exit routes and potential arson risks. Key issues to note are:

- Within the localities sampled at one Health Board, all fire extinguishers were out of date – additionally the servicing/maintenance of fire alarms had not been completed; and

- Some issues were noted in the display of current site plans by the main fire alarm panels.

It is a legal statutory requirement, under Article 21 of the Regulatory Reform (Fire Safety Order) 2005, that all staff must receive appropriate fire safety training.

Delivery of fire safety training, including to key staff such as fire wardens, varied between the organisations - ranging from 58% to 92% at the time of the reviews.

Good practice included the development of a robust training needs analysis to ensure an appropriately directed training programme. However, in some organisations, compliance with training delivery was insufficient - potentially exposing individuals, patients and the organisation to undue fire risk. In some cases, improvements were also required in the monitoring and reporting of training compliance to the relevant forums e.g. Fire Safety Groups.

NHS Firecode states that the frequency of fire drills / evacuation procedures is a matter for local management, though recommending a minimum frequency of once a year. In most organisations, fire drills were not being undertaken in line with the recommended frequency. Whilst recognising physical evacuations were not always considered feasible, desktop alternatives were also not operating.

In some organisations, local fire management folders had been provided (in accordance with Firecode guidance and British Standards), incorporating site-specific fire safety guidance, and providing proformas for the local monitoring of fire risks. Whilst these provided a useful means of communicating fire safety requirements to local staff, in the cases observed, they were inconsistently applied, not appropriately updated or utilised to derive the intended benefits.

We consistently identified the following areas for improvement:

- Improved compliance with training requirements;

- Improved compliance with fire drill requirements;

- Improved updating and monitoring of usage of local fire management folders.

- The absence of periodic fire drills;

- Ensuring current site plans are located in the appropriate areas by main entrances / main fire panels; and

- Ensuring locality/premises comply with local fire safety requirements (e.g. kept clear from potential obstructions or arson risks).

3. Good Practice Examples

This section provides some examples of good practice based upon our work across the organisations. Noting the generally poor assurance assessments determined at the reviews undertaken, such evidence was understandably limited. Please note that this is not an exhaustive list of good practice across the eight organisations.

- The allocation of an Executive lead responsible for Fire Safety;

- The escalation of high priority risks escalated to an Executive Board or Committee;

- The operation of an electronic "tracker system" managing Fire Risk Assessments and associated actions/timetables;

- Where fire drills were not possible, desk top models or walk-through tests were undertaken;

- Assurance obtained from Landlords on fire safety controls and actions, where staff were located off-site;

- Positive interaction with Fire Authorities and NWSSP:SES;

- Delivery of Fire Training via Teams (noting the current COVID restrictions);

- As a consequence of the audit, at one organisation, the case for additional resource approved by the Executive Team; and

- Capital bid submissions and associated investment programmes developed to seek to address historic backlog and fire risks.

Appendix A: Audit Assurance Ratings

Substantial assurance

The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

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Audit and Assurance Services – Specialist Services Unit
Floor 3
Companies House
Crown Way
Cardiff
CF14 3UB

Contact details:
Simon Cookson, Director of Audit & Assurance – simon.cookson@wales.nhs.uk
Huw Richards, Deputy Director of Specialist Services – huw.richards@wales.nhs.uk

DIGITAL HEALTH AND CARE WALES
AUDIT WALES UPDATE COVER REPORT

Agenda Item	3.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Darren Griffiths, Audit Wales
Presented By	Darren Griffiths, Audit Wales

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to: **RECEIVE** the report for **ASSURANCE.**	

Acronyms			
DHCW	Digital Health and Care Wales	AW	Audit Wales
EA	External Audit		

1   SITUATION/BACKGROUND

1.1   The paper provides an update on financial audit work, performance audit work, details of good practice events and resources, and a list of NHS-related audit reports published by Audit Wales since the last meeting of the Audit and Assurance Committee in October 2021.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The baseline governance review has been completed. The conclusion and key findings of the review were presented to the Board at the Development Session held on 6th January 2022. The report will be considered by the Audit and Assurance Committee under a separate agenda item.

2.2   Three NHS-related reports have been published since the last meeting of the Audit and Assurance Committee in October 2021:

- A Picture of Healthcare (October 2021)
- A Picture of Social Care (October 2021)
- Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic (October 2021)

A summary of the key messages is provided in **Appendix 1** of the update.

2.3   At the last meeting of the Audit and Assurance Committee in October 2021, it was agreed that Audit Wales would identify the key points of learning for DHCW from its review of the Test, Trace, Protect Programme in Wales, and its review of the rollout of the COVID-19 mass vaccination programme. The key points of learning are set out in **Appendix 2** of the update.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 No matters for escalation to the Committee.

4 RECOMMENDATION

The Committee is being asked to **RECEIVE** the report for **ASSURANCE.**

IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	The audit work will specifically cover corporate risks where appropriate

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)	Outcome: N/A	
Statement: Not required for this report.		

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

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Audit and Assurance Committee Update – **Digital Health and Care Wales**

Date issued: January 2022

Document reference: 2458A2021-22

Contents

Audit and Assurance Committee Update

About this document

1   This document provides the Audit and Assurance Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

Financial audit update

2   Digital Health and Care Wales (DHCW) has decided to prepare a fifteen-month set of financial statements to 31 March 2022, subject to confirmation by Welsh Ministers' Accounts Direction. In December we commenced our audit of the financial balances transferred to DHCW. Further to that work, we expect to commence our audit planning and testing around February 2022.

Performance audit update

3   As agreed, a baseline governance review at DHCW was completed during 2021 to support learning as well as to help discharge the Auditor General's statutory duty to satisfy himself that the Strategic Health Authority has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

4   The key findings of the baseline governance review were presented to the Board at the Development Session held on 6th January 2022. The report will be presented to the Audit and Assurance Committee at its next meeting on 18th January 2022.

Good practice events and products

5   In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research. There have been no Good Practice Exchange (GPX) events since we last reported to the Committee on 5th October 2021. Details of future events are available on the GPX website.

6   In response to the COVID-19 pandemic, we have established a **COVID-19 Learning Project** to support public sector efforts by sharing learning through the pandemic. This is not an audit project; it is intended to prompt some thinking and support the exchange of practice. As part of the project, we held a COVID-19 Learning Week in March 2021. The material from the COVID-19 Learning Week, together with other related material, is available here.

Recent NHS-related reports

7   The Audit and Assurance Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Administration and Public Accounts Committee at the Senedd to support its scrutiny of public expenditure.

8   **Exhibit 2** provides information on the NHS-related or relevant national studies published since we last reported to the Committee on 5th October 2021.

Exhibit 2 – NHS-related or relevant national studies reports

Title	Publication Date
A Picture of Healthcare (A summary of the key messages is provided in **Appendix 1**)	October 2021
A Picture of Social Care (A summary of the key messages is provided in **Appendix 1)**	October 2021
Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic (A summary of the key messages is provided in **Appendix 1**)	October 2021

Appendix 1 – Key messages from recent national publications

A Picture of Healthcare and A Picture of Social Care (October 2021)

9   In September 2021, we published A Picture of Public Services. This report
     provides a high-level analysis of trends across public services. It looks at some of
     the choices made about spending priorities between sectors within Wales, notably
     highlighting the increase in funding for the NHS and social care compared to cuts
     in other parts of the public sector. It puts the relative protection of health and social
     care into the wider context of cost and demand pressures and different choices
     made in England about spending priorities.

10   The report is underpinned by a series of sector-specific summaries setting out
     some key facts and analysis, including A Picture of Healthcare and A Picture of
     Social Care.

11   A Picture of Healthcare sets out four key issues in healthcare:

     • Whole system change is overdue;

     • Learning from the COVID-19 response offers opportunities to overcome
       barriers to transformation;

     • There are opportunities to better focus the health system in Wales around
       outcomes for patients and the wider population; and

     • Transforming services at the same time as tackling backlogs and the ongoing
       COVID-19 response will be challenging.

12   A Picture of Social Care sets out three key issues in social care:

     • There are long-standing challenges in the social care sector, including
       achieving financial sustainability and funding arrangements;

     • Progress addressing challenges in the sector has been slow; and

     • COVID-19 has made the need for change more pressing but transforming
       social care will be challenging.

Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic (October 2021)

13   This report describes how NHS bodies have supported the wellbeing of their staff
     during the COVID-19 pandemic, with a particular focus on their arrangements for
     safeguarding staff at higher risk from COVID-19. It is the second of two
     publications which draw on the findings of our local structured assessment work in
     2020 with the aim of highlighting key themes, identifying future opportunities, and
     sharing learning.

14   NHS staff at all levels have shown tremendous resilience, adaptability, and
     dedication throughout the pandemic. However, they have also experienced

significant physical and mental pressures due to the unprecedented challenges caused by the crisis.

15   The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. However, the unprecedent scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus.

16   As a result, all NHS bodies in Wales placed a strong focus on staff wellbeing throughout the COVID-19 pandemic. At the outset of the crisis, each NHS body moved quickly to enhance their existing employee assistance arrangements and to put additional measures in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic.

17   Key actions taken by NHS bodies to protect staff and support their wellbeing included the following (more detail is provided in paragraph 25 of the report):

- enhancing infection prevention and control measures;
- reconfiguring healthcare settings;
- facilitating access to COVID-19 tests and, more recently, COVID-19 vaccinations;
- creating dedicated rest spaces;
- increasing mental health and psychological wellbeing provision;
- strengthening staff communication and engagement; and
- enabling remote working.

18   All NHS bodies put arrangements in place to roll out the All-Wales COVID-19 Workforce Risk Assessment Tool (the Risk Assessment Tool) as part of their wider efforts to safeguard members of staff at higher risk from COVID-19. Each NHS body promoted the Risk Assessment Tool in a number of ways (more detail is provided in paragraph 31 of the report).

19   Risk Assessment Tool completion rates via the Electronic Staff Record (ESR) have varied considerably between individual NHS bodies. The reasons for this variation are set out in paragraph 33 of the report. However, it should be noted that whilst low completion rates via ESR does not necessarily equate to low use of the tool, it is difficult to know how many staff across the NHS in Wales have actually completed the Risk Assessment Tool due to the variable data collection and monitoring arrangements introduced by NHS bodies when it was launched.

20   All NHS bodies utilised measures from their wider suite of wellbeing arrangements to meet the individual needs of staff at higher risk from COVID-19 as identified by the Risk Assessment Tool (more detail is provided in paragraph 35 of the report).

21   The boards and committees of most NHS bodies maintained good oversight and ensured effective scrutiny of all relevant staff wellbeing risks and issues during the pandemic. However, arrangements for reporting Risk Assessment Tool completion rates and providing assurance on the quality of completed risk assessments could have been strengthened in most NHS bodies.

22   Whilst the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short-term, the longer-term impacts cannot and should not be ignored or underestimated.

23   The report references the findings from surveys undertaken by BMA Wales and others to provide insights into staff experiences during the pandemic. These surveys highlight the increased stress, exhaustion and burnout experienced by staff, and point to the growing risk to staff of developing longer term physical and psychological problems without ongoing support.

24   Therefore, a continued focus on providing accessible wellbeing support and maintaining staff engagement, therefore, is going to be needed in the short-term to ensure NHS bodies address the ongoing impact of the pandemic on the physical health and mental wellbeing on their staff.

25   The report contains six recommendations for health bodies and two recommendations for Welsh Government. The recommendations for health bodies focus on:

- Retaining a strong focus on staff wellbeing;
- Considering workforce issues in recovery plans;
- Evaluating the effectiveness and impact of the staff wellbeing offer;
- Enhancing collaborative approaches to supporting staff wellbeing;
- Providing continued assurance to boards and committees; and
- Building on local and national staff engagement arrangements.

26   A checklist has been prepared to accompany the report. It sets out some of the questions Board Members should be asking to obtain assurance that their respective health bodies have effective, efficient, and robust arrangements in place to support the wellbeing of their staff.

27   We expect each health body to prepare a management response to our recommendations which should also set out how they plan to use the checklist to inform debate within their organisations.

Appendix 2 – Key learning for DHCW from other national reports

28   The key points of learning from our review of the <u>Test, Trace, Protect Programme in Wales</u> (published in March 2021) and our review of the <u>rollout of the COVID-19 vaccination programme in Wales</u> (published in June 2021) are set out below.

29   It should be noted that the fieldwork for the review of the Test, Trace, Protect Programme took place between June and September 2020, and the fieldwork for the review of the vaccination programme took place between February and May 2021. Therefore, subsequent developments and improvements are not included below.

Test, Trace, Protect in Wales: An Overview of Progress to Date (March 2021)

30   There was rapid procurement and implementation of the Customer Relationship Management (CRM) information system. Prior to this, some partners were using spreadsheets. From initial requirement to implementation took around 6 weeks, with the system going live of the 9th June 2020.

31   While rapid procurement took place, the approach went through additional scrutiny processes at Velindre NHS Trust.

32   NWIS procured the CRM system and negotiated a software licensing contract where the number of users could be scaled up or down, which helped to control costs. At the time of the audit, licencing ranged from 1800 to 3000 users.

33   The CRM system links to the Welsh laboratory information system and updates every 30 minutes with new positive cases (including those from the lighthouse labs). This meant that cases weren't being batched (for example daily batching) which would otherwise would have delayed the timeliness of tracing.

34   The 'Once for Wales' CRM enabled teams across Wales to support each other when some teams in regions were under significant strain. They called this mutual aid. It couldn't have been easily achieved without a 'Once for Wales' IT system approach.

35   Other observations:

- Initially there were reports of system functionality issues. These issues were quickly resolved.
- Some regions would have liked the system at the outset to produce better surveillance intelligence and mapping to identify patterns in the spread of the virus. We understand that this is now in place.

Rollout of the COVID-19 vaccination programme in Wales (June 2021)

36   There was rapid deployment of a 'Once for Wales' Welsh Immunisation System. Often systems can take months to procure and longer to develop and implement. The Welsh Immunisation System was implemented quickly. This was helped by rapid decision making, clear timebound objectives, financial resource when it was needed, and prioritisation of staff capacity.

37   The system was developed as an extension of an existing system called CYPRiS which is used for scheduling and recording childhood immunisations. This helped with the rapid development and deployment.

38   Some connectivity and performance issues were experienced at the early stages of the vaccination rollout (January 2021). Global experts were available at short notice to resolve the issues.

39   The system procured was scalable meaning it able to be quickly rolled out to 1000s of users both in core mass vaccination centres and including over 300 GP practices and also pharmacies.

40   There was good level of engagement between DHCW and the Vaccination Programme Board. The system wasn't rolled out as a 100% final solution, but instead rolled out when it was 'good enough'. Ongoing engagement enabled issues to be resolved in an agile and flexible way through proactive ongoing system development and support.

41   The Welsh Immunisation System not only supported the administration and booking but it also supporting the recording of quality information, such as the batch numbers of the vaccines and incidents of adverse effects from vaccination such as anaphylaxis. This provided a good evidence base for informing the Medicines and Healthcare Products Regulatory Agency.

42   We noted good ongoing engagement with DHCW and the Vaccination Programme Board which helped to clarify protocols for data mining of different source data systems to be able to identify people in different vaccination groups so they can be prioritised for vaccination.

43   Other observations:

- At the early stages, the mass vaccinations centres would record live data but some GPs were recording on paper and updating later. This was an administrative issue but would have affected public reporting to a limited extent at the time.

- The original letters offering the invite for vaccination were not user friendly and didn't cope easily with the need to be bilingual.

- Text reminders by SMS is good in principle, but at the same time there were scam/fraudulent vaccination texts circulating which could have affected trust in the system.

- There was quite a late adoption of the online booking system which would have enabled users to book their own slot.

- We heard of cross-border issues initially between Wales and England in relation to vaccination booking and systems not joining up, but could not quantify the extent of the issues. We understand that the issue was resolved reasonably quickly.

DIGITAL HEALTH AND CARE WALES
AUDIT WALES BASELINE GOVERNANCE REVIEW REPORT

Agenda Item	3.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AG	Auditor General		

1   SITUATION/BACKGROUND

1.1   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.

1.2   As Digital Health and Care Wales is a newly established statutory organisation, it was identified that a baseline assessment via a Baseline Governance Review would be undertaken for 2021/22. This will be followed up with a Structured Assessment in 2022/23.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The aim of undertaking a Baseline Governance Review is to aid organisational learning and development whilst still ensuring the AG undertakes the statutory duties charged to him under Section 61 of the Public Audit Wales Act 2004. The work aims to answer the overall question: *is DHCW making good progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources?*

2.2   The Baseline Governance Review findings are set out as item 3.5i and presented by Audit Wales.

2.3   The findings will be considered by the Audit and Assurance Committee on the 18 January and an action plan will be developed to track recommendations, this report will be taken to the SHA Board on the 27 January 2022 and the progress tracked via the Audit and Assurance Committee.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The work undertaken by Audit Wales was not a full structured assessment, which will take place during 2022/23.

4   RECOMMENDATION

The Committee is being asked to:
NOTE the content of the report.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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:	

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

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

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Board Development	06/01/22	Discussed

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.
	Yes, please see detail below

FINANCIAL IMPLICATION/IMPACT	Non-compliance with good governance could have a financial impact for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Baseline Governance Review – Digital Health and Care Wales

Audit year: 2021

Date issued: January 2022

Document reference: 2791A2022-23

Contents

About this report

1   Recognising that Digital Health and Care Wales (DHCW) is a new NHS body established in April 2021, we agreed to undertake a **baseline governance review** rather than a full structured assessment[1] during 2021 with the aim of supporting organisational development and learning whilst still helping to discharge the Auditor General's duty under Section 61 of the Public Audit Wales Act 2004.

2   Our work took place within an environment characterised by the need for DHCW to establish itself as trusted health body with a strong brand which functions as a networked organisation within the NHS in Wales. This necessitates DHCW providing continuous high-quality business as usual services whilst also extending its remit within the new digital landscape alongside key partners.

3   The current health and care environment, and in particular the additional demands arising from the pandemic, require the Board of DHCW to establish robust corporate governance arrangements. These can provide assurance to key stakeholders that the necessary action is being taken to deliver strategic objectives and that public money is being spent wisely.

4   Our baseline governance review sought to provide early views on whether DHCW is making good progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources, with a particular focus on:

- leadership and governance;
- planning arrangements; and
- arrangements for managing resources (finances, assets, and workforce).

5   Our work was based on a review of relevant documentation, virtual observations at Board and Committee meetings, and structured discussions with the relevant DHCW Officers and Independent Members. We did not seek feedback from DHCW's external partners as part of the review.

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[1] The Auditor General 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 Auditor General 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.

Conclusion and key messages

6   Overall, we found that **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.**

7   In terms of leadership and governance, we found that:

- solid foundations are in place to support the effective conduct of Board and Committee business with further work in progress.

- there is a relatively stable Board, with real opportunities to capitalise on the diverse experiences of public and commercial sector Independent Members. Opportunities to further diversify the make-up and experience of the Board exist.

- DHCW is mindful of the importance of maintaining a fresh outlook and culture, particularly as it seeks to position itself as a 'trusted digital partner'.

- the Board and its Committees are maturing, with an orderly and organised approach to meetings evident.

- DHCW has an important system leadership role to play, particularly in relation to information governance and cyber security. However, clarity on leadership and accountability for both of these critical areas of operation with all of DHCW's partners is vital.

- systems and processes of assurance are being progressed and appear to be reasonable and proportionate in the context in which DHCW is operating.

8   In terms of planning arrangements, we found that:

- robust arrangements have been laid in DHCW's Annual Plan for 2021-22, with the vision, strategic objectives, and supporting enablers clearly articulated. However, further work is required around developing a long-term strategy for the organisation.

- there is good evidence of resource and energy being devoted to building external relationships and capturing feedback and intelligence as DHCW seeks to position itself as a 'trusted digital partner'.

- DHCW needs to be mindful of the need to ensure its strategy, plans, and programmes focus on 'care' as well as on 'health'.

9   In terms of arrangements for managing resources, we found that:

- good progress is being made to embed new financial systems and processes, with the financial leadership team appearing to be a visible strength.

- there is an agile approach to programme expenditure, but the draw-down of programme funds and use of single tenders needs to be kept under review.

- there are some workforce challenges facing the organisation, with timely recruitment, staff retention, and succession planning key against the backdrop of a growing demand for digital skills and a highly competitive recruitment

market. Building on key strategic alliances, including the Wales Institute of Digital Information, will help further strengthen capacity and capability.

10   Our findings are set out in more detail in **Appendix 1**.

11   We have not made any recommendations. However, we have identified a small number of opportunities for innovation and improvement for the Board to consider. These are detailed in **Appendix 1**.

Audit Overview

Aim

To support organisational development and learning by providing early views on whether DHCW is making good progress in putting arrangements in place to support good governance and the efficient, effective and economical use of resources.

Areas of focus

- Leadership and governance
- Planning arrangements
- Arrangements for managing resources (finances, assets, workforce)

Approach

We have sought to adopt an informal approach as a critical friend to highlight what's going well, what needs more work, and share good practice. This is our own assessment of progress – we haven't sought feedback from DHCW's external partners as part of the review.

Overall conclusion

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.

Key findings

Leadership and governance

- Solid foundations in place to support the effective conduct of Board and Committee business with further work in progress.

- Perception that the pace of progress has been impacted by a lack of shadow operating period, but progressive increase in pace during the third quarter (and most likely the final quarter) of this year; with no obvious detrimental impact to date. However, this will need to be kept under review in light of the present wave of COVID-19.

- Good commitment to ensuring public transparency of Board and Committee business through a range of communication and media channels, with visible leadership apparent during the pandemic.

- Papers are timely and appear to be digestible, largely appropriate in length with summaries and highlights. They have a strong visual 'house style'; which is still evolving. Opportunities to streamline papers further exist (e.g. by including appendices and linked supplemental papers.)

Key findings

Leadership and governance (continued)

- Relatively stable Board, with real opportunities to capitalise on the diverse experiences of public and commercial sector Independent Members ('best of both worlds'). The recent IM vacancy presents an opportunity to further diversify the make-up of the Board. For example, the absence of a qualified accountant amongst IMs should be kept under review.

- DHCW is mindful of Board recruitment, retention and attrition and the importance of maintaining a fresh outlook and culture.

- Observations of A&A Committee demonstrated a maturing committee. It is putting the building blocks in place and appears to have a strong focus on risk issues.

- RaTS Committee also appears to be operating as planned.

Key findings

Leadership and governance (continued)

- The newly established DG&S committee was noted as unique within Wales (the equivalent in Health Boards / Trusts being the Quality and Safety Committees). Observations of DG&S Committee demonstrated that development is ongoing from the foundation phase, and an orderly and organised approach were evident. However, it will be vital to maintain momentum as the IM / Committee Chair has recently moved on (new Committee Chair recently confirmed.)

- DHCW has an important system leadership role to play, particularly in relation to IG and Cyber Security. As such, DHCW is a valuable resource and point of advice both internally and for other organisations. However, clarity on leadership and accountability for both of these critical areas of operation with all of DHCW's partners is vital to ensure a coordinated and timely response.

- Evidence of the committee structure being used to good effect to oversee DHCW's system leadership role, particularly in relation to managing cyber-security threats and ensuring delivery of the 'data promise'.

- Systems and processes of assurance are being progressed and appear to be reasonable and proportionate in the context in which DHCW is operating. But it's too early to form a definitive view on the assurance of outcomes.

Key findings

Planning arrangements

- Robust foundations in 21/22 Annual Plan. It displays the new 'house style', and the vison and strategic objectives. The 4 national objectives and one organisational objective and the supporting enablers are well articulated.

- DHCW is expecting to deliver increasing granularity and new areas for the IMTP and 22/23 Annual Plan, but further work required around developing a long-term strategy for the organisation and the right balance between national consistency and local flexibility.

- DHCW currently re-defining internal and external partnerships as a new Board, positioning itself as a 'trusted digital partner'. Good evidence of resource and energy being devoted to building external relationships and capturing feedback and intelligence, with a Strategic Engagement Plan going the January Board meeting. But it's too early to ascertain wider impact.

- DHCW needs to be mindful of the need to ensure a focus on 'care' as well as 'health'.

Key findings

Arrangements for managing resources

- Financial leadership team a visible strength with good progress being made in embedding new systems and processes.

- Agile response on programme expenditure is noted, but need to keep an eye on the draw-down of programme funds and use of single tenders.

- There are some workforce challenges facing the organisation. Timely recruitment, staff retention, and succession planning are key against the backdrop of a growing demand for digital skills and a highly competitive recruitment market.

- Succession planning for specialist senior roles including IG, Cyber and Applications Development are important - this needs to be factored into business continuity and workforce planning processes.

- The new Director of People will need to enact key aspects of the Draft People Strategy at pace building on key strategic alliances including WIDI to further building capacity and capability.

Opportunities for innovation and improvement

- The pandemic has created a paradigm shift in health and social care delivery. DHCW already demonstrating its value in this arena and is well placed to be in the vanguard of further innovations through co-design and co-creation.

- 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.

- The Board could exploit the opportunities to lead innovation in new areas, for example:
  - communication and engagement;
  - digitally enabling health and care; and
  - decision support tools.

- DHCW is developing a distinctive house style for digestible, easy read reports and documents. This could be further tested and extended, such as the IOPR.

- DHCW may want to consider opportunities to further enhance public transparency of Board business including making recordings of Committee meetings available on its website.

Opportunities for innovation and improvement

- There is positive financial team leadership with good, systems and processes of financial control in place to monitor and manage delivery against financial objectives. It was noted that there isn't a qualified accountant amongst the IMs and whilst there are very experienced financial managers it would seem prudent to keep this under review.

- DHCW needs to progress work on the organisation's strategy to provide further clarity on its long-term vision and objectives, particularly in the context of supporting other bodies to recover from the impact of the pandemic.

- DHCW are currently re-defining their external partnerships (as a new Board). 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.

Archwilio Cymru
Audit Wales

Audit Wales

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

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.

Management Response – Taking Care of the Carers?

Health Body: Digital Health and Care Wales (DHCW)

Completion Date: 8th November 2021

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R1	**Retaining a strong focus on staff wellbeing** NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken	DHCW has a Health & Wellbeing group which is chaired by one of the Director's, the terms of reference for this group have been revised and will be relaunched in December to reinvigorate and invite new members to join the group. There is a dedicated Health & Wellbeing section on the sharepoint site and regular communication and signposting of support available in the monthly Insider newsletter. The All Wales Covid 19 Risk Assessment is a mandated training requirement for staff and completed via ESR, compliance as of 8th November is 88.1%. This data is reported on the Monthly Board Dashboard. There has been a recent	Completed	Head of Workforce & OD

Page 1 of 7 - Management Response – Taking Care of the Carers?

1/7   189/451

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
	to safeguard and support staff identified as being at higher risk from COVID-19.	communication about the Flu jab and Covid Booster to all staff.		
R2	**Considering workforce issues in recovery plans** NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.	The workforce team is currently delivering workforce planning training to ensure that Directorates consider and document the workforce implications in their workforce plans. Currently, DHCW are monitoring the covid long term sickness cases, which are minimal, and we will continue to do so. The Covid case numbers are reported to the weekly Business Continuity group to ensure effective monitoring and minimal disruption to business activity. The provision of wellbeing support available to DHCW staff is regularly communicated to both staff members and the managers with upward feedback gained from staff surveys and through our Trade Union Partners.	February 2022	Head of Workforce & OD

Page 2 of 7 - Management Response – Taking Care of the Carers?

2/7   190/451

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R3	**Evaluating the effectiveness and impact of the staff wellbeing offer** NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.	During the pandemic, the NHS Wales staff survey was published in October 2020 and local staff surveys have continued to take place following this initial survey which includes questions specifically in relation to wellbeing and remote working and the reports have been published. Remote working has been adopted by the organisation and we are currently considering the longer-term way of working which includes adopting a hybrid way of working and remote working contracts for our staff with advice from Legal & Risk Services, NWSSP. Equipment has been provided and home working risk assessments completed by staff to ensure that they have adequate equipment to work from home. Clear procedures in place to ensure staff work safely on site, if they need to attend an office including social distancing measures. Regular check ins with managers and the numbers of staff attending sites are reported weekly and any issues escalated to the	Initial Survey Completed and Ongoing	Head of Workforce & OD

Page 3 of 7 - Management Response – Taking Care of the Carers?

3/7   191/451

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		Business Continuity group or New Ways of Working group.		
R4	**Enhancing collaborative approaches to supporting staff wellbeing** NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.	DHCW are a member and represented at the All-Wales Health & Wellbeing Network meeting to ensure collaboration, sharing of best practice and that recommendations from the network are considered. DHCW recently collaborated with C&V HB to offer the flu jab to our staff. Working with Health Education and Improvement Wales and promoting wellbeing resources on our sharepoint pages on a continuous basis.	Completed	Head of Workforce & OD

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R5	**Providing continued assurance to boards and committees** NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.	Established Local Partnership Forum meetings in place to discuss any queries or issues related to staff wellbeing and a weekly Workforce and Union meeting to share any topics of interest and raise any matters related to staff wellbeing. A relaunch of Health & Wellbeing group is planned, a dedicated budget in place for wellbeing and the organisation has achieved the Gold Corporate Health Standard, the recertification is due in December 2021. Key workforce indicators including absence both organisational level and Covid-19 specific, turnover, headcount and PDR and Statutory & Mandatory training compliance are presented on a monthly Dashboard reported to Directorate Management Teams, the Management and SHA Boards.	Ongoing December 2021 Ongoing	Head of Workforce & OD

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Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R6	**Building on local and national staff engagement arrangements** NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.	Staff surveys continued during the pandemic which includes the NHS Wales Staff survey and local staff surveys. Monthly Staff Briefing delivered by the Chief Executive and 'Ten Talks' staff engagement sessions are an opportunity for staff to raise any questions. A fortnightly management briefing has continued throughout this period to share updates and provide mutual support as well as an additional escalation route for queries/issues. Diversity and Inclusion is a key objective in our People & OD Strategy and a plan is being developed to increase focus on inclusivity across the organisation.	Completed Ongoing Ongoing	Head of Workforce & OD

Page 6 of 7 - Management Response – Taking Care of the Carers?

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Please indicate below how the Board Members Checklist will be used to inform debate within your organisation

- Share and discuss the content of the checklist framework with the DHCW Board at the next Board Development Session.
- Update the Board with the current support and explore further opportunities and expectations
- People & OD Strategy – Wellbeing and Engagement is a key objective in the strategy
- Relaunch of H&WB group led by Director of ICT and Digital Business, any initiatives with highlight plans and updates reported to the Board
- Dedicated budget allocated to support health and wellbeing. All staff have access to Employee Assistance Programme and Occupational Health Services.

DIGITAL HEALTH AND CARE WALES
DHCW AUDIT ACTION LOG

Agenda Item	3.7

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance & Business Assurance
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is being asked to **RECEIVE** and **DISCUSS** this report.	
Acronyms	

DHCW	Digital Health and Care Wales	NHAIS	National Health Application and Infrastructure Service
DR	Disaster Recovery	IT	Information Technology
LASPAR	Losses and Special Payments Administrative Register	NADEX	National Active Directory Exchange
NWSSP	NHS Wales Shared Services Partnership	IRLG	Incident Review and Learning Group
ESR	Electronic Staff Record	NDR	National Data Resource

1   SITUATION/BACKGROUND

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 (2.1) shows how progress is being made against the recommendations and illustrates the on-going movement and change of status.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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 presentation of the last log.

Following advice from Internal Audit, two actions dependent on third parties are managed via a separate log where they will be tracked. There has been progress on one and it is anticipated that this will be closed within the next few months.

There were 4 actions reviewed at the last meeting where 1 was closed leaving a total of 3 open actions. The Committee received three reports at the last meeting (listed below) which contained a total of 19 new actions. These, plus one previous Audit Wales action that was re-introduced, have been added to the log which now contains a total of 23 open actions. The reports recently received were:

> Nationally Hosted IT Systems (Audit Wales)
> Transition Plan (NWSSP Internal Audit)
> Data Analytics (NWSSP Internal Audit)

The status of the 23 open actions is shown in the table below. Actions relating to Cyber Security will be discussed in the private session of the Committee.

Number	RAG	Status
17	GREEN	Complete
6	YELLOW	Indicates that the action is on target for completion by the agreed date
0	AMBER	Indicates that the action is not on target for completion by the agreed date
0	RED	Indicates that the implementation date has passed and management action is not complete

Author: Julie Ash
Approver: Claire Osmundsen-Little

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In particular, the Committee are requested to note:

- The completion of the following actions:
  - Data Centre Transition
  - NHAIS DR Plan Updated
  - Hospital Pharmacy Back-up Schedule Updated
  - Approval of national process for WellSky User Access
  - Incorporation of WellSky into Hospital Pharmacy System Back-up and Restore Schedule
  - Approval of WellSky IT DR Plan
  - LASPAR passwords strengthened
  - LASPAR IT DR Plans updated
  - National Infrastructure IT DR Plan updated
  - NADEX Management Policy referred to SMB for review
  - NADEX Leaver & Mover Policy referred to SMB for review
  - Review of outstanding Transition activities undertaken by Task and Finish Group and reported upon to Management Board and ESR Contract Management Arrangements referred to NWSSP
  - Transition Learning Outcomes reported to IRLG
  - Procedure now in place to document needs of information service users
  - Procedure developed covering the maintenance of extracts from Primary Care Systems
  - Procedures relating the privacy assessment and quality checks updated
  - Procedures relating to customer uptake and opinions of information products updated
- The following actions which are on schedule to be completed by their target date:
  - Replace the legacy Windows Server and SQL Server 2008 operating system
  - Migrate to a controlled environment to enable support for LASPAR to continue or consider a new technology platform
  - Test the IT DR plans including arrangements testing the new national data centre
  - Replacement of the Windows 7 desktop operating system by a higher supported version
  - Cyber Security Action (to be discussed in private session)
  - Define roles of Information Services and the NDR

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Excellent progress has been made over the period with a total of 17 actions closed. Progress against actions will continue to be monitored by the Head of Corporate Services in conjunction with Lead Directors on a regular basis.

4   RECOMMENDATION

The Committee is being asked to **RECEIVE** and **DISCUSS** this report.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:	
No, (detail included below as to reasoning)		Outcome:
Statement: EQIA not required for Audit Action Log Report.		

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Monitoring of progress against audit recommendations.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Some actions arise as a result of new legislation.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report

Author: Julie Ash
Approver: Claire Osmundsen-Little

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WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Julie Ash
Approver: Claire Osmundsen-Little

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Audit Action Plan

🟩 Green	Green - Action complete
🟨 Yellow	Yellow - Action on target to be completed by agreed date
🟧 Orange	Orange - Action not on target for completion by agreed date
🟥 Red	Red - Implementation passed management action not complete

Digital Health & Care Wales
Outstanding Actions

	Recommendation	Priority	Management Action	Responsible Manager/ Department	Accountable Officer	Current/ Revised Implementation Date	Status	Comments Audit Committee
External Audit - WAO - Nationally Hosted NHS IT Systems Annual Audits								
2019.1	DHCW still use a number of servers and machines that operate using the Windows Server 2008 operating system and SQL server 2008 platforms. A replacement programme is underway as legacy IT systems are replaced.	High	Replace the legacy Windows Server and SQL Server 2008 operating system, used on national NHS ICT infrastructure environments, with a supported operating system.	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas	Jun-22	Yellow - Action on target to be completed by agreed date	Re-introduced to log in Oct 21. Work is continuing to remove legacy operating and database systems from the environment. There are complex dependencies but progress is being made. Approximately a third of those remaining have been decommissioned since April 2021.
2020.1	LASPAR is written in an old programming language in which NWIS have NWIS have limited skills and application development capacity. We understand that the application technology platform is de-supported in 2020 and NWIS should plan to migrate to a controlled environment to enable support for LASPAR to continue or consider a new technology platform.	Medium	Migrate to a controlled environment to enable support for LASPAR to continue or consider a new technology platform.	Meirion George/ Stephen Price	Helen Thomas	Mar-22	Yellow - Action on target to be completed by agreed date	Options Appraisal underway.
2020.2	We were made aware in our 2019-20 fieldwork that the management of one of the two National Data Centres notified NWIS of their intention to exit from Data Centre Services during 2021/22.	High	NWIS should identify alternatives for additional data centre services, plan and manage the transition to the new data centre site by October 2021	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas	Oct-21	Green - Action Complete	Complete. Move to the new Data Centre has now taken place.
2021.1	Update and approve the NHAIS Disaster Recovery (DR) Plan and revision history that has passed its review date	Medium	DHCW will update and approve the NHAIS Disaster Recovery Plan and revision history and share with Audit Wales.	Merion George/ Stephen Price	Helen Thomas	Sep-21	Green - Action Complete	Complete. Updated DR Plan for NHAIS has been shared with Audit Wales.

2021.2	Update the Hospital Pharmacy backup restore schedule and revision history that has passed its review date	Medium	DHCW will update the Hospital Pharmacy backup restore schedule and revision history.	Meirion George/ Stuart Davies	Helen Thomas		Sep-21	Green - Action Complete	Complete. Backup schedule has been updated.
2021.3	The administration and management of user access to the new WellSky system is currently completed by the central DHCW implementation team. A user administration policy has not yet been documented for local roles and responsibilities.	Medium	Document and agree national policy for the administration of user access accounts so accountabilities and responsibilities are well defined. This should cover the controls around the set up and authorisation of new WellSky Pharmacy IT system users, how changes to access are handled and leaver administration	Merion George/ Stuart Davies	Helen Thomas		Sep-21	Green - Action Complete	Complete, National Policy WI.HPS.147 has been signed off by the project implementation team.
2021.4	During fieldwork, it was noted that the current Hospital Pharmacy backup restore schedule did not include the new WellSky system.	Medium	Amend and update the Hospital Pharmacy backup restore schedule to include new WellSky system or document a separate backup schedule covering the new WellSky system	Merion George/ Stuart Davies	Helen Thomas		Sep-21	Green - Action Complete	Complete. A new WellSky Hospital Pharmacy System Backup and Restore Schedule (SOP.HPS.010) is now documented and in place.
2021.5	The new WellSky Pharmacy IT system does not have an IT DR Plan documented and approved.	Medium	Approve the documented IT Disaster recovery (DR) plan for the new WellSky national pharmacy IT system and test plans to ensure these work as intended	Merion George/ Stuart Davies	Helen Thomas		Oct-21	Green - Action Complete	The plan is updated and finalised. The approach was tested as part of operational acceptance testing.
2021.6	Passwords controls on the Losses and Special Payments System to be strengthened.	Medium	Strengthen the passwords required to access the Losses and Special Payments Register (LASPAR) System to a minimum length requirements of eight characters and a minimum of 60 days expiry	Merion George/ Stephen Price	Helen Thomas		Sep-21	Green - Action Complete	Complete. Password strength and expiry length have been changed.
2021.7	A limited operational restore was completed on the LASPAR system in September 2020 but this was not a full IT DR system test.	Medium	Test the IT DR Plan that covers the system recovery of the LASPAR IT System	Merion George/ Stephen Price	Helen Thomas		Sep-21	Green - Action Complete	Complete. LASPAR is part of the overarching WG Web Application suite and the DR plan for that service is now regularly tested as part of the monthly datacentre failover procedures.
2021.8	IT DR Policy and Plans should be regularly updates to ensure that they are up to date and work as intended when needed.	Medium	Update the national NHS Infrastructure IT Disaster Recovery (DR) Policy as revision history has expired	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas		Dec-21	Green - Action Complete	The NHS Infrastructure IT Disaster Recovery (DR) Policy has been reviewed and approved by the Director of ICT
2021.9	DHCW are moving to a new national data centre. Once the move is complete, the updated IT DR Plans including resilience arrangements should be fully tested.	Medium	Test the IT DR plans including arrangements testing the new national data centre	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas		Oct-22	Yellow - Action on target to be completed by agreed date	Our resilience programme ensure tat all systems complete a full test of their geographic resilience annually. 100% of services completed a fail-over before the migration, in preparation for the move. A full DR test of each service will be complete within the first 12 months of occupation.

2021.10	DHCW should seek replace Windows 7 desktop operational system instances with a higher supported version.	Medium	Replace the Windows 7 desktop operating system used by DHCW to a higher supported version	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas		Mar-22	Yellow - Action on target to be completed by agreed date	The number of Windows 7 devices in use has reduced further with 11 Windows 7 computer being used for testing specific DHCW applications which require this functionality as Windows 7 devices remain in use in Health Boards. ll Windows 7 devices have extended security updates applied. Work to reduce the number
2021.11	The NADEX management policy has expired. This policy covers the standards for the management of the NADEX service including password controls.	Medium	Request the NADEX Service Management Board update the NADEX management policy which has expired and obtain formal approval	Claire Osmundsen-Little/ Simon Williams	Helen Thomas		Oct-21	Green - Action Complete	Complete. The Chair of the NADEX Service Management Board put this on the agenda for review at the next meeting scheduled for 15th December 2021.
2021.12	The NADEX leavers and movers policy has expired. This policy covers the process for the management of staff movers or transfer between NHS organisations and staff who leave the NHS.	Medium	Request the NADEX Service Management Board updated the NADEX leavers and mover policy which has expired and obtain formal approval	Claire Osmundsen-Little/ Simon Williams	Helen Thomas		Oct-21	Green - Action Complete	Complete. The Chair of the NADEX Service Management Board put this on the agenda for review at the next meeting scheduled for 15th December 2021.

NWSSP Findings

CS1	Cyber Security Action (to be discussed in private session)	Medium	Redacted	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas		Mar-22	Yellow - Action on target to be completed by agreed date	Redacted
TRANS01	The Transition Task & Finish Group (TTFG) should undertake a review of outstanding actions in the Project Close report to close them or agree on their management going forwards.	Medium	A meeting with held with the TTFG to review outstanding actions and an update will be shared with Management Board in October 2021.	Michelle Sell/Claire Osmundsen-Little	Helen Thomas		Oct-21	Green - Action Complete	Complete. Meeting of TTFG held to review outstanding actions and report presented to Management Board on 21 October 2021.
			ESR contract management arrangements will be raised through the Shared Services Partnership Committee.				Oct-21		Escalated to Director of Employment Services at NWSSP in June 2021 for resolution. NWSSP and IBM worked to resolve issues of concern.
TRANS02	Management should incorporate learning into the documented DHCW project management approach and ensure all staff are aware of the learning.	Low	Project Management guidance to be reviewed and updated to ensure learning is incorporated and learning recommendation to be share with the Incident Review and Learning Group to assess whether there are any wider applications for this learning.	Michelle Sell	Helen Thomas		Oct-21	Green - Action Complete	Complete. Project Management guidance under cycle of review and learning recommendations shared with the Incident Review and Learning Group on 24th September 2021.
DATA01	The agreement of user needs and of the output and specification by users should be captured within documentation.	Medium	A procedure to document user needs and acceptance of specification will be documented.	Rachael Powell/Trevor Hughes & Shirley Hughes	Helen Thomas		Dec-21	Green - Action Complete	Complete. Procedures now updated.

DATA02	The role of the NDR and the Information Directorate should be clearly defined for the future. The ability of the Information Directorate to take some of the areas forward should be strengthened and an assessment of the required technologies against those in situ undertaken.	Medium	It is anticipated that much of the role of both NDR and the Information Directorate will evolve as the requirements for the National Data Store become clearer. There is a commitment however for both the programme and the directorate to work closely on this. The directorate continue to manage the risk of any older infrastructure through the recognised risk management processes.	Rachael Powell	Helen Thomas		Mar-22	Yellow - Action on target to be completed by agreed date	The Deputy Director of Information and NDR Programme Director are in regular discussions regarding the roles of the Information Services Directorate and the NDR Programme. A third party has been appointed to take forward the development of a Data Strategy which will help define roles.
DATA03	A set of procedures should be developed to ensure that the process for maintenance of extracts from the primary care systems and loads into the data warehouse is documented so that the process can operate in the absence of key staff	Medium	A set of procedures will be documented.	Rachael Powell/Simon Scourfield & Eluned Cousins	Helen Thomas		Dec-21	Green - Action Complete	Complete. Procedures now available.
DATA04	The sign off of privacy assessments and quality checks should be recorded and retained.	Medium	A set of procedures will be documented.	Rachael Powell/Trevor Hughes & Shirley Hughes	Helen Thomas		Dec-21	Green - Action Complete	Complete. Procedures now updated.
DATA05	The reporting process should be enhanced to include customer uptake and opinions of the products	Medium	A set of procedures will be documented.	Rachael Powell/Trevor Hughes & Shirley Hughes	Helen Thomas		Dec-21	Green - Action Complete	Complete. Procedures now updated.

Audit Action Plan

	Green - Action complete
	Yellow - Action on target to be completed by agreed date
	Orange - Action not on target for completion by agreed date
	Red - Implementation passed management action not complet

Third Party Actions
Outstanding Actions

	Recommendation	Priority	Management Action	Responsible Manager/ Department	Accountable Officer	Current/ Revised Implementation Date	Status	Comments Audit Committee
External Audit - WAO - Nationally Hosted NHS IT Systems Annual Audits								
2016.1	NHS Digital (formerly known as HSCIC) are decommissioning the NHAIS system and replacing the functionality with a third party supplier system from Capita for the payments engine for calculating general medical services payments. NHS Digital are also developing the demographic registration and reporting systems required to replace NHAIS functionality. For NHS Wales, NWIS and NWSSP are considering the system replacement options for Welsh requirements as NWIS also support and develop the Welsh Demographic System (WDS).	Medium	NWIS should, as they manage, support and develop the Welsh Demographic System (WDS) plan to provide the required functionality for NHS Wales in developing the WDS for patient demographic purposes.	Meirion George/Ken Leake	Helen Thomas	Jul-22	Yellow - Action on target to be completed by agreed date	NWIS met with NHS Digital in November 2020 where they confirmed they are still not in a position to give us revised dates for the start of decommissioning. NHS Digital are currently not in a position to provide dates for key Capita deliverables. The WDS Phase 3 development will be aligned with these timescales but more clarity is needed from England before substantive work can take place. We are advised that the implementation date is unlikely to be before January 2022, and may take up to 6 months to complete.
2018.1	Review the age of the NHAIS servers used, some of which are approaching nine years old. NWIS should then liaise with NWSSP to agree a server replacement schedule or consider what mitigating controls can be put in place for service availability and resilience.	Medium	Although the NHAIS infrastructure is approaching 10 years of age, the team have contacted HP to enquire as to the EOSL (End of Support Life). Hewlett-Packard (HP) have confirmed that for key pieces of hardware, the c7000 Blade Enclosures and the BL860c blades, no EOSL is in place currently. Based on this response, there is no pressing need to consider replacements. NWIS will contact HP every six months to confirm the position.	Meirion George/ Stephen Price	Helen Thomas	Mar-22	Yellow - Action on target to be completed by agreed date	A key part of the NHAIS infrastructure will reach IOSL on 31.12.2021. Adoption of the replacement PCRM (Primary Care Registration Management) product is scheduled for December 2021 with the decommissioning of NHAIS due to start in January 2022. All parties now agree that replacement hardware needs to be procured as NHAIS likely to be operational until at least August 2022. A solution is to replace EVA disk array as the servers have not reached EOSL. NWSSP have raised a purchase order which is being sent to SCC and dates for replacement have been confirmed for January 2022.

DIGITAL HEALTH AND CARE WALES
COUNTER FRAUD REPORT

Agenda Item	3.8

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance & Business Assurance
Prepared By	Nigel Price Local Counter Fraud Specialist
Presented By	Nigel Price Local Counter Fraud Specialist

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE and APPROVE this progress report	

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

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

Acronyms			
LCFS	Local Counter Fraud Specialist	DHCW	Digital Health and Care Wales
CFA	Counter Fraud Authority	SHA	Special Health Authority

1   SITUATION/BACKGROUND

1.1   In compliance with the Directions on Countering Fraud in the NHS, Counter Fraud is required to provide updates to the Audit and Assurance Committee on the work that has been carried out against the agreed work-plan.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

This report provides the Audit Committee with an update for the period 1 October 2021 to 31 December 2021.

Activity	Status
Current Cases	Nil
Fraud Awareness Training	2 presentations delivered this quarter, additional dates are to be confirmed
National Fraud Initiative	Not applicable to DHCW this financial year
Counter Fraud Plan	Submitted

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Counter Fraud Risk Assessments

3.2   Counter Fraud Resources

4   RECOMMENDATION

The Committee is being asked to:
NOTE and APPROVE this progress report

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

Page 2 of 3

Author: Nigel Price
Approver: Claire Osmund Little

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WELL-BEING OF FUTURE GENERATIONS ACT | A prosperous Wales

If more than one standard applies, please list below:

DHCW QUALITY STANDARDS | ISO 9001

If more than one standard applies, please list below:

HEALTH CARE STANDARD | Staff & Resources

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:
EQIA is not required for the Counter Fraud Update Report.

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

Author: Nigel Price
Approver: Claire Osmund Little

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Digital Health & Care Wales

**Audit & Assurance Committee 18th January 2022
Counter Fraud Update**

**Nigel Price
Counter Fraud
Cardiff and Vale University Health Board**

AUDIT COMMITTEE 18th January 2022

COUNTER FRAUD UPDATE

Mission Statement

To provide the DHCW with a high-quality NHS Counter Fraud Service, which ensures that any report of fraud is investigated in accordance with the Directions for Countering Fraud in the NHS and all such investigations are carried out in a professional, transparent and cost-effective manner.

1. INTRODUCTION

1.1 In compliance with the Directions on Countering Fraud in the NHS, the Counter Fraud Service provides updates to the Audit and Assurance Committee on the work that has been carried out under the agreed work-plan. This report provides the Audit Committee with an update for the 1st September 2021 to 31st December 2021.

2. CURRENT CASE UPDATE

2.1 for the period ending 31st December 2021 a total of 26 days has been spent on counter fraud work for DHCW, a breakdown of this is detailed in **Appendix 1**.

2.2 There are no investigations linked to DHCW

3. PROGRESS AND GENERAL ISSUES

3.1 Fraud Awareness Presentations

Face-to-face fraud awareness sessions for all staff are temporarily cancelled due to COVID-19 restrictions. However, during this reporting period 2 sessions to 13 members of staff have been delivered through Microsoft Teams. Feedback from those presentations show that 90% of the delegates feel more comfortable discussing any concerns they may have that a fraud may be happening with the counter fraud service.

3.2 Future Counter Fraud Work

Following a meeting on the 23rd August 2021, with the Director of Finance and the Head of Management Accounting it was agreed that the LCFS will deliver a counter fraud presentation focused on mandate frauds and also do a risk-assessment exercise on pre-employment checks conducted by recruiting agencies that provide staff to DHCW. The date for that presentation is to be arranged with the Head of Management Accounting. The pre-employment checks show that DCHW carry out its own checks on all staff working for the organisation.

3.3 Counter Fraud Resources Update

The full compliment for the Cardiff & Vale UHB is three accredited LCFSs, one of whom is the also the team manager, and one admin support. The days allocated to DHCW for counter fraud work was calculated on the on the four whole-time equivalents.
In December 2020 the manger went on sick leave and will not be returning. In September 2021 the admin support left for a new post; considerably reducing the counter fraud resources.
The decision was made that the role of admin support will be replaced by an accredited fraud investigator. An experienced investigator has been appointed and is due to start on the 4th January 2022 but will need to attend training courses before becoming an accredited NHS investigator.

The advert for the role of counter fraud manager was posted in December 2021. Considering the lack of available resources until those posts are filled, there may be a shortfall in completing the organisation's planned days.

APPENDIX 1

COUNTER FRAUD SUMMARY PLAN ANALYSIS 2021-2022

AREA OF WORK	Planned Days	Days to Date
General Requirements		
LCFS Attendance at All Wales Meetings	1	2
Planning/Preparation of Annual Report and Work Programme	1	2
Production of Reports and attendance at Audit & Assurance	4	4
Liaison with the DoF, NHS CFA, Welsh Government	0	2.5
Self Review Tool (SRT) and QA Assessment	1	0
Annual Activity		
Create an Anti-Fraud Culture	1	2
Presentations, Briefings, Newsletters etc.	10	9
Fraud Awareness Events	0	2
Deterrence		
Review/develop Policies/Strategies	2	1.5
Prevention		
The reduction of opportunities for Fraud and Corruption to occur.	0	0
Detection		
National Pro-Active Exercises (e.g. Procurement)	2	1
National Fraud Initiative 2020/21	4	0
Investigation, Sanctions and Redress		
The investigation of any alleged instances of fraud	11	0
Ensure that Sanctions are applied to cases as appropriate	1	0
Seek redress, where fraud has been proven to have taken place	2	0
TOTAL	**40**	**26**

DIGITAL HEALTH AND CARE WALES
GOVERNANCE ASSURANCE FRAMEWORK REPORT

Agenda Item	4.1

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
The Committee is being asked to: **APPROVE** the Governance Assurance Framework.	

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

1 SITUATION/BACKGROUND

1.1 The overarching NHS governance and accountability framework incorporates the organisations Standing Orders (SOs); the Schedules of Reservation and Delegation of Powers; Standing Financial Instructions (SFIs) together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the 'Doing Well, Doing Better: Standards for Health Services in Wales' (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

1.2 The Digital Health and Care Wales (DHCW) Governance Assurance Framework (GAF) is designed to provide a working model for the management and oversight of the activity undertaken by DHCW in line with the relevant frameworks. It describes the governance structure and decision-making process applicable to DHCW to aid in the delivery of the DHCW strategic objectives.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 It is important to the efficient and effective running of the organisation that the GAF is widely understood, and senior leaders provide oversight of adherence in their relevant area of work.

2.2 It is the responsibility of the office of the Board Secretary to provide advice and support on the GAF and to undertake period audit as to the understanding across the organisation and the adherence to the elements within the framework.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Further work will be undertaken to map the current operational reporting groups that provide the information feeding through the GAF. This will form an operational support document to ensure tracking can be undertaken and a link back to how these operational groups support the achievement of the IMTP.

4 RECOMMENDATION

The Committee is being asked to:

Governance Assurance Framework Report   Page 2 of 4   Author: Sophie Fuller
Approver: Chris Darling
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2/4   214/451

APPROVE the Governance Assurance Framework.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All

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

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: Effective reporting and structure helps uphold all the quality standards.	

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

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

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Directors Meeting	05.01.22	Supported

IMPACT ASSESSMENT		
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below	
	An effective and efficient GAF improves quality and safety across the organisation.	
	Yes, please see detail below	

Governance Assurance Framework Report   Page 3 of 4   Author: Sophie Fuller
Approver: Chris Darling
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3/4   215/451

LEGAL IMPLICATIONS/IMPACT	Ineffective governance can cause legal implications for senior leaders.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There could be financial penalties involved in non-compliance in some areas as a result of poor governance.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	There are clear roles and responsibilities within the GAF, but good governance is everyone's responsibility.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Good governance and decision making should aid in identifying areas that can help with socio economic objectives.

<ID Reference>

GOVERNANCE ASSURANCE FRAMEWORK

This framework outlines the operating model for governance assurance, it describes the governance structure and decision-making process applicable to DHCW.

Document Version	1

Status	Draft

Document author:	Sophie Fuller, Corporate Governance and Assurance Manager
Approved by	Chris Darling, Board Secretary
Date approved:	
Review date:	

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

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

STRATEGIC OBJECTIVE	All Objectives apply

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

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: Good governance applies to all standards	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: 29.12.2021
Yes, applicable	Outcome: Positive
Statement:	

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

COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Directors	5th January	
Audit and Assurance Committee	18th January	
Management Board	14th January	
DHCW SHA Board	27th January	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Clearly outlined governance arrangements support increased quality and safety
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The legal ramifications of any governance arrangements are outlined.
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 governance arrangements make it clear the expectations from the workforce
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Governance arrangements ensure socio economic responsibilities are being considered throughout the decision making process.

TABLE OF CONTENTS

1   DOCUMENT HISTORY

1.1   REVISION HISTORY

Date	Version	Author	Revision Summary
1.12.21	0.1	Sophie Fuller	Initial Draft

1.2   REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
04.01.21	0.1	Chris Darling	Board Secretary

1.3   AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Sophie Fuller
Role:	Corporate Governance and Assurance Manager
Signature:	X _____ Author

Approver's Name:	Chris Darling
Role:	Board Secretary
Signature:	X _____ Approver

1.4   DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

2   PURPOSE

The purpose of the Digital Health and Care Wales (DHCW) Governance Assurance Framework is to provide a working model for the management and oversight of the activity undertaken by DHCW. This framework describes the governance structure and decision-making process applicable to DHCW.

3   SCOPE

The framework applies to all DHCW activities.

4   THE STATUATORY FRAMEWORK FOR NHS BODIES IN WALES

The statutory framework for NHS Wales comprises three core components:
- Primary legislation: setting the statutory powers and duties of the NHS
- Statutory instruments: detailing the functions of NHS Bodies (Establishment Order)
- Standing orders (SOs): providing the rules by which Health Boards, Trusts and Special Health Authorities (SHA) work and make decisions.

These elements govern how NHS bodies in Wales are expected to run, the SOs form the basis upon which the SHA's governance assurance framework is developed and, together with the NHS Wales's Values and Standards of Behaviour Framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Board members and staff must be made aware of the SOs and, where appropriate, should be familiar with their detailed content.

5   PRINCIPLES OF GOOD GOVERNANCE

The Welsh Government define Corporate Governance as 'In simple terms, it refers to the way in which public service bodies ensure that they are doing the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector. The effectiveness of governance arrangements has a significant impact on how well organisations meet their aims and objectives.'

High profile systematic failures within the NHS that have highlighted the need to ensure integrated governance is a reality across the system. This is defined as 'Systems and processes by which health organisations lead, direct and control their functions in order to achieve organisational objectives, safety, and quality of services, and in which they relate to the wider community and partner organisations.' (Deighan and Cullen, 2004)

Integrated governance ensures decision making and risk/issue management is considered in a whole organisation way.

5.1   CITIZEN CENTRED GOVERNANCE PRINCIPLES

The Welsh Government's Citizen-Centred Governance Principles apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales. See governance e-manual for more information.

All individuals operating within the NHS in Wales are expected to carry out their roles with dedication and a commitment to the NHS and its core values. To ensure that they do so, there are Codes of Conduct for Board

[Members and NHS Managers](#) which incorporate the Seven Principles of Public Life "the Nolan Principles".

DHCW are committed to the Nolan Principles (NP) of public life, effective internal processes should embed a culture of high standards, with leadership by example and proportionate, risk-based external scrutiny. The principles are universal:

- NP1. Selflessness – act solely in public interest
- NP2. Integrity – no collaborations for personal benefit
- NP3. Objectivity – decisions based on best evidence
- NP4. Accountability – accountable to the public, must submit to scrutiny
- NP5. Honest – must be truthful
- NP6. Leadership – model all these themselves, challenge poor behaviour

6   ORGANISATIONAL VALUES

6.1   NHS CORE VALUES

NHS Wales has six [Core Principles](#) which are:

1   We put our patients and the users of our services first
2   We seek to improve our care
3   We focus on wellbeing and prevention
4   We reflect on our experiences and learn
5   We work in partnership and as a team
6   We value all who work for the NHS

6.2   DHCW CORE VALUES

DHCW have values that align to these principles that place trust and accountability at the core. We expect all staff to conduct themselves in line with the organisational values in pursuit of our objectives.

7   DHCW STRATEGIC OBJECTIVES

The DHCW strategic objectives are created in collaboration across the organisation and our NHS Wales partners with alignment to Welsh Government policy. They form the bedrock of our strategic digital development on behalf of the system as well as setting out how the organisation will continue to develop.

- Mobilising Digital Transformation
- Expanding the content, availability and functionality of the Digital Health and Care Record
- Delivering high quality digital services
- Value and Innovation for better outcomes and Value-Based care
- Embedding and developing the new digital organisation

In order to be clear on how we will achieve these objectives an Integrated Medium-Term Plan is created on an annual basis for approval by the DHCW SHA Board and Welsh Government. Details can be found on our Business Plans and Strategies Page.
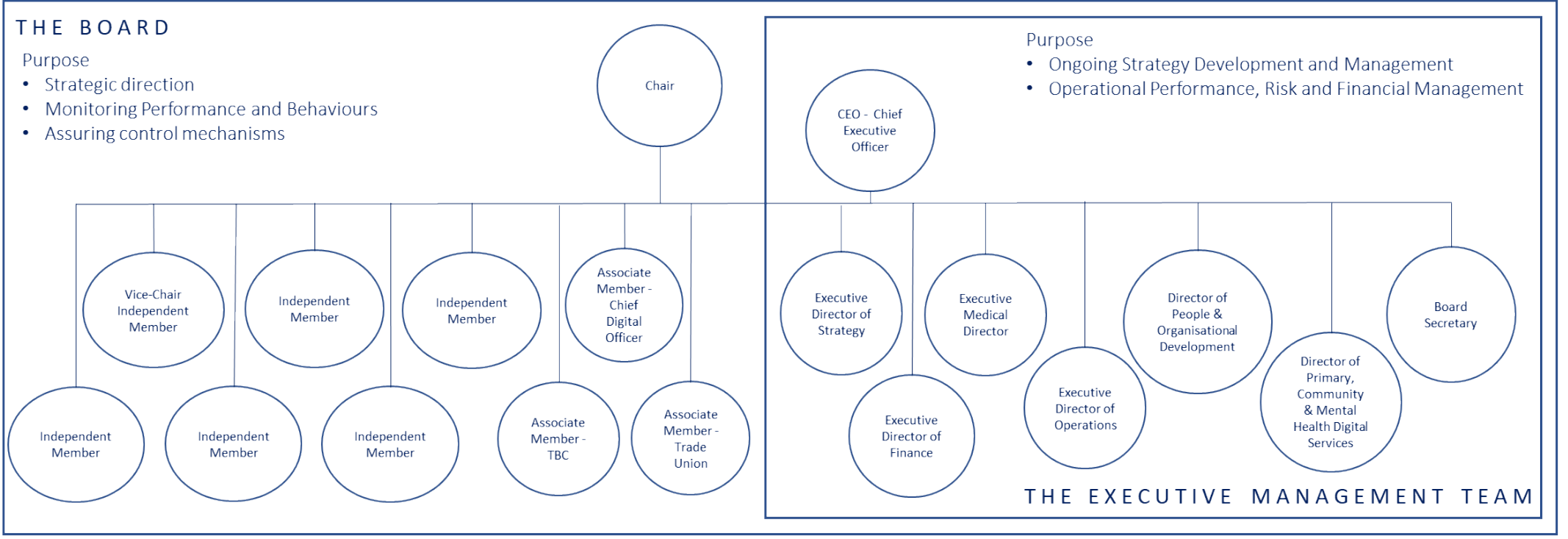
8   DHCW GOVERNANCE STRUCTURE

8.1 GOVERNANCE STRUCTURE

8.1.1 Governance Assurance Framework Objectives

The Governance Framework has a number of objectives which outline what the systems and processes should deliver on behalf of the Board:

- Meeting statutory obligations
- Meeting organisational objectives
- Taking effective decisions
- Adherence to NHS Values
- Workforce Development
- Maintaining a patient and user focus

8.1.2 Joint Intervention and Escalation Arrangements

We are held to account through the Joint Escalation and Intervention arrangements operated by Welsh Government, more information can be found here: WG Escalation and Intervention Framework. The Joint Escalation and Intervention arrangements are informed by twice-yearly tripartite meetings between Welsh Government, Audit Wales and Health Inspectorate Wales (HIW) to discuss the overall position of each NHS organization in Wales, a wide range of information and intelligence is considered to help identify any issues of particular concern in relation to quality, performance and financial management. As a result, one of the following levels of escalation is allocated to each organisation:

Special measures (SM) – organisation requires direct Welsh Government input into daily operational issues
Targeted intervention (TI) – organisation has a number of significant performance issues
Enhanced monitoring (EM) – organisation has a number of performance issues
Routine monitoring (RM) – organisation is largely meeting its targets

The most recent cabinet statement regarding escalation and intervention arrangements and status for NHS Wales's organisations can be found here: https://gov.wales/written-statement-escalation-and-intervention-arrangements-2

In order to deliver the objectives of the GAF, Section 8.2 outlines the roles and responsibilities of those accountable within the framework for providing leadership and management of the systems and processes within the Governance Assurance Framework.

8.2 THE BOARD

The establishment and membership order details the SHA Board must have:

- Chair
- Vice Chair
- not more than 5 members who are not officers of DHCW in addition to the chair and vice-chair
- not more than 5 members who are officers of DHCW which must include:
    - (i)a chief officer;
    - (ii)a finance officer;
    - (iii)a clinical officer;
- not more than 3 associate members who are not eligible to vote in any proceedings of DHCW

The Board meets as a Unitary Board on a bi-monthly basis. This means that decisions are made collectively by the Independent Members and Executive Directors. Executive Directors share collective responsibility for achievement of corporate aims and objectives and do not solely contribute to discussions and decisions in the light of their particular executive function, for example the Executive Director of Finance does not only comment on financial matters. All Directors have responsibility to constructively challenge the decisions of the Board and help develop proposals on priorities, risk mitigation, values, standards and strategy.

Independent Member have an additional role in holding the Executive to account for the delivery of strategy and the performance of the organisation. This can be discharged either at the full Board or at Committees which are established to discharge this role on behalf of the Board. The Committees also provide assurance to the Board and have some responsibilities delegated to them outlined in section 8.3.

The three Directors who are members of the Executive Team (see section 8 above) do not have Executive Director status. They do not have voting rights unlike the Chair, Independent Members and Executive Directors, however attened Board meetings and contribute fully to the discussions of the Board.

The Chair and Independent Members are appointed by "Welsh Ministers", this is currently the Minister for Health and Social Services. The Chief Executive is appointed by the Board, with the involvement of the Chief Executive, NHS Wales. Executive Directors are also appointed by the Board

The DHCW Chief Executive is the Accountable Officer for the SHA and certain responsibilities have been conferred upon her by the Chief Executive, NHS Wales. The detailed responsibilities and the relationship is explained in the Accountable Officer Memorandum for Chief Executives of NHS Special Health Authorities. The Chief Executive, NHS Wales is the Accounting Officer for NHS Wales and is accountable to the Cabinet Secretary for Health and Social Services for this role. In addition, the Chief Executive, NHS Wales is also accountable to the Permanent Secretary as the Director General of Welsh Government's Department of Health and Social Care.

The Board provides strong leadership and control including:

- Setting the strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the SHA's performance across all areas of activity.
- Shaping the organisation's culture

The Scheme of Delegation as outlined in the SOs explains the functions reserved for the Board together with those which have been delegated to a committee, the Chief Executive or another Executive Director/Executive Team Member. The Directors may further delegate some decisions.

Section 7 of the SOs requires the Board to conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these discussions accordingly and require that any observers withdraw from the meeting. In these circumstances, when the Board is not meeting in public session it shall operate in private session formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, the reporting should take place at the end of a private session, by reconvening a Board meeting held in public session.

Section 7.2 of the SOs require the Board to agree an Annual Plan of board business and this can be found in

the meeting papers here.

8.3   COMMITTEES OF THE BOARD

In response to section 3.4.1 (establishing a Committee Structure reporting to the Board) of the SOs the following Committee structure has been established:
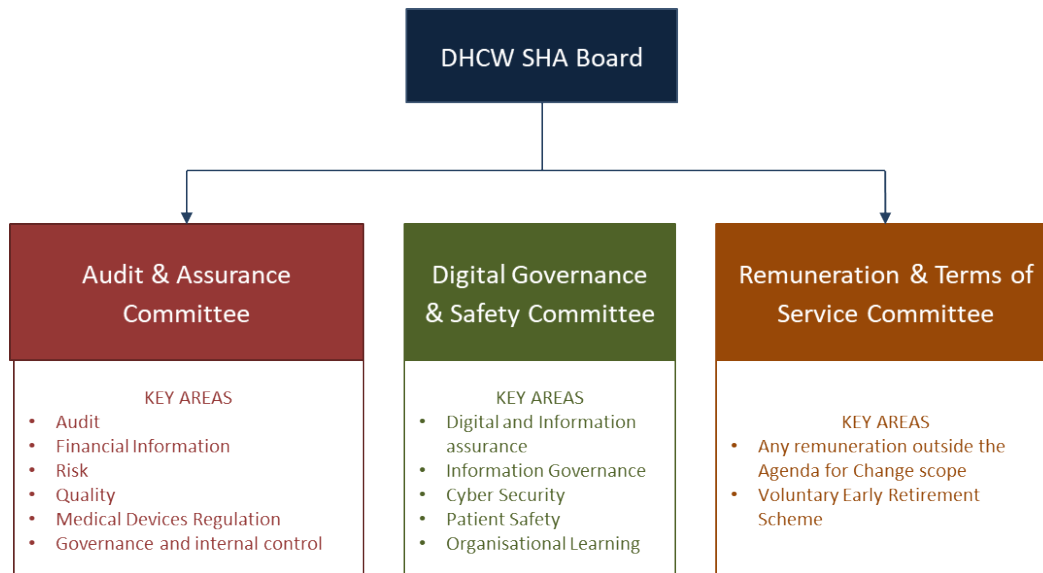
The primary function of the Committees is to advise and assure the Board and Chief Executive on whether effective arrangements are in place to support them in their decision taking and in discharging their accountabilities for securing the achievement of the SHA's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

All Committees meet at least quarterly. Further information and papers can be found here. The Committees are required to conduct as much of their formal business in public as possible. Any activity conducted in private is required to be reported to the next public meeting.

The Remuneration and Terms of Service Committee is not required to meet in public. It does not publish its papers but provides al report containing a summary of the meeting and any decisions taken to the next SHA Board meeting and provides an overview of the work of the Committee via the annual Remuneration and Staff Report.

8.4   EXECUTIVE TEAM

The Executive Team is led by the Chief Executive and is responsible for the operational delivery within DHCW. This includes:

- Formulating and proposing strategy for discussion and approval by the Board
- Ensuring the delivery of the agreed strategy and implementation plan
- Managing performance and dealing with suboptimal performance within their teams
- Taking responsibility for providing the required information to the Board or its Committees
- Supporting and promoting a positive culture within the organisation and reflecting this in their own behaviour

The Directors will establish structures within their Directorates to assist them in discharging their operational responsibilities whilst ensuring good governance. This includes working groups, which are detailed in the governance structure pictogram at section 10.

Where a group meets regularly there should be agreed Terms of Reference, clarity regarding the delegated authority, a work programme and arrangements for producing action notes/minutes.

8.5   ADVISORY FORUMS AND FUNCTIONS

Section 6 of the SOs detail that DHCW may and where directed by Welsh Ministers, must appoint Advisory Group(s) to the SHA to provide advice to the Board in the exercise of its functions.

DHCW have been directed to establish a Local Partnership Forum, details of which are found in the next section.

No other Advisory Groups have been identified as required currently but can be established if agreed by the Board.

8.6   LOCAL PARTNERSHIP FORUM

The role of the Local Partnership Forum (LPF) is to provide a formal mechanism where the SHA, as employer, and trade unions/professional bodies representing SHA employees work together to improve health services for the citizens served by the SHA. It is the forum where the SHA and staff organisations will engage with each other to inform, debate, and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on digital transformation health matters.

The LPF does not meet in public due to the sensitive nature of the discussions taking place. It does not publish its papers but provides a report containing a summary of the meeting and any decisions taken to the next SHA Board meeting and provides an overview of the work of the Committee via the annual report to the SHA Board.

8.7   GOVERNANCE ADVISORY FUNCTIONS

All staff are responsible for ensuring good governance within their area of work. To support them in this there are key individuals and teams who have a responsibility for providing advice and assistance in some of the more specialist areas. This includes:

8.7.1   BOARD SECRETARY

The Board Secretary is responsible for:

- providing advice to the Board as a whole and to individual Board members on all aspects of governance
- facilitating the effective conduct of Digital Health and Care Wales business through meetings of the Board, its Advisory Groups and Committees
- monitoring the SHA's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers
- advising regarding the policy management and development arrangements and ensuring that documents are made available throughout the organisation
- raising concerns (whistleblowing) arrangements within Digital Health and Care Wales, ensuring that staff can raise concerns without fear of recrimination
- providing advice regarding the standards of conduct and behaviours, including managing the arrangements for the declaration of interests, gifts, hospitality and sponsorship
- providing leadership and advice on welsh language provision
- providing leadership and advice on risk management
- Communications – both internal and external.

8.7.2   EXECUTIVE MEDICAL DIRECTOR

The Executive Medical Director is the Caldicott Guardian for the organisation, additionally, they provide leadership to the organisation on the following areas:

- Putting Things Right
- Information Governance
- Patient Safety and Incident Investigation
- Information Services
- NHS e-library
- Research and Innovation
- Informatics Assurance
- Business Change

8.7.3   DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR OF FINANCE

The Deputy Chief Executive and the Executive Director of Finance has executive responsibility for finance, quality and regulatory, and corporate services.

Their financial responsibilities are as follows:
- Implementation of the SHA's financial policies in line with the Standing Financial Instructions and co-ordinating any corrective action necessary to further these policies
- Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems are in place
- Provision of financial advice to other members of the Board, committees and employees
- The preparation and maintenance of accounts, certificates, estimates, records and reports as the SHA may require for the purpose of carrying out its statutory duties.

Their responsibilities for quality and regulatory and corporate services are as follows:
- Ensuring the organisation maintains and improves its quality accreditations
- Provides leadership for regulatory compliance
- Supporting the Chief Executive in the delivery of health and Safety responsibilities

- Ensuring fire safety is appropriately managed
- Ensuring effective estates and environmental management

8.7.4   EXECUTIVE DIRECTOR OF OPERATIONS

Appointed but not yet in post.
The Executive Director of operations will be responsible for all operational service delivery (excluding Primary, Community and Mental Health Services) and related activity. This includes:

- Service performance for all applications and their associated cyber security and ICT infrastructure requirements and plans
- Leadership for the delivery of their architecture and platform roadmaps
- This provisionally includes Business Continuity planning
- This provisionally includes major incident and organisational learning
- Senior Information Risk Owner for the organisation

8.7.5   EXECUTIVE DIRECTOR OF STRATEGY

Appointed but not yet in post.
The Executive Director of Strategy will be responsible for developing and defining the technical strategy for DHCW in response to Welsh Government and the Chief Digital Officer policy agenda. This includes:

- Digital Strategies and product roadmaps
- Horizon Scanning
- Partner engagement and collaborative working
- Commercial Services
- Planning, Programmes and Performance

8.7.6   DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

Advertised by not yet appointed / in post.
The Director of People and Organisational Development has responsibility for providing advice and support regarding employment/human resources related matters, diversity, inclusion and workforce development. They are responsible for:
- providing Human Resources advice
- ensuring that the SHA has an Organisational Development function to support ongoing development of the staff and the systems within which they operate
- the provision of an Occupational Health and Well-being Services
- the provision of equality, diversity and inclusion advice and support
- Ensure strategic workforce planning input

8.7.7   DIRECTOR OF PRIMARY, COMMUNITY & MENTAL HEALTH DIGITAL SERVICES

Recruitment process underway.
The Director of Primary, Community and Mental Health Digital Services has a responsibility to provide leadership on the planning, development, and delivery of the related services. This includes:

- Primary Care (GP's, pharmacists, opticians, dentists)

- Community Care (Social care, community services)
- Mental Health
- Cluster Development
- Health and Social Care Integration

9 THE DHCW GOVERNANCE SYSTEMS

The governance systems and processes consist of the formal and informal procedures that guide everyday activity, covering everything from management information systems, through to the systems at the point of contact with users of services and programme delivery.

9.1 KEY DOCUMENTS

9.1.1 STANDING ORDERS

The Board must agree Standing Orders for the regulation of the organisation's proceedings and business. These SOs are designed to translate the statutory requirements set out in the Establishment Order and the Membership and Procedure Regulations into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), they provide the regulatory framework for business operations.

9.1.2 RESERVATION AND DELEGATION OF POWERS (SCHEME OF DELEGATION)

The scheme of delegation outlines where activity can be delegated, it is for the Board to decide what it will delegate to others for them to do on its behalf.

The Board must assure itself that all matters delegated are effectively carried out. The Board does this in a number of ways, including receiving regular reports and information, speaking to Directors and their staff and reading information provided as part of news bulletins, staff briefings etc.

Because the Board retains responsibility and accountability it is very important for them to receive an accurate picture of what is happening within the organisation, together with information regarding any risks or issues.

DHCW policies and procedures provide further information regarding responsibilities which staff and managers may have for specific areas.

9.1.3 STANDING FINANCIAL INSTRUCTIONS

NHS bodies in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency and effectiveness in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. Together with the adoption of SOs, a scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for business operations.

The Chief Executive and the Executive Director of Finance are responsible for providing advice and guidance on any aspect of the SFIs.

The SFIs are supported by more detailed Financial Control Procedures. The Audit and Assurance Committee is responsible for approving Finance related procedures on behalf of the SHA Board.

9.1.4 POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS

The DHCW SHA Board has delegated the approval of some policies, procedures and written control documents to others in the organisation, whilst some it has retained for itself. In Summary the arrangements are as follows:

Strategies	Framework
A long term plan designed to achieve particular goals or objectives **Approval retained by the Board**	Broad overview, outline, or skeleton of interlinked items/ principles/concepts which supports a particular approach to a specific objective, and serves as a structure that provides guidance which can be modified as required **Approval dependent on scope**
Policies A written statement of intent, describing the broad approach or course of action that the organisation is taking with a particular issue **Approval retained by Board unless delegated to a Committee**	**Procedures** A standardised method of performing a task by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. Document detailing how a policy is to be achieved. **Approval retained by a Committee or delegated to a group – majority delegated to groups**
Guidelines and Protocols Guidelines give general advice and recommendations for dealing with specific circumstances. Protocols are a written code of practice, including recommendations, roles and standards to be met, which can also include details of competencies and delegation of authority. **Approval delegated to groups, directorates, departments**	

The policy also explains the responsibilities for undertaking Equality, Health and other impact assessment, arrangements for consultation, responsibilities for making documents available, review and evaluation.

The assumption is that all documents which apply to the whole of the organisation are published on the internet unless there is a justifiable reason not to. This would be in relation to data protection/information or personal safety/security.

Further advice can be obtained by contacting: DHCW.CorporateGovermance@wales.nhs.uk

9.1.5 RISK MANAGEMENT AND BOARD ASSURANCE

The DHCW Risk Management Policy sets out the organisational intent for effective risk management. The policy also provides a high-level account of the responsibilities in the identification, assessment and management of risk. The Risk Management and Board Assurance Framework Strategy outlines further approach to risk, risk appetite and assurance on behalf of the Board in more detail.

DATIX is used throughout the SHA to drive consistency in reporting, reviewing and managing risk. The SHA operates risk registers at strategic, corporate, directorate and Project/Programme levels.

The Board Assurance Framework (BAF) specifically identifies the strategic risks. These are the risks which could threaten the organisation's ability to meet its strategic priorities. The BAF contains a much greater emphasis on controls and assurances – it advises the Board of where they can get these assurances from and how robust they are.

The DHCW Risk Appetite is reviewed and set on an Annual basis to reflect any changes to the organisational

or external climate.

The Board needs to assure itself that controls are effective to manage the strategic risks. Assurance is an objective examination of evidence for the purpose of providing an assessment of the effectiveness of governance, risk management and control processes. The BAF report provides an assessment of the organisational assurance lines on a bi-monthly basis to the Board.

For each strategic risk the assurance will come from a variety of internal and external sources. External sources are extremely important, and it is essential that the Board (or relevant Committee) is aware of the sources of such information from regulatory or inspection bodies and are sighted on their conclusions. However, it should not rely on those external sources to indicate when things are not working as they should be.

The following table provides a list of potential sources of assurance. It is not an exhaustive list.

Internal	External
Standing Orders	Structured Assessment via Audit Wales
Standing Financial Instructions	WG Reports/Reviews
Scheme of delegation	WG assessment of IMTP
Compliance against legislation	Welsh Risk Pool
Annual Self-Assessment	Quality Accreditation Schemes – ISO Audits
Board and Committee Reporting	Welsh Language Commissioner
Counter-fraud reports	Future Generations Commissioner for Wales
Serious Incident Reports	Audit Reports
Annual Governance Statement	
Staff Survey	
IMTP	

9.1.6   ASSURANCE ASSESSMENT

When considering a source of assurance it is important to consider how much it can be relied upon. Considering the "Three Lines of Defence" can help. These are as follows:

First Line - Operational
- Organisational structures – evidence of delegation of responsibility through line Management arrangements
- Management Controls
  - Compliance with appraisal process
  - Compliance with Policies, Procedures, Strategies and Framework
  - Incident reporting and thematic reviews
  - Compliance with Risk Management processes and systems
  - Performance Reports and Finance Reports

Information may be robust but lacks independence

Second Line - Risk and Compliance
Reports to the Assurance and Oversight Committees
- Audit and Assurance Committee
- Digital Governance and Safety Committee
- Remuneration and Terms of Service Committee
- DHCW SHA Board

Findings and/or reports from inspections, Annual Reporting, Performance report through to Committees

Information slightly less detailed but does have a degree of independence

Third Line – Independent
- Internal Audit
- Audit Wales (Structured Assessment)
- External Audits (e.g. Annual Accounts and Annual Report)
- HIW Inspections (This will not be regular, it will most likely be in conjunction with our NHS Partners)
- Regulators
- External visits and accreditations
- Independent Reviews

Information may be less detailed but the source of assurance is truly independent of organisation.

The process for assessing assurance is fundamentally about taking the most relevant evidence together and arriving at informed conclusions to establish a composite sense of assurance. This will identify where there are gaps in assurance, and these are also captured in the BAF to identify where further assurance should be obtained from. This will be critical in determining for example, the future work Programmes of internal audit so resources are directed appropriately.

The level of assurance sought will also be influenced by the risk appetite agreed for the respective strategic priority/objective.

9.1.7 LEGISLATIVE ASSURANCE

DHCW keep a legislative assurance register that identifies an internal owner for each piece of legislation relevant to the organisation. This is reviewed at the monthly Quality and Regulatory meeting.

The register will be developed into the Legislative Assurance Framework for 22/23, which will provide a greater understanding of the key controls in place for each piece of legislation, the assurance level and the impact on the organisation of non-compliance.

10   DHCW GOVERNANCE SYSTEMS INFOGRAM

DHCW SHA Board

Welsh Government

Reporting Up

Reporting Out

Key Documents – Annual review/Production

Governance and Assurance
Standing Orders
Reservation and Delegation of Powers (Scheme of delegation)
Standing Financial Instructions
Senior Information Risk Owner
Annual Report
Annual Committee Reports
Annual Cycle of Business for Board and Committees
Annual Effectiveness Surveys for Board and Committees

Planning
Integrated Medium-Term Plan
Annual Plan

Performance
Annual Report

Key Documents – Ad-Hoc review/Production

Governance
Legislative Assurance Framework
Risk and Board Assurance Framework
Governance Assurance Framework
Policies, procedures and other written control documents

Financial
Counter Fraud Plan
Strategic Procurement Report
High Value Purchase Order Report

Communication
Communications Strategy
Stakeholder Engagement Strategy

Operation
Integrated Organisational Performance Report
Business Continuity Plans
Data Strategy
Architecture Strategy
Product Road Maps

Contributory Processes/Regulatory Monitoring

Governance
Internal Audit
External Audit
External Accreditation Audits
DHCW Internal Audit

People
Job Descriptions & Job Evaluation Process
Staff Induction
Staff Survey
Exit Interviews
Training and Organisational Development

Communication
Staff Briefings
Corporate Intranet
Staff Newsletter
Tier 3 Management meeting

Oversight and Working Groups

Management Board
Weekly Directors

Capital and Non-Pay Group
Financial Planning Pay Group
Wales Informatics Assurance Group
Quality and Regulatory Group
Recruitment Task and Finish Group
Internal Controls Meeting
Incident Review and Learning Group
Welsh Language Group
Risk Management Group
Safety, Health and Environment Group

Annual Report to include:

Annual Performance Report

Annual Accountability Statement

Annual Governance Statement

Remuneration and Staff Report

Annual Financial Accounts

11   DHCW GOVERNANCE AND REPORTING SYSTEM

12　DEFINITIONS

TERM	DEFINITION
SHA	Special Health Authority
DHCW	Digital Health and Care Wales
IOPR	Integrated Organisational Performance Report
SOs	Standing Orders
SFI's	Standing Financial Instructions
LPF	Local Partnership Forum
BAF	Board Assurance Framework
GAF	Governance Assurance Framework

13　REFERENCES

DOCUMENT	VERSION
NHS (Wales) Act 2006	1
The Digital Health and Care Wales (Establishment and Membership) Order 2020	1
Standing Orders and Standing Financial Instructions	1
Debate No. 3 (good-governance.org.uk) Deighan and Cullen, 2004	3
Good Governance Guide – Academi Wales	2
WG Escalation and Intervention Framework	1
Governance e-manual	2
Code of Conduct for Board Members and NHS Managers	2

DIGITAL HEALTH AND CARE WALES
RISK MANAGEMENT REPORT

Agenda Item	4.2

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary /Risk Owners

Purpose of the Report	For Approval
Recommendation	

The Audit and Assurance Committee is being asked to:

NOTE the status of the Corporate Risk Register.
DISCUSS the Corporate Risks, particularly those assigned to the Audit and Assurance Committee.
NOTE the mitigating action relating to the DHCW0259 Staff Vacancies risk.
NOTE the Risk and Board Assurance Milestone Plan and progress to date
CONSIDER the proposed Board Assurance Report template.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework		

1   SITUATION/BACKGROUND

1.1   The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee, Digital Governance and Safety Committee and approved formally at the SHA Board on the 27 May 2021. This outlined the approach the organisation will take to managing risk and Board assurance.

1.2   There has been progress in this area with the risk appetite having been approved by the DHCW SHA Board in November.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   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)'.

2.2   DHCW's Corporate Risk Register currently has 23 risks on Register, 18 of which are detailed at item 4.2i Appendix A. The other 5 are security related risks which are considered at every Digital Governance and Safety Committee in private session as per the Committee assignment approach.

2.3   Committee members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for the period ending 31 December 2021:

No risks were **removed** from the risk register.

A number of changes to risk scores have taken place over the past few months, these are as below:

DHCW0259 – Staff Vacancies – increased for score of 12 to 16.
DHCW0260 – Data Centre transition – decreased from 12 to 9.
DHCW0205 – Shielded Patient List – decrease from 12 to 8.
DHCW0218 – DMZ/Internet Failure at Data Centre from 12 to 8.

Four new risks were escalated to the Corporate Risk Register:

DHCW0273 - Welsh Language Two Way Text Vaccination Appointment Message – Work is being undertaken to enable bilingual two way texting with a target date of the end of January 2022.

DHCW0276 - **Private risk**

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DHCW0275 - Welsh Immunisation System Server Capacity – New server deployment is planned for January 2022.

DHCW0276 - Welsh Immunisation System Network Connection – Planned action is mapped, work is being undertaken to define a finish date.

2.4 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					Key
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)	★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0257 ⟷ **DHCW0261 ⟷ DHCW0273: Welsh Language Two Way Text Vaccination Appointment Message ★	DHCW0204: Canisc System ⟷		
	MAJOR (4)	DHCW0205: DMZ/Internet Failures at Data Centre ⬇ **DHCW0218 ⟷	DHCW0207: Document Management Strategy ⟷ DHCW0208: Welsh Language Compliance ⟷ DHCW0272: Public Sector Pay Policy ⟷ DHCW0263: DHCW Functions ⟷ DHCW0264: Data Promise ⟷ DHCW0228: Fault Domains ⟷ DHCW0201: Infrastructure Investment ⟷ **DHCW0276 ★ DHCW0276: Welsh Immunisation System Network Connection ★	DHCW0269: Switching Service ⟷ DHCW0237: Covid-19 Resource Impact ⟷ DHCW0259: Staff Vacancies ⬆ DHCW0275: Welsh Immunisation System Server Capacity ★		
	MODERATE (3)			DHCW0268: Data Centre Transition ⬇	DHCW0267: Host Failures ⟷ **DHCW0229 ⟷		
	MINOR (2)				DHCW0260: Shielded Patient List ⬇		
	NEGLIGIBLE (1)						

★ New Risk   ⟷ Non-Mover   ⬇ Reduced   ⬆ Increased   ****Private risks**

2.5 All the risks on the Corporate Risk log are assigned to a Committee as outlined in the Risk Management and Board Assurance Framework Strategy to provide the SHA Board with the necessary oversight and scrutiny. As previously stated, the private risks are reviewed in detail by the Digital Governance and Safety Committee in a private session. The risks assigned to the Audit and Assurance Committee are:
- DHCW0259 – Staff Vacancies – see item 4.2ii.
- DHCW0207 – Document Management Strategy
- DHCW0208 – Welsh Language Compliance
- DHCW0273 – Welsh Language Two Way Text Vaccination Appointment Message
- DHCW0272 – Public Service Payment Policy
-

DHCW0259 Staff Vacancies was discussed at the October Audit and Assurance Committee meeting and an action was agreed to bring back a report outlining in detail the mitigating action undertaken to date as well as further planned action for Committee members to consider, this report is included as item 4.2ii Appendix B.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The Committee is asked to note the changes in the risk profile during the reporting period as a result of the escalation of four risks to the Corporate Risk Register.

3.2   The Risk Management and Board Assurance Framework plan is included at item 4.2iii Appendix C which details the progress to date for the Risk Management and Board Assurance Framework Strategy implementation.

3.3   As part of the implementation is the creation of a Board Assurance Report, mapping strategic risks to DHCW's five corporate objectives the proposed template is included at item 4.2iv Appendix D for consideration by the Committee.

4   RECOMMENDATION

4.1   The Committee is being asked to:
   NOTE the status of the Corporate Risk Register.
   DISCUSS the Corporate Risks, particularly those assigned to the Audit and Assurance Committee.
   NOTE the mitigating action relating to the DHCW0259 Staff Vacancies risk.
   NOTE the Risk and Board Assurance Milestone Plan and progress to date
   CONSIDER the proposed Board Assurance Report template.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	All are relevant to the report

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

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)	Outcome: N/A	
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.		

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	07/01/2022	Discussed and Verified

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.
	The members of the Management Board will be clear on the expectations of managing risks assigned to them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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4.2i Appendix A DHCW Corporate Risk Register

Risk Matrix

Key – Risk Type:

Critical	Significant	Moderate	Low

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
	NEGLIGIBLE (1)	1	2	3	4	5

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0204	Security	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	07/01/2022	15	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Collaborative working with Programme Partners to deliver further development including the palliative care and Screening (colposcopy) work planned for Q4 21/22. Cancer Informatic Programme progressing. Velindre targeting end of FY to migrate to WPAS and WCP. ACTIONS TO DATE: The Canisc replacement MVP is in development in readiness for testing in September for Cancer services.	20	5	4	6	3	2	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	07/01/2022	9	AIM:REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Continue to monitor - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions for geographical resilience in order to consider reducing the risk score. ACTION TO DATE: 13/10/2021 - ISBMG: Whilst the data centre moves have taken place the fragility of the switching service remains due to the rigid nature of it and the inability to add to or amend it easily. Keep the score as is at this time. 02/08/2021 - TAH: ISD working with NDR to ensure appropriate priority given to this work. 01/06/2021 RMG: Escalated to Corporate Risk Register 27/04/2021 TAH: Further engagement with NDR Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR. Continue to review options and escalate to Corporate register	16	4	4	6	3	2	Rachael Powell	Non Mover	Digital Governance & Safety Committee
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	07/01/2022	12	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor the situation via the recruitment task force and support managers with the additional resources to increase the speed of the recruitment process. ACTIONS TO DATE: A recruitment task force was established including all areas of the organisation to focus on	16	4	4	6	2	3	Chief Operating Officer	Non Mover	Audit and Assurance Committee and Local Partnership Forum

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
						recruitment with support from a co-ordinated communications approach. Additionally, agency support was procured to aid with the volume of recruitment required and support managers with vacancies to ensure speed of appointment.									
DHCW0237	Project	New requirements impact on resource and plan IF new requirements for digital solutions to deal with Covid 19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.	30/03/2020	07/01/2022	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for TTP and recovery from Covid. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: Lessons Learnt for Q1 and Q2 presented to Management Board for review and comment. Action plan being led by the PPMG. Improved formality with external boards around change control of dates, eg due to extra requirements. Significant increase in numbers of Requests for Change (RFCs) coming to PPMG since Sept 2021.	16	4	4	9	3	3	Chief Operating Officer	Non Mover	Digital Governance & Safety Committee
DHCW0275	Service Interruption	Welsh Immunisation System Server Capacity IF the web servers linked to the vaccine booking centres and other locations that adminster Covid vaccines become unavailable due to capacity concerns THEN it is possible that the system capacity would be reached RESULTING IN a slowed system, or system unavailability	22/12/2021	07/01/2022	16	AIM: Reduce IMPACT and Reduce LIKELIHOOD FORWARD ACTIONS WIS team and DCS to plan deploying these in January. ACTIONS TO DATE Infrastructure submit build request for an additional server per site prior to 24/12.Server has been built 06/01/22 and IQ'd 07/01/2022.	16	4	4	6	3	2	Assistant Director of Application Development and Support	New	Digital Governance and Safety

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0273	Business & Organisational	Welsh Language Two Way Text Vaccination Appointment Message IF the Two-Way Text Solution launches in English only THEN this is in breach of Welsh Language legislation RESULTING in reputational harm to NHS Wales/DHCW and Welsh Language citizens being disadvantaged by the offering.	09/12/2021	07/01/2022	15	AIM: Reduce LIKELIHOOD FORWARD ACTIONS: There are options for citizens to receive their appointment via a bi-lingual letter and a telephone booking line. Bi-lingual bi-lingual solution being worked on with a target date of the end of January 2022. ACTIONS TO DATE: Identification and risk assessment undertaken	15	3	5	3	3	1	Assistant Director of Application Development and Support	New	Audit and Assurance
DHCW0208	Business & Organisational	Welsh Language Compliance IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage	21/05/2018	07/01/2022	16	AIM: REDUCE Likelihood FORWARD ACTIONS: Submit Second draft of Welsh Language Scheme to the Welsh Language Commissioners office. Undergo Public consultation and seek sign off from the DHCW SHA Board. ACTIONS TO DATE: Welsh Language Services Manager has been appointed and will start in mid January 2022. All Wales Welsh Language Preference System first release is ready, system to be shared with the Welsh Language Group in November for feedback.	12	4	3	4	4	1	Board Secretary	Non Mover	Audit and Assurance Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0272	Finance	Public Service Payment Policy IF - the NHSWSSP invoice scanning process does not meet established processing KPI's, THEN Invoice payment could be significantly delayed, RESULTING IN - invoices remaining unpaid within 30 days and DHCW non compliance with The National Health Service (NHS) Wales Act 2006.	13/10/2021	07/01/2022	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue to monitor situation and work with NHS Wales Shared Services Partnership on any required mitigating action. ACTIONS TO DATE: HS 131021: This is an all Wales issue that has been raised with NHS Wales Shared Services Partnership.	12	4	3	4	4	1	Executive Director of Finance	Non Mover	Audit and Assurance Committee
DHCW0263	Information Governance	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential	26/01/2021	07/01/2022	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. ACTIONS TO DATE: Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR	12	4	3	4	4	1	Deputy Director of Information	Non Mover	Digital Governance & Safety Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
		data without a legal basis or consent.													
DHCW0264	Information Governance	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	26/01/2021	07/01/2022	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Digital Strategy/Technology, Digital & Transformation, WG	12	4	3	4	4	1	Deputy Director of Information	Non Mover	Digital Governance & Safety Committee
DHCW0228	Service Interruption	Fault Domains IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	07/01/2022	16	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted by December 2021 which will mean fault domains will be provided by the host for those services. Additional new equipment	12	4	3	6	3	2	Director of ICT	Non Mover	Digital Governance & Safety Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
						deployment will continue to increase the number of fault domains planned for the remainder of the year ACTIONS TO DATE: Fault domains installed in all new equipment installations. Additional new equipment installed to increase availability of hosted services. Fault domains were incorporated into new areas of infrastructure as part of the Data Centre Exit Project where cloud provisions is being utilised to provide some of the fault domains required.								
DHCW0267	Service Interruption	Host Failures IF a host fails on one of the virtual server environments THEN some guests may fail to migrate seamlessly to other hosts RESULTING IN some servers failing to recover automatically and therefore service interruption to the end users.	23/03/2021	07/01/2022	12	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Install new hardware and review system performance ACTIONS TO DATE: The periodic crashing issue continues. Previous recommendations from the manufacturer have not fixed the problem. Latest recommendation is to install some new hardware in the servers. This is on order and will be installed in a controlled way when they are delivered.	12	3	4	6	3	2	Director of ICT	Non Mover	Digital Governance & Safety Committee
DHCW0201 IMB	Service Interruption	Infrastructure Investment IF recurrent funding is not available to support the replacement of obsolete infrastructure THEN the risk of failure and under performance will increase RESULTING in service disruption.	10/08/2017	07/01/2022	12	AIM: REDUCE Likelihood FORWARD ACTIONS: A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding for the longer term. ACTIONS TO DATE: A number of different funding streams have been identified to date to support the requirements for upgrading legacy infrastructure for 21/22. These include the Digital Priorities Investment fund	12	4	3	4	4	1	Director of ICT	Non Mover	Digital Governance & Safety Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
					12	with high priority risks being addressed first.									
DHCW0275	Service Interruption	Welsh Immunisation System Network Connection IF there was a failure of the network connection between DHCW and the Microsoft Azure network THEN members of the public would not be able to use the rebooking services RESULTING IN reputational damage to DHCW and Welsh Government and potential patient harm through inability to book appointments	05/11/2021	07/01/2022	12	AIM:IMPACT and LIKELIHOOD FORWARD ACTIONS: Install Virtual Private Network backup. Create a second link. Install additional web interfaces. ACTIONS TO DATE: Identification of the risk and risk assessment	12	4	3	6	3	2	Director of ICT	New	Digital Governance and Safety
DHCW0260	Business & Organisational	Data Centre Transition IF the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.	06/05/2021	07/01/2022	12	AIM: REDUCE Impact FORWARD ACTIONS: Perform the transition of the last remaining system in Data centre 1. Project due to be closed at the Programme Board in December 2021. Undertake lessons learned and complete a closure report. ACTIONS TO DATE: The Transition plan has been completed.	9	3	3	4	1	4	Director of ICT	Non Mover	Digital & Governance Safety

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0205 IMB	Clinical Risk	Shielded Patient List IF ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention THEN the inherent risk of human error will persist RESULTING IN the possible incorrect identification of patients on the list.	08/01/2021	07/01/2022	12	AIM: REDUCE Likelihood FORWARD ACTION: Continue to monitor and respond as necessary, our mitigation remains that we manage the manual list. ACTION TO DATE: 13/10/2021 - ISBMG/RP: The SPL is not being utilised as it was and the the likelihood of something catastrophic happening in significantly reduced. Reduce risk score but leave on RR. 22/07/2021 - TAH: Infrastructure design in place and agreed with DCS. Latest date provided by NDR team for completion is mid-late August. 21/04/2021 - TAH: ISD and NDR team are working with a third party supplier on development of an automation process. This should remove the requirement for manual intervention and hence human error. Continue to monitor risk until work is complete.	8	4	2	4	4	1	Deputy Director of Information	Non Mover	Digital Governance & Safety Committee
DHCW0218	Service Interruption	DMZ/Internet Failure at Data Centre IF a failure of the DMZ network or Internet Circuit in Datacentre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.	12/03/2018	07/01/2022	12	AIM: REDUCE Impact FORWARD ACTIONS: Continue to identify the 'owners' of services in the DMZ in the new datacentre to raise the risk with a target date of end of December 2021 for that to be completed. ACTIONS TO DATE: All migrations of the planned services from Data centre 1 DMZ to Azure have now completed. Improvements have been made to resilience, so likelihood reduced to 'unlikely'.	8	4	2	4	2	2	Director of ICT	Non Mover	Digital Governance & Safety Committee

DIGITAL HEALTH AND CARE WALES
RECRUITMENT AND VACANCIES UPDATE

Agenda Item	4.2ii

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Michelle Sell, Chief Operating Officer, DHCW
Prepared By	Shikala Mansfield, Head of W&OD, DHCW
Presented By	Shikala Mansfield, Head of W&OD, DHCW

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to receive this report for **ASSURANCE** in relation to the action taken to mitigate the 0259 Staff Vacancies Risk included on the Corporate Risk Register.	
Acronyms	

DHCW	Digital Health and Care Wales	WTE	Whole Time Equivalent
IMTP	Integrated Medium-Term Plan		

1   SITUATION/BACKGROUND

1.1   In the past twelve months through the transition from the NHS Wales Informatics Service to Digital Health & Care Wales and in order to be in a position to operate effectively as a statutory body, to provide the digital response to the Covid pandemic and to stand up a number of new programmes DHCW has been through a period of rapid growth.

1.2   In order to ensure that the new organisation manages its workforce needs effectively the Workforce and OD Team have implemented a Workforce Business Partner model in DHCW. The Workforce Business Partners have been working closely with the Directorate Teams to develop an organisation wide strategic workforce plan linked to DHCWs long term strategic vision, plans and goals.

1.3   Over the last 12 months DHCW has grown by 21% from 742wte to 897.5wte (918 headcount) with projected further growth of at least 29% in 2022/23 to 1161.5wte. This is based on the gaps identified to support the IMTP deliverables for 2022-23 through workforce planning with Workforce Business Partners, Finance Business Partners, and the Heads of Services in each directorate. The figure does not include any additional resource required for initiatives/programmes where funding has not been approved e.g., implementing the Cloud Strategy.

1.4   DHCW's average Turnover is currently 5.8% a low figure when compared with the industry average of 13.2%, and staff retention is considered a key priority for the organisation in addition to ensuring growth.

1.5   To support the high volume of recruitment required throughout 2021-22 the following actions were taken:-

- Task and Finish group set up to review and monitor progress
- Temporary Recruitment Team set up within DHCW
- 3 external recruitment agencies appointed
- 5 Job fairs attended
- 1 In-House virtual job fair held
- Graduate fair held for one of the directorates
- Partnership with Wales Universities, Colleges and High Schools as well as local community groups

1.6   To date 286 wte have been recruited (155 wte external and 131 internal) with a further 38 offers in the pipeline who are due to start within the next 3 months.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The Committee is asked to note the plan for 2022/23 to support the additional workforce anticipated in the IMTP 2022-25 and building on the activities undertaken this financial year.

Workforce Business Partners will be working with the Directorates to:-
- Identify which roles to advertise, outsource or 'borrow' to support IMTP deliverables.
- map roles against the timeline in which the post is required to start and therefore the best route to advertise.
- maximise 'grow our own' opportunities by exploring apprenticeship schemes, graduate schemes, progression within grades i.e., Band 3 to 4, 4 to 5 to improve attraction, retention and career progression. Pilot in ICT and ADS.
- Map roles which can be undertaken by a variety of the local population e.g. returners to work, school leavers, university students, part-time and weekend working to improve fill rate.

In addition to this we will be:
- Appointing a PR Agency in January to raise the profile of DHCW and the Digital profession within the marketplace, particularly within local communities and provide support to produce professional recruitment campaigns. Ensuring that we are reflecting the inclusive nature of the roles available and encouraging a diverse range of applicants.
- Purchase licenses to directly contact potential candidates via LinkedIn, CV Library, etc.
- Benchmark Salary against key roles to ensure competitiveness and ability to attract and retain good candidates.
- Review job description format and content to ensure that they accurately reflect the role and that we are not inadvertently deterring good candidates.
- Set up a DHCW job evaluation panel to speed up the assessment of new job descriptions in line with Agenda for Change pay bands.
- Review our recruitment processes to ensure sufficient flexibility to support diversity in the candidate pool.
- Increase network of community and professional partners (Veterans, STEM, Chwarae Teg, University course leaders, etc)
- Co-ordinate the All-Wales Digital Workforce Review which will enable DHCW and the wider Digital profession to have clearer career and development paths and support long-term workforce planning.

2.2   In order to enhance the recruitment of permanent staff, we will continue to work with our commercial providers and the Commercial Services team will be working with the Directorates to establish appropriate new call-off mechanisms

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None

4 RECOMMENDATION

4.1 The Committee is being asked to receive this report for **ASSURANCE** in relation to the action taken to mitigate the 0259 Staff Vacancies Risk included on the Corporate Risk Register.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	Recruitment (0259) - There is a risk of not filling vacancies in a timely manner

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

DHCW QUALITY STANDARDS	BS 76005
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below:	

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

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

Author: Shikala Mansfield
Approver: Michelle Sell

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Potentially unable to achieve the IMTP
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Shikala Mansfield
Approver: Michelle Sell

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4.2III APPENDIX B RISK MANAGEMENT & BAF MILESTONE PLAN

	TASK	TIMELINE	STATUS UPDATE
DHCW Approach to Risk Management and Board Assurance Framework	1. Develop Risk Management and Board Assurance Framework Strategy, to be considered via the Risk Management Group, Audit and Assurance Committee, Management Board, DHCW Board.	May 2021	Approved at Special Health Authority Board on 27th May 2021.
	2. Write and ask that new risks are articulated with; IF (this happens - cause) THEN (event) RESULTING IN (impact will be – effect). Ask that high risks and those on the corporate risk register are re-worded to use: IF, THEN, RESULTING IN.	May – July 2021	This approach has been discussed at the risk management group on the 1st June. The Corporate Risk Register will now be re-written using this approach.
	3. Arrange time on the Risk Group agenda to: • Review the draft Risk Management and BAF Strategy • Discuss/confirm proposed process to include triggers and hierarchy, how risks get into the corporate risk register and Principal risks onto the BAF (informed by the Annual Plan/IMTP) • The role of Management Board in owning the corporate risk register and initial identification of principle risks. • The role of the DHCW Board in overseeing the Principal risks and BAR • Review risk scores on risk registers • Consider how DHCW risks with potential impact on the wider health and care system are best communicated to partners	May – July 2021	The detail of the Risk and Board Assurance Framework Strategy was discussed at the risk management group on the 1st June. The risk narrative and scores were reviewed, and suggestions made at the risk management group on the 1st June for the owners of the risk to review and update where necessary.
	4. Board Risk Management and Board Assurance Training Provided. Amberwing to provide the training. *NB: DHCW Annual Plan to include Strategic Objectives to be reviewed/discussed at the Board Development Session on 01.07.2021*	1 July 2021	Session took place on 1st July 9am – 11am to include all Board member.
	5. The identification of principle risks to the organisation are considered at the Management Board (and the DHCW Risk Group) in June 2021. Facilitated by Amberwing.	22 July 2021 & 9 August	Facilitated sessions took place on 22nd July and 9th August, to include Management Board staff and Independent Board members. The output from the session was a draft principle risk analysis for each DHCW Strategic aim.
	6. Assurance and controls mapping exercise undertaken by Directorates based on the principle risks identified and agreed.	22 July 2021 – end of February 2022	The assurance mapping plan will be finalised, and work concluded by the end of February in readiness for the first Board Assurance Report to the March SHA Board.
	7. Risk Management training to be provided to relevant DHCW staff / Directorates to cover (building on training provided to Board members): • The basics of risk management • The process for escalating risk • The triggers for escalating risk • How risk will be discussed and reviewed at the Management Board 8. The DHCW risk appetite and what this means for the organisation.	September 2021 – January 2022	Training dates being scheduled for all Directorates for once the work on the DHCW risk appetite has been commenced.
	9. Board Development session to consider and agree the DHCW Board risk appetite. Facilitated by Amberwing.	2 September 2021 – end of Jan 20221	Risk appetite has been approved at the January 2022 SHA Board meeting, this will now be included in the final Risk and Board Assurance Framework Strategy and training provided for all Directorates.
	10. Principle risks presented to DHCW Board at the January Board meeting, and first draft Board Assurance Report/update on Board Assurance Report.	March 2022	Principal risks planned for presentation to the March 2022 Board with a proposed Board Assurance Report template going to Audit and Assurance Committee on 18 January for comment and feedback.
	11. DHCW risk appetite statement to be presented to Board if ready to go to the November Board.	November 2021	See action point 9.

4.2III APPENDIX B RISK MANAGEMENT & BAF MILESTONE PLAN

	12. DHCW risk appetite statement to be added to Risk Management and BAF Strategy.	27 January 2022 or 31 March 2022	This has been completed in readiness for the January SHA Board final approval.
	13. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	
	14. Principle risks considered and agreed against the DHCW plan for 2022/23	March – May 2022	Included in the Annual Cycle of Business for the SHA Board.

1. BOARD ASSURANCE REPORT

– Control RAG Rating	LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
	MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
	HIGH	Controls in place assessed as adequate/effective and in proportion to the risk

ASSURANCE SUMMARY

Type	Detail	Impact domain		RAG Assurance Self- Assessment
Objective	**1. Mobilising Digital Transformation**	• Reputational • Development of services • Information – Access and Sharing	• Financial • Service Delivery • Patient/Citizen Safety • Corporate Social Responsibility	
Principal Risk	IF we don't develop and support a collaborative national standards approach THEN we do not achieve a national open data driven architecture RESULTING IN an inability to protect and use patient centric data to deliver transformation			
Objective	**2. Expanding the content, availability and functionality of the Digital Health and Care Record**	• Patient/Citizen Safety • Development of services	• Financial • Information – Access and Sharing • Compliance	
Principal Risk	IF we fail to expand the content, availability and functionality of the Digital Health and Care Record at the required pace THEN local solutions could be sought RESULTING IN disparate data stored outside the single record and potential impact on system wide digital transformation and patient care.			
Objective	**3. Deliver high quality digital services**	• Reputational • Patient/Citizen Safety • Development of services • Service Delivery	• Financial • Corporate Social Responsibility • Compliance	
Principal Risk	IF we don't deliver high quality, available digital services THEN data could become unavailable and compromise clinical decision making support RESULTING IN stakeholder dissatisfaction, lost trust and potentially diminished patient care.			
Objective	**4. Value and innovation for better outcomes and value based care**	• Reputational • Patient/Citizen Safety • Information – Storing and maintaining	• Development of services • Information – Access and Sharing • Compliance	
Principal Risk	IF we do not fully realise the value from data vision THEN there could be diminished analysis RESULTING IN lack of effective outcomes based decision making and loss of trust in the data.			
Objective	**5. Embedding and developing the new digital organisation**	• Reputational • Safety and Wellbeing	• Corporate Social Responsibility • Compliance	
Principal Risk	IF we don't effectively embed and develop the new digital organisation THEN the organisation will not achieve the required governance and quality or deliver the vision for the digital system RESULTING IN reputational damage and strategic drift.			

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Principal risk No	Current risk score and rationale	Target Risk Score and rationale
1	16 - 4 (Likely) x 4 (Major)	4 – 1 (Rare) x 4 (Major)
2	12 – 3 (Possible) x 4 (Major)	6 – 2 (Unlikely) x 3 (Moderate)
3	9 - 3 (Possible) x 3 (Moderate)	4 – 2 (Unlikely) x 2 (Minor)
4	9 – 3 (Possible) x 3 (Moderate)	6 – 3 (Possible) x 2 (Minor)
5	15 – 3 (Possible) x 5 (Catastrophic)	5 - 1 (Rare) x 5 (Catastrophic)

Residual Principal Risk Severity Map (showing direction of travel to target)
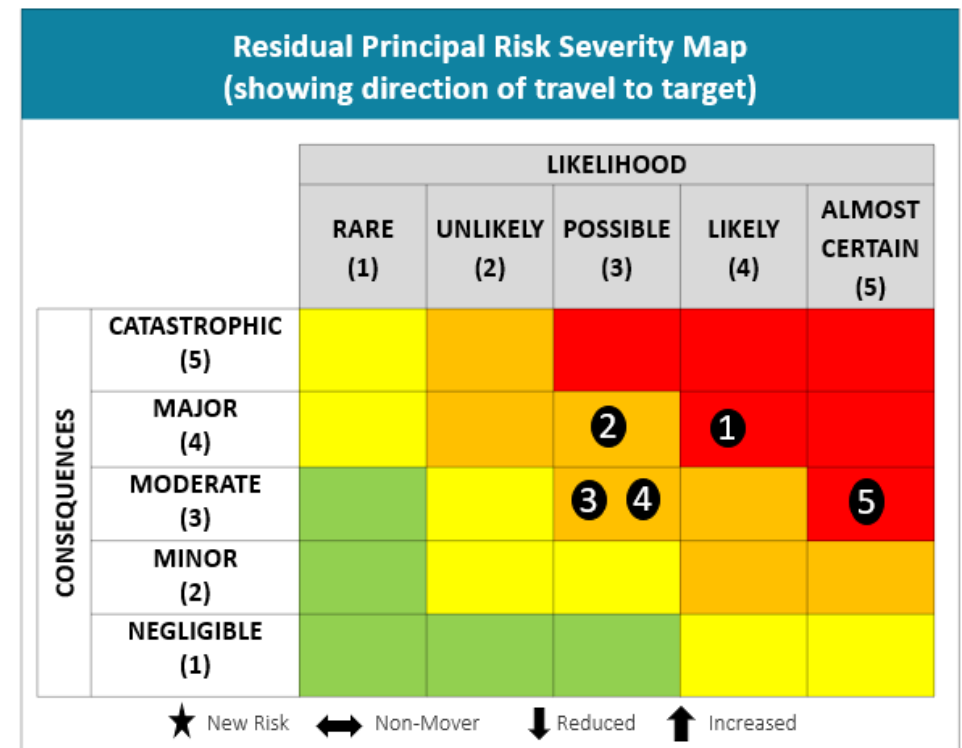
Strategic Risk Impact Statement

Should any of the strategic risks being realised the consequence would include potential of harm to patients, impacts on the working conditions of staff, poor quality service, failure to achieve the required digital transformation at pace, potential litigation at both a corporate and personal level with financial and/or penal sanctions and/or significant reputational damage which could threaten the future of the organisation.

Author: Sophie Fuller
Approver: Chris Darling

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1.2 STRATEGIC OBJECTIVE RISK ASSURANCE DASHBOARD

OBJECTIVE: Mobilising Digital Transformation

EXECUTIVE OWNER: Director of Strategy

REPORTING PERIOD:

DATE OF REVIEW:

ASSURANCE RATING

	PRINCIPAL RISK 1	IMPACT/DOMAIN		CURRENT SCORE	TARGET SCORE	1ST LINE	2ND LINE	3RD LINE
RISKS	IF we don't develop and support a collaborative national standards approach THEN we do not achieve a national open data driven architecture RESULTING IN an inability to protect and use patient centric data to deliver transformation	• Reputational • Development of services • Information – Access and Sharing • Financial	• Service Delivery • Patient/Citizen Safety • Corporate Social Responsibility	4X4 = 16	1x4 = 4	TBC	TBC	TBC

ASSOCIATED CORPORATE RISK	CURRENT SCORE	TARGET SCORE	ASSOCIATED CORPORATE RISK	CURRENT SCORE	TARGET SCORE	KEY CONTROLS
0268 – Data Centre Transition	3x3=9	4x1=4	0205 – DMZ/Internet Failure at Data Centre	4x2=8	2x2=4	
0269 – Switching Service	4x4=16	3x2=6	0228 – Fault Domains	4x3=12	3x2=6	
0259 – Staff Vacancies	4x4=16	2x3=6	0267 – Host Failures	3x4=12	3x2=6	
0263 – DHCW Functions	4x3=12	4x1=4	0201 – Infrastructure Investment	4x3=12	4x1=4	
0237 - New requirements impact on resource and plan	4x4=16	3x3=9				

	1st LINE ASSURANCE	2nd LINE ASSURANCE	3rd LINE ASSURANCE	GAPS IN ASSURANCE - ASSURANCE ACTION PLAN
ASSURANCE				

Author: Sophie Fuller
Approver: Chris Darling

★ New Risk ⬌ Non-Mover ⬇ Reduced ⬆ Increased

DIGITAL HEALTH AND CARE WALES
DECLARATIONS INTERESTS AND DECLARATIONS OF GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA

Agenda Item	4.3

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Sophie Fuller, Corporate Governance and Assurance Manager

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: **NOTE** the work to populate a Declarations of Interests Register for DHCW **NOTE** the Declarations of Gifts, Hospitality, Sponsorship and Honoraria declarations to end of December 2021.	

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

1   SITUATION/BACKGROUND

1.1   In accordance with the requirements of the DHCW's Standing Orders and Standards of Behaviour Policy, approved by the DHCW Board on 1 April 2021, a report is required to be received by the DHCW Audit & Assurance Committee as a standing agenda item which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.

1.2   Following approval of the DHCW Standards of Behaviour Policy by the DHCW Board on 1 April 2021 all Board members declarations of interest have been captured on the register which was shared as part of the Audit and Assurance Committee on 6 July 2021. This information is included as part of the organisations Declaration of Interest Register included as Appendix A (item 4.3i) and published on the DHCW website.

1.3   All declarations of interest are reviewed and checked by the Board Secretary and any queries addressed prior to entry on the register.

1.4   The Standards of Behaviour Framework summary from the Standards of Behaviour Policy is set out in Appendix B (item 4.3ii)

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   All Board members declarations of interest have been received and captured on the register which is included as Appendix A (item 4.3i) and is published on the DHCW website.

2.2   Work continues to capture the declarations of interest of all DHCW staff band 8a and above, including new starters. As of 31st December 2021, 169 of 208 staff band 8a and above's declarations of interest have been received and captured on the register which is included as Appendix A (item 4.3i).

2.3   The Committee are asked to note that 5 declarations for gifts, hospitality and honoraria were received since the last meeting detailed in the table below:

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	0	0	0	£0	£0
Honorarium	0	0	0	£0	£0
Hospitality	4	1	5	£542	£500-1000

Grand Total	2	2	4	£542	£500-1000

2.4 The hospitality accepted included those below, in-line with the standards of behaviour policy this hospitality was approved by the lead director:

- Healthcare Financial Management Association
- Accommodation as presenter at international conference
- Accommodation and dinner for national award ceremony
- Tech UK Health and Social Care Industry dinner

2.5 The hospitality declined during this period included:

- Rugby Tickets

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Members are asked to note the extended timeframe for the completion of the Declarations of Interest Register which is now planned for end of February 2022.

4 RECOMMENDATION

The Committee is being asked to:

Note the work completed on the DHCW Declarations of Interest Forms which has enabled the population of the DHCW Declarations of Interest Register (4.3i).
Note that 4 declarations of gifts, hospitality, sponsorship and honoraria were reported to the October Committee and 5 further declarations were received in October and November 2021 (4.3ii)

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:	
No, (detail included below as to reasoning)		Outcome:
Statement: The Annual Cycle of Business and Forward Workplan do not require an EQIA.		

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The declarations of interests process ensures DHCW staff adhere to the organisation's statutory responsibilities.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Agenda Item 4.3i – Declarations of Interest Register

ID	Date Received	Name	Title	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
1	29/03/2021	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Other	01/04/2021	31/03/2021	Partner is working for Hywel Dda in an informatics project delivery role.	Paid
2	15/04/2021	Rhidian Hurle	Cyfarwyddwr Clinigol / Prif Swyddog Gwybodaeth Clinigol/Medical Director	Other		Ongoing	Partner is a GP in NHS Wales	Paid
3	15/04/2021	Chris Darling	Ysgrifennydd Bwrdd/Board Secretary	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;	01/05/2019	Ongoing	Chair, Tir a Mor St Brides Major Scouts Unit	Unpaid role
4	15/04/2021	Claire Osmundsen-Little	Cyfarwyddwr Cyllid a Sicrhau Busnes/Executive Director of Finance Digital Health and Care Wales	I confirm a nil declaration;				
5	16/04/2021	Helen Thomas	Cyfarwyddwr Dros Dro Gwasanaeth Gwybodeg GIG Cymru/ Chief Executive Officer	I confirm a nil declaration;				
6	19/04/2021	Rowan Gardner	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies;	05/03/2001	Ongoing	Personal Director of BioLauncher Ltd	Paid
8	21/04/2021	Michelle Sell	Prif Swyddog Gweithredu/Chief Operating Officer	I confirm a nil declaration;				
9	22/04/2021	David Selway	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other;	01/09/2019	Ongoing	Part time Management Consultant for Amey Consulting Ltd	Paid
10	28/04/2021	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Cadeirydd y Cyngor/ Chair of Council, Prifysgol Bangor University	Paid
12	12/05/2021	Gary Bullock	Cyfarwyddwr Cymorth a Datblygu Cymwysiadau/Director of Application Development and Support	I confirm a nil declaration;				
13	14/05/2021	Rachael Powell	Dirprwy Gyfarwyddwr Wybodaeth /Deputy Director of Information	I confirm a nil declaration;				
14	17/05/2021	Carwyn Lloyd-Jones	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu / Director of Information and Communications Technology	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	Family own Arfordir Holdings Ltd.	Is not paid by company.
16	26/05/2021	Sophie Fuller	Rheolwr Llywodraethu Corfforaethol a Sicrwydd/Corporate Governance and Assurance Manager	I confirm a nil declaration;				
17	19/04/2021	Rowan Gardner	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies ;	12/09/2013	Ongoing	PrecisionLife	Paid PrecisionLife has a public relationship with HDRUK https://precisionlife.com/partners/ and the University of Nottingham who have collected some Asthma datasets. The Nottingham datasets are hosted at SAIL in their trusted secure research environment.

Agenda Item 4.3i – Declarations of Interest Register

									Therefore there are discussions taking place with SAIL to access the Nottingham data (not SAIL data).
20	28/04/2021	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;			Aelod o Fwrdd/Board Member Canolfan Gerdd William Mathias, Ymddiriedolwr/ Trustee		
21	28/04/2021	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;			Family member is a BBC Journalist	Paid	
23	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	2016	Ongoing	Grace Quantock Trailblazing Wellness Ltd	Paid	
25	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	2016	Ongoing	Board Member & Deputy Chair of Regulation and Standards – Social Care Wales	Paid	
26	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	2019	Ongoing	Associate Non-executive Director - Wye Valley NHS Trust	Paid	
27	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	2020	Ongoing	Wales Committee – Equality and Human Rights Commission	Paid	
28	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	01/03/2021	Ongoing	Senior Independent Panel Member – Welsh Government	Paid	
29	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	2020	Ongoing	Partner is a paid Director of Grace Quantock Trailblazing Wellness Ltd	Paid	
30	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies ;	2016	Ongoing	Grace Quantock Trailblazing Wellness Ltd	Paid	
31	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies ;	2020	Ongoing	Grace Quantock Trailblazing Wellness Ltd	Paid	

32	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Spouse is Access to Elected Office Fund Wales Panel Member – Disability Wales	Unpaid
33	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Spouse is Independent Advisory Group Panel Member – South Wales Police	Unpaid
34	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Spouse is Social Care Worker – Mirus Wales	Paid
35	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Brother is Social Care Worker – National Autism Society	Paid
36	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Brother-in-law is Social Care Manager – Pobl	Paid
37	23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Cousin is Social Worker – Caerphilly County Council	Paid
38	27/05/2021	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	25/08/2020	Ongoing	Non-executive director and Chair of Governance, Remuneration and Audit Committee – Coastal Housing	Paid
39	27/05/2021	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	01/03/2020	Ongoing	Non-Executive Director at Greenstream Flooring CIC	Unpaid
40	27/05/2021	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	01/04/2021	Ongoing	Member of the Independent Remuneration Panel for Wales	Paid
41	18/07/2021	Sarah Brooks	OD Culture and Engagement Lead	Nil Declaration		Ongoing		
42	18/07/2021	Anne Marie Cunningham	Associate Medical Director of informatics (Primary Care)	Nil Declaration		Ongoing		
43	19/07/2021	Martin Prosser	Head of Infrastructure Operations	Nil Declaration		Ongoing		
44	19/07/2021	Frances Beadle	National Clinical Informatics Lead for Nursing	Nil Declaration		Ongoing		
45	19/07/2021	Andrew Warburton	Programme Lead - Information Services and Health Boards	Nil Declaration		Ongoing		
46	19/07/2021	Shikala Mansfield	Head of Workforce and Organisational Development	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	Non Executive Director of Chwarae Teg	
47	19/07/2021	Shikala Mansfield	Head of Workforce and Organisational Development	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	Non Executive Director of Cardiff City Football Club Foundation	

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48	19/07/2021	Shikala Mansfield	Head of Workforce and Organisational Development	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	Vice Chair Governor of Fitzalan High School	
49	19/07/2021	Shikala Mansfield	Head of Workforce and Organisational Development	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	School Governor of St. Peter's Primary School	
50	19/07/2021	Paul Evans	Acting Head Clinical and Informatics Assurance	Nil Declaration		Ongoing		
51	19/07/2021	Caroline Busby	Primary Care Planning and Coordination Lead	Nil Declaration		Ongoing		
52	19/07/2021	Donna Charley	Primary Care Services Lead	Nil Declaration		Ongoing		
53	19/07/2021	Andrew Bond	Head of Service Improvement	Nil Declaration		Ongoing		
54	19/07/2021	Cecilia Jones	Engagement Lead	Nil Declaration		Ongoing		
55	19/07/2021	Julie Ash	Head of Corporate Services	Nil Declaration		Ongoing		
56	20/07/2021	Trevor Hughes	Information Programmes and Planning Lead	Nil Declaration		Ongoing		
57	21/07/2021	Tracy Norris	Service Desk Lead	Nil Declaration		Ongoing		
58	21/07/2021	Harriet Stone	Business Change Manager	Nil Declaration		Ongoing		
59	22/07/2021	David Sheard	Assistant Director of Service Transformation	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	Wife works for Capita Healthcare and is the main supplier contact for the NHS Wales Benchmarking contract (CHKS). Capita Healthcare also have other contracts with NHS Wales such as 111 Solution.	
60	23/07/2021	Alison Maguire	Programme Lead	Nil Declaration		Ongoing		
61	27/07/2021	Gillian Friend	Head of Communications	Nil Declaration		Ongoing		
62	27/07/2021	Heather Bickers	Primary Care Services Lead	Nil Delaration		Ongoing		
63	29/07/2021	Roberta Houghton	Primary Care IT Support Services Lead	Nil Declaration		Ongoing		
64	30/07/2021	Martin Dickinson	Head of Primary Care	Nil Declaration		Ongoing		
65	04/08/2021	Simon Williams	Head of Service Management	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	From 2011	Ongoing	Co Director / Owner of Pulse Form & Fitness Ltd	
66	19/08/2021	Julian Jones	Cyber Security Operations Lead	Nil Declaration		Ongoing		
67	19/08/2021	Matthew Thomas	Lead Applications Design Architect	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	February 2020	Ongoing	From incorporation of Architrace Ltd in Feb 2020	

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68	19/08/2021	Gethin Bateman	Serious Clinical Incident Investigation	Nil Declaration		Ongoing	
69	19/08/2021	Sarah Roberts	Business Lead Client Services	Nil Declaration		Ongoing	
70	19/08/2021	Jonathan Punt	Senior Product Specialist	Nil Declaration		Ongoing	
71	19/08/2021	Nadia Simpson	Business Change Manager	Nil Declaration		Ongoing	
72	19/08/2021	Laurence James	Programme Manager	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies -		Ongoing	Sallie Davies - Deputy Medical Director Cwm Taf Morgannwg UHB - cousin
73	19/08/2021	Matthew Thomas	Design Architect (Client Services)	Nil Declaration		Ongoing	
74	19/08/2021	Eluned Cousins	Rheolwr Arweiniol Gwybodaeth (Gofal Sylfaenol)	Nil Declaration		Ongoing	
75	19/08/2021	Peter Dunn	Infrstructure Design Architect	Nil Declaration		Ongoing	
76	19/08/2021	Ben Rowlands	Principal Project Manager	Nil Declaration		Ongoing	
77	19/08/2021	Jonathan Jones	Senior Solutions Architect	Nil Declaration		Ongoing	
78	19/08/2021	Carl Owen	Monitoring Services Manager	Nil Declaration		Ongoing	
79	19/08/2021	Laura Panes	Strategic Procurement and Contracts	Nil Declaration		Ongoing	
80	19/08/2021	Heather Wallace	Lead Application Design Architect	Nil Declaration		Ongoing	
81	19/08/2021	Rebecca Cook	NDR Programme Director	Nil Declaration		Ongoing	
82	19/08/2021	Andy Shanahan	Cyber Security	Nil Declaration		Ongoing	
83	19/08/2021	Rhys Dauncey	Client Services Development Lead	Nil Declaration		Ongoing	
84	19/08/2021	Phil Samuel	Primary Care Systems Development Lead	Nil Declaration		Ongoing	
85	19/08/2021	Kimberley Chapman	Infrastructure Principal Project Manager	Nil Declaration		Ongoing	
86	19/08/2021	Abby Forster	Principal Planning Manager	Nil Declaration		Ongoing	
87	19/08/2021	Joanna Dundon	National Clinical Informatics Lead	Nil Declaration		Ongoing	
88	19/08/2021	John Sweeney	Information Sharing and Integration Governance Manager	Nil Declaration		Ongoing	
89	19/08/2021	Rhodri Evans	Senior Solutions Architect	Nil Declaration		Ongoing	
90	19/08/2021	Mat Friedlander Moseley	Principal Project Manager	Nil Declaration		Ongoing	
91	19/08/2021	Phil Ransome	Principal Project Manager	Nil Declaration		Ongoing	
92	19/08/2021	Rob Ludman	Service Management Team Manager	Committee member, South Wales Branch of British Computer Society (Charity) `	Sept 2017	Ongoing	

93	19/08/2021	Mohamed Amin	Operations Lead (Core Services)	Nil Declaration		Ongoing		
94	19/08/2021	Huw Angle	Senior Solutions Architect	Nil Declaration		Ongoing		
95	19/08/2021	Chris Habberley	Senior Project Manager	Nil Declaration		Ongoing		
96	19/08/2021	Stephen Winder	Lead Application Design Architect	Nil Declaration		Ongoing		
97	19/08/2021	Donald Kennedy	Lead Infrastructure Design Architect	Wife employed by organisation that has SLA with DHCW	Throughout employment	Ongoing		My wife is Business Manager for SAIL Databank within Swansea University. She has close involvement with the SLA between SAIL Databank and DHCW
98	19/08/2021	Karen Shepherd	Clinical Specialist Configuration Lead	Nil Declaration		Ongoing		
99	19/08/2021	Ed Brown	Primary Care Business Services Lead	Nil Declaration		Ongoing		
100	19/08/2021	Rachel Sully	NHS Wales e-Library and Knowledge Services	Nil Declaration		Ongoing		
101	19/08/2021	Jeannette Short	Primary Care Support and Information	Nil Declaration		Ongoing		
102	19/08/2021	Karla Scott	Programme Manager	Nil Declaration		Ongoing		
103	20/08/2021	James Goddard	Hospital e-Prescribing lead	Nil Declaration		Ongoing		
104	20/08/2021	Keith Reeves	Service Management Team Manager	Nil Declaration		Ongoing		
105	23/08/2021	Matt Palmer	Head of Infrastructure Design	Nil Declaration		Ongoing		
106	23/08/2021	Rachel Stirrup	Contracts Manager, Commercial Sservices	Nil Declaration		Ongoing		
107	23/08/2021	Stephen Price	Application Manager	Nil Declaration		Ongoing		
108	23/08/2021	Jennifer May Selby	Senior Product Specialist	Nil Declaration		Ongoing		
109	23/08/2021	Mark Catherall	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
110	23/08/2021	Rhys Bryant	ICS Manager	Nil Declaration		Ongoing		
111	24/08/2021	Alex Percival	Strategic Commercial and Contracts Manager	Nil Declaration		Ongoing		
112	19/08/2021	Tom England	Product Lead - NDR	Nil Declaration		Ongoing		
113	25/08/2021	Fiona Churchill	Senior business analyst	Nil Declaration		Ongoing		
114	25/08/2021	Noel Bevan	Service Management Lead	Nil Declaration		Ongoing		
115	25/08/2021	Robert Jones	Chief Architect	Nil Declaration		Ongoing		
116	25/08/2021	Gillian Bell	Software Development Clinical Specialist Configuration Lead	Nil Declaration		Ongoing		
117	26/08/2021	Rebecca McGrane	Programme Manager	Nil Declaration		Ongoing		
125	24/08/2021	Nigel Payne	Principal Project Manager	Nil Declaration		Ongoing		
133	29/08/2021	Sophie Kift	Principal Project Manager	Nil Declaration		Ongoing		
134	31/08/2021	Ian Williams	Assistant Director (Digital Architecture)	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a	2019	Ongoing	Trustee of charity 'Minster Christian Centre'	

Agenda Item 4.3i – Declarations of Interest Register

				charity or voluntary body in the field of health			
135	31/08/2021	Marcin Haberski	Senior Solutions Architect	Nil Declaration		Ongoing	
136	31/08/2021	Griff Williams	Product Manager	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health		Ongoing	Wife is Head of Patient Experience in Welsh Government
137	01/09/2021	Richard Matthews	Lead Infrastructure Design Architect	Nil Declaration		Ongoing	
138	02/09/2021	Angela Hagget	Organisational Performance Lead	Nil Declaration		Ongoing	
139	02/09/2021	David Owen	Infrastructure Operations Lead	Nil Declaration		Ongoing	
140	02/09/2021	Lindsay Price	Principal Project Manager	Nil Declaration		Ongoing	
142	02/09/2021	Mike Evans	Design Architect (Client Services)	Nil Declaration		Ongoing	
143	02/09/2021	Jonathan Pinkney	Principal Project Manager	Nil Declaration		Ongoing	
144	02/09/2021	Simon Scourfield	Primary Care Operations Management	Nil Declaration		Ongoing	
145	02/09/2021	Amit Patel	Senior Solutions Architect	Nil Declaration		Ongoing	
146	02/09/2021	Christopher Dalgety	Senior Solutions Architect	Nil Declaration		Ongoing	
147	02/09/2021	Allan Bateman	Arweinydd Ffurfweddiad Arbenigol Clinigol / Biofeddygol Cenedlaethol	Nil Declaration		Ongoing	
148	02/09/2021	Sian Williams	Head of Financial Services and Reporting	Nil Declaration		Ongoing	
149	02/09/2021	Oliver Morrisey	Infrastructure Operations Technology Lead	Nil Declaration		Ongoing	
150	02/09/2021	Edward Bertram	WCCIS Programme Manager	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	since 2004	Ongoing	Manager Director of Enterprise Information Technologies Ltd
152	02/09/2021	Hywel Williams	Senior Product Specialist	Nil Declaration			
153	02/09/2021	Naveen Madhavan	Senior Product Specialist (Pathology)	Nil Declaration		Ongoing	
154	02/09/2021	Cheryl Way	National Pharmacy and Medicines Manager	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health	Board member of RPS since 2015, Vice Chair 2019-2021, Chair and Assembly member since June 2021	Ongoing	Chair, Welsh Board Royal Pharmaceutical Society (RPS) and RPS Assembly member

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155	03/09/2021	Amanda Carter	Senior Product Specialist	Nil Declaration				
156	03/09/2021	Jodi Hughes	National Clinical /Biomedical Specialist	Nil Declaration				
157	03/09/2021	Paul Owen	Senior Product Specialist	Nil Declaration				
158	03/09/2021	Nigel Pearce	Operations Manager (Client Services)	Nil Declaration				
159	03/09/2021	Geoff Norton	Software Development Manager	Nil Declaration				
160	03/09/2021	Brent Varley	National Diagnostic IT Programme Lead	Nil Declaration				
161	03/09/2021	Rowena Jones	Service Management Team Manager	Nil Declaration				
185	02/09/2021	Tracey Francis	Welsh Reference Data and Terminology	Nil Declaration		Ongoing		
189	14/09/2021	Ian Taylor	Finance Manager	Nil Declaration		Ongoing		
190	14/09/2021	Michelle Cook	Principal Project Manager	Nil Declaration		Ongoing		
191	13/09/2021	Robin Burfield	Senior Product Specialist	Nil Declaration		Ongoing		
192	13/09/2021	Matthew Harper	Intrastructure Design Architect	Nil Declaration		Ongoing		
193	13/09/2021	Jamie Graham	Infrastructure Programme Manager and Interim Head of Cyber Security	Nil Declaration		Ongoing		
194	13/09/2021	Ruth Chapman	Assistant Director of Planning	Nil Declaration		Ongoing		
195	13/09/2021	Tim Dawe	Senior Product Specialist	Nil Declaration		Ongoing		
196	13/09/2021	Ian Cox	Head of Client Services	Nil Declaration		Ongoing		
197	13/09/2021	Mark Evans	Senior Solutions Architect	Nil Declaration		Ongoing		
198	13/09/2021	Michael Gibbs	Infrastructure Design and Support Architect	Nil Declaration		Ongoing		
199	13/09/2021	John Meredith	Head of Application Design	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	Co-Chair Person, Open Platforms Committee, The Apperta Foundation CIC (limited company (registration number 09483987))	
200	09/09/2021	Rhys Hopkins	Senior Solutions Architect	Nil Declaration		Ongoing		
201	08/09/2021	Stuart Davies	Application Manager	Nil Declaration		Ongoing		
202	06/09/2021	Cora Suckley	DPO Service Manager	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies		Ongoing	School Governor	
203	06/09/2021	Alan Boyce	Senior Product Specialist	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies - Questions 8, 9, 10,11;Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than	2016	Ongoing	DragonfiAR Limited	

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				1/100th (i.e. share) of private companies, businesses or consultancies				
204	06/09/2021	Michael Jenkins	Senior Product Specialist	Nil Declaration		Ongoing		
205	06/09/2021	Gareth Evans	Diagnostic Applications Manager	Nil Declaration		Ongoing		
206	06/09/2021	Carl Davies	Applications Manager	Nil Declaration		Ongoing		
207	09/09/2021	Barry McDermid	Senior Solutions Architect	Nil Declaration		Ongoing		
208	06/09/2021	Eugene O'Sullivan	Senior Product Specialist	Nil Declaration		Ongoing		
209	14/09/2021	Julian Jones	Cyber Security Operations	Nil Declaration		Ongoing		
210	14/09/2021	Martin Williams	Business Intelligence & Health Analytics Lead	Nil Declaration		Ongoing		
211	06/10/2021	Marian Wyn Davies	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Chair of Task and Finish Group	October 2021	Ongoing	Chair of Group to develop 'More Than Words', the strategic framework to strengthen Welsh Language provision in health and social care	
212	14/09/2021	Bryan Main	Operational Lead client services	Nil Declaration		Ongoing		
213	14/09/2021	Darren Reynolds	National Monitoring Solution Development Manager	Nil Declaration		Ongoing		
214	14/09/2021	Darren Lloyd	Head of Information Governance	Nil Declaration		Ongoing		
215	14/09/2021	Paul Mason	Information Standards Management Lead	Nil Declaration		Ongoing		
216	14/09/2021	Matthew Perrott	Deputy Head of Commercial Services	Nil Declaration		Ongoing		
217	15/09/2021	Rob Murray	Test Manager	Nil Declaration		Ongoing		
218	20/10/2021	Neeleem Saha	Lead Technical Design Architect	Nil Declaration		Ongoing		
219	20/10/2021	Daniel Nash	SQL Operations Lead	Nil Declaration		Ongoing		
220	20/10/2021	Alyson Smith	Head of Organisational Performance	Nil Declaration		Ongoing		
221	20/10/2021	Paul Lawrence	Senior Product Specialist	Nil Declaration		Ongoing		

Item 4.3ii Appendix B Standards of Behaviour Framework Summary

The Board has described its vision that underpin the way that services are provided and to support this, all employees must ensure that they carry out their roles with dedication and commitment to the Special Health Authority and its core values.

All staff must have the highest standards of corporate and personal conduct and behave in an exemplary manner based on the following seven principles:

- **Selflessness** – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;

- **Integrity** – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;

- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;

- **Accountability** – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;

- **Openness** – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;

- **Honesty** – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest, and;

- **Leadership** – Individuals should promote and support these principles by leadership and example.

To uphold these principles you must:-

- Ensure that the interests of patients and the public remain paramount;
- Be impartial and honest in the conduct of your official business;
- Use NHS resources to the best advantage of the service and the patients, always seeking to ensure value for money;
- Not abuse your official position for personal gain or to benefit your family or friends;
- Not seek advantage or to further private business or other interests in the course of your official duties, and;
- Not seek or knowingly accept, preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the SHA.

The Standards of Behaviour Framework Policy outlines the arrangements within the Special Health Authority to ensure that staff comply with these requirements, including recording and declaring potential conflicts of interest and handling of gifts, hospitality and sponsorship (even if these are declined). Further guidance is available via the Standards of Behaviour Policy on the intranet site.

It is your responsibility to ensure that you are familiar with the requirements of the Policy and supporting guidance. The relevance of this information will vary depending on your role within the Special Health Authority and your interests outside of your employment.

In summary:-

<u>DO:</u>

Make sure that you are not in a position where your private interests and NHS duties may

Remember that the need to declare an interest also includes those of your close family and possibly friends.

Seek your manager's permission before taking any outside work, in accordance with employment terms and conditions.

Obtain your Directors permission before accepting any commercial sponsorship or hospitality;

conflict.

Declare any relevant interests. These include:-

- Directorships, including Non-Executive Directorships held in private companies or PLCs.;
- Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the Special Health Authority.
- A position of authority in a charity or voluntary body in the field of health and social care;
- A personal or departmental interest in any part of the pharmaceutical or healthcare associated industries that could be perceived as an influence on decision making or on the provision of advice to members of the team;
- Sponsorship or funding from a known NHS supplier or associated company/subsidiary;
- Employment where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice;
- Anything else that could cause a potential for conflict.

Declare offers of gifts, hospitality or sponsorship using the appropriate form where required.

DO NOT:

- Accept any gifts from suppliers or commercial organisations unless they are of low value e.g. pens, diaries;
- Accept any gifts over the value of £25 from patients or their relatives, these should be politely declined;
- Accept any inappropriate hospitality or sponsorship from suppliers or commercial organisations;
- Abuse your position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in your dealings with commercial organisations;
- Use NHS resources for your own private use.

If you need any further guidance please contact the Board Secretary via email or Teams. DHCW.CorporateGovernance@wales.nhs.uk

DIGITAL HEALTH AND CARE WALES
HIGH VALUE PURCHASE ORDER REPORT

Agenda Item	4.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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 major procurements reported since the last Audit Committee meeting.	

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

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

Acronyms			
GP	General Practitioners	DHCW	Digital Health and Care Wales

1   SITUATION/BACKGROUND

1.1   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.

1.2   The report also details instances where cumulative order values to suppliers have amounted to over £0.750m during the financial year.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   During the period to 31 December 2021 five additional orders over £0.750m were added to the log totalling £4.576m giving a cumulative total of £40.6m for the financial year.

2.2   Of the five orders raised since the last audit report, two related to the provision of GP IT System Services (ref A9 & A10) for the financial year, two were infrastructure related (ref A11 & A12) supporting network provision and computer licences whilst A13 related to the procurement of all Wales electronic knowledgebases.

2.3   The details of all orders raised to date and individual governance approval is presented within Appendix A – High Value Purchase Order Tracker. An extract is detailed within table 1.

Table 1: High Value Orders (redacted extract) October - December

Ref	Date Raised	Area	Supplier	Description
A9	21/06/2021	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS Health)	System Provision & Support Apr - July
A10	17/11/2021	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS Health)	System Provision & Support August - December
A11	21/06/2021	Networking	British Telecommunications PLC	GP PSBA Connectivity Services 2021-22
A12	14/12/2021	Datacentres	Computacenter (UK) Ltd	Citrix Software Provision & Support

Author: Mark Cox
Approver: Claire Osmundsen Little

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| A13 | 22/12/2021 | Subscriptions & Electronic Knowledgebases | ELSEVIER LTD | Access to Clinical Key : September 2021 - December 2022 |

2.4   As requested at Audit Committee of 06/07/21 , 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 1 April to 31 December cumulative order requests to individual suppliers over £0.750m (excluding single orders/contracts reported with Appendix A) totalled £16.1m.

For note the material new suppliers now exceeding the £0.750m threshold includes:

- **Item B7**: Provision of Infrastructure equipment, software licences (such as Citrix) and support.
- **Item B8:** Supplier provision of All Wales Laboratory Information System
- **Item B9**: Reflects orders placed for employees under the NHS Fleet Solutions car leasing scheme, contributions will be collected from payroll in line with the individual contractual agreement.
- **Item B10**: reflects orders cloud migration and storage requirements for servers, test/development systems, AVS and multiple small value licence procurements.
- **Item B11:** presents technical resource (development, engineering contractors etc) commissioned to support implementation and delivery across a wide range of organisational objectives.
- **Item B12**: reflects orders cloud migration and storage requirements for servers, test/development systems, AVS and multiple small value licence procurements.
- **Item B13:** subscription order placed to ensure provision of All Wales electronic clinical knowledgebases and journals.

Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year April 1st – December 31st

Ref	No of Orders	Area	Supplier	Description
B4	39	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs
B5	74	Computer Hardware	DELL COMPUTER CORPORATION LTD	Misc. hardware, laptops and server support
B6	6	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services
B7	27	Computer Software	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support
B8	16	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support
B9	119	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme
B10	87	Computer Software	TRUSTMARQUE SOLUTIONS LTD	Cloud Storage/Services & Miscellaneous Software Licences
B11	38	Application Development	ALEXANDER MANN SOLUTIONS LTD	Misc. Professional Technical Services

Author: Mark Cox
Approver: Claire Osmundsen Little

B12	5	Subscriptions & Electronic Knowledgebases	EBSCO INFORMATION SERVICES	Electronic Journals, Databases and Subscriptions
B13	6	Computer Software	INFORMATICA SYSTEMS LTD	Data Quality Standards System Maintenance & SAIL Data extracts

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   None

4   RECOMMENDATION

4.1   The Audit and Assurance Committee are asked to **NOTE** the contents of this report and the high value & cumulative high value orders raised to date.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Author: Mark Cox
Approver: Claire Osmundsen Little

INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Executive Director of Finance & Business Assurance	05/01/22	Approved

IMPACT ASSESSMENT

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

Author: Mark Cox
Approver: Claire Osmundsen Little

Agenda item 4.4i

HIGH VALUE PURCHASE ORDER TRACKER

Ref	Area	Supplier	Service/Good Detail	Date Order Raised	Amount £m	Procurement Approved by DHCW Board (Date)
			2021/22 Purchase Orders			
Reported at Audit & Assurance Committee 6th July 2021						
A1	GP Systems	HEWLETT PACKARD	Managed Print Service	14/06/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A2	GP Systems	IN PRACTICE SYSTEMS LTD	GP Software Systems Maintenance (Vision) 2021-	14/06/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A3	Datacentres	BT PLC	Datacentre 1 Rental to 2023	14/04/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A4	Datacentres	CDW LTD	Datacentre 2 Rental to 2026	14/04/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
	Total				**£8.277**	
Reported at Audit & Assurance Committee 5th October 2021						
A5	COVID-19 Response	TRUSTMARQUE SOLUTIONS LTD	TTP 3500 Microsoft CRM licences for 12 mth coverage	18/06/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A6	COVID-19 Response	SOLGARI LTD	Microsoft Dynamics Integrated Telephony Solution for Test Trace Protect (TTP), 1 year Extension	02/07/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A7	COVID-19 Response	CABINET OFFICE	Vaccination Programme GOV Notify Platform	21/07/2021	>£0.750m	May-21
A8	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	All Wales Microsoft Enterprise Agreement Year 3	28/06/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
	Total				**£27.762**	
Reported at Audit & Assurance Committee 18th January 2022						
A9	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	System Provision & Supprt Apr - July	21/06/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A10	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	System Provision & Supprt August - December	17/11/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A11	Networking	BRITISH TELECOMMUNICATIONS PLC	GP PSBA Connectivity Services 2021-22	21/06/2021	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A12	Datacentres	COMPUTACENTER (UK) LTD	Citrix Software Provision & Support	14/12/2021	>£0.750m	Nov-21
A13	Subscriptions & Electronic Knowlegdebases	ELSEVIER LTD	Access to Clinical Key : September 2021 - December 2022	22/12/2021	>£0.750m	Nov-21
	Total				**£4.576**	
Grand Total High Value Purchase Orders					**£40.615**	

CUMULATIVE HIGH VALUE PURCHASE ORDER TRACKER

			2021/22 Purchase Orders		
Ref	Area	Supplier	Service/Good Detail	Number of Orders	Amount £
Reported at Audit & Assurance Committee 6th July 2021					
			Emerging Requirement - None Reported		
Total					
Reported at Audit & Assurance Committee 5th October 2021					
B1	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs	17	>£0.750m
B2	Computer Hardware	DELL COMPUTER CORPORATION	Misc. hardware, laptops and server support	33	>£0.750m
B3	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services	4	>£0.750m
Total					**£3.256m**
Reported at Audit & Assurance Committee 18th January 2022					
B4	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs	39	>£0.750m
B5	Computer Hardware	DELL COMPUTER CORPORATION LTD	Misc. hardware, laptops and server support	74	>£0.750m
B6	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services	6	>£0.750m
B7	Computer Software	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	27	>£0.750m
B8	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support	16	>£0.750m
B9	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme	119	>£0.750m
B10	Computer Software	TRUSTMARQUE SOLUTIONS LTD	Cloud Services/Storage & Miscellaneous Software Licences	87	>£0.750m
B11	Application Development	ALEXANDER MANN SOLUTIONS LTD	Misc. Professional Technical Services	38	>£0.750m
B12	Subscriptions & Electronic Knowledgebases	EBSCO INFORMATION SERVICES	Electronic Journals, Databases and Subscriptions	5	>£0.750m

B13	Computer Software	INFORMATICA SYSTEMS LTD	Data Quality Standards System Maintenance & SAIL Data extracts	6	>£0.750m
	Total				**16.090m**

DIGITAL HEALTH AND CARE WALES
PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda Item	4.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
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 the report.

Acronyms

DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PCR 2015	Public Contracts Regulations 2015	NCSC	National Cyber Security Council
CCN	Change Control Note	TTP	Track Trace Protect
WIS	Wales Immunisation System	STA	Single Tender Action
WG	Welsh Government	MOU	Memorandum of Understanding
DCT	Data Center Transition	CSP	Cloud Solution Partnership

1   SITUATION/BACKGROUND

1.1   The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1 September 2021 to 30 November 2021 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.

1.2   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	5
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)	2

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The Committee is required to note the following DHCW activity:

- Single tender and single quotation activity (set out in item 4.5i Appendix A)
- Change control notes (set out in item 4.5i Appendix A)

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   None to note.

4   RECOMMENDATION

The Committee is being asked to:
NOTE the content of the report

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data
	Delivering High Quality Digital Services
	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	

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

DHCW QUALITY STANDARDS	ISO 20000
If more than one standard applies, please list below: ISO 27001 ISO 9001 BS 10008	

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

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

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Chief Operating Officer	04 January 2022	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Appropriate management of procurement activity ensure high quality of commercial activity for the organisation
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The contracts within the report are legally binding and there could be legal implications arising from activity within the contracts awarded,
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There are financial implications from single tenders and potentially change notices.
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

Item 4.5i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

The following all relate to DHCW activity.

Item 4.5i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

PROGRAMME/DIRECTORATE	Procurement Reference	Agreement Period	SFI Reference	Agreement Title/ Description	Supplier	Anticipated Value	Reason	Compliance Comment	First Submission or Repeat
Workforce & OD	P739	13/11/2021 - 31/03/2022	STA	Workforce Review	Federation for Informatics Professionals in Health and Social Care	£65,000	Welsh Government (WG) published an Invitation to Tender (ITT) on Digital Health and Care Wales' Dynamic Purchasing System to undertake a 'Digital Workforce Review', however, the tender received no responses and Digital Health and Care Wales (DHCW) were subsequently asked by the WG based on their market knowledge to help identify a supplier that: • possessed the expertise and knowledge of workforce and workforce development in a digital setting • understood the health and social care sectors • strategically aligned with the objectives of A Better Wales and other appropriate Welsh Government policy • already had in place the relationships with both sectors at a strategic level Following a review of the marketplace based on the factors above DHCW identified the Federation for Informatics Professionals in Health and Social Care (FEDIP) as a unique supplier in terms of delivering this important review.	No further action	First Submission

							FEDIP is a collaboration between the leading professional bodies in health and social care informatics and supports the development of the informatics profession.		
Workforce & OD	P705.02	01/09/2021 - 31/03/2023	STA	Gartner for HR	Gartner UK Ltd	£47,025	The Authority required a specialist research and analysis product and services for workforce research and advice benchmarking for HR. The combination of products and services offered by Gartner are unique and provide the authority with access to: • Read access to independent technology research papers, analyst calls and toolkits for the Workforce Professionals. • Role-Specific Workforce Research • Gartner Decision Tool • Web conferences with company Analyst Experts • Peer Networking • Peer Insights (Voice of the Customer research) • Selected Vendor Reports • Gartner Vendor Ratings • Analyst Inquiry • Ticket to Supplier Conferences/Seminars The contract was awarded in accordance with the direct award	No further action	First submission

							provisions under the G-Cloud framework.		
TTP	P774	13/10/2021 – 12/04/2022	STA	Development Resources for WIS	Antidemon software	£62,400	There is a requirement from Welsh Government for DHCW to provide a Vaccination Rebooking service. The existing team is unable to absorb the additional work within the timescales required for this development. As such the Authority required an experienced consultancy resource to undertake this work. To meet this requirement, it was identified that the resource needed: • Prior organisational experience and has previously worked on the Child Health System which underlies WIS • Has significant Oracle Database Knowledge including the version and configuration used by the WIS system • Will not require the same level of onboarding and system training as a supplier without the key prior experience and so there will be less team demand to bring the contractor to speed and delivery can begin as soon as access is granted to our systems • Has full knowledge of DHCW governance processes and procedures	During the term of the contract the Community Applications team are undertaking a recruitment drive with the intention to recruit a number of permanent staff to increase capacity and ensure continuity of operational service and ensure knowledge transfer to permanent members of staff.	First submission

							• Has experience of representing the organisation on a national level • Can deliver the required services within the timescales required by Welsh Government To meet these requirements the Authority awarded a contract to Antidemon Software who has considerable experience of working within the TTP and WIS teams and met the key criteria required.		
TTP	P642.22	01/10/2021 - 30/09/2023	STA	SMS Solution for TTP	Cabinet Office (UK Gov notify Service)	£288,000	DHCW migrated the SMS services currently provided by Solgari to the UK Gov Notify Service following an official communication issued by the National Cyber Security Centre (NCSC) regarding SMS and Telephone Communications Best Practice approach. The NCSC is an organisation of the UK Government that provides advice and support for the public and private sector in how to avoid computer security threats. The recommendation comes following instances of criminals posing as official sources by mimicking official communications and concealing within them a malicious link or a request for information or action by the citizen. This has undermined the ability of Test Trace Protect to contact infected individuals due to a loss of trust as to whether the SMS are genuine or fraudulent, meaning some SMS may be ignored and deleted.	No further action	First submission

							The UK Gov Notify solution is robust from a security perspective. NCSC and Mobile Ecosystem Forum ("MEF") has added the UK Gov Notify Sender ID 'UK-Gov' to a registry of genuine SMS SenderID's and at the same time, blocking a number of similar ID's, which might be used by fraudsters trying to look official. To ensure that the Authorities SMS service for TTP is not compromised the Authority followed the official advice provided and migrated the existing SMS service from Solgari to the Gov Notify service. This agreement is underpinned by a MOU with the Cabinet Office.		
Infrastructure	P761	1/10/2021-30/06/2022	STA	Microsoft Cloud Requirements	Trustmarque	£730,000	As part of the Data Centre Transition (DCT) project the Authority has identified a number of technologies that were required to be migrated to a cloud environment in line with Welsh Governments "Cloud First" policy and in accordance with the DCT timescales. These included the DMZ Servers and DHCW Test and Development systems. An interim decision to move these services to Microsoft Azure, pending the business case development for longer term Cloud Services was justified as follows: • Skill set for Infrastructure resources is currently with Microsoft Azure. • Integration for existing services – Microsoft Azure already	Business Case development for longer term services	First submission

							provides NHS Wales services; and Subscriptions for other NHS Wales organisations / service users linked and configured. • Tenant is secure and available. (Multiple cloud providers at this time will introduce a wider attack vector). • Network connectivity is already in place. • Commercials – all major vendors pricing is fixed, and costs are competitive. • Other cost avoidance benefits – free updates to expired operating system and database (SQL) technologies. This equates to a saving of £200k per year. • Other cost avoidance benefits - Hybrid benefits – allowing on premise licences to run in cloud To establish a CSP subscription agreement the Authority has drawn down on the existing Microsoft Agreement with Trustmarque (P159) which provides a compliant procurement route for these services.		
Client Services	P462	01/01/2022 - 31/12/2022	CCN	GP Remote Desktop	Softcat	£73,273	A GP Remote Desktop Service was procured in March 2020 on a temporary basis as a direct result of the pandemic. The service was set up to support GPs and key practice personnel who may be self-isolating, 'shielding' or in 'at risk' groups and require continued emergency access to their IT systems from home computers. There remains a	No further action	First submission

| | | | | | | | large number of active users and GMS support for the service to continue is strong.

A 12-month extension via CCN to the P462 contract with a reduced number of users is required while a longer-term solution for this requirement is assessed. Without an extension to the existing contract GPs, who are 'shielding' or 'at risk' may not be able to continue to provide services during the ongoing COVID 19 pandemic without this solution. | | |
| Primary Care | P451 | 01/10/2021 - 31/03/2022 | CCN | Dental Referral System | FDS Consultants | £157,152 | CCN006 has been raised to reprofile referrals work as set out in the Agreement to Covid response work. This is alternative work for the same fee so there is no change to total contract value. Following on from change notes CCN001-5 which were required for the contractor to deliver COVID related activities, the timescale was extended out further to cover off an additional period 1st October 2021 to 31st March 2022. There has been no additional change to the contract value as this work is being delivered under the financial scope/charges set out in the original Agreement. The scope of work has included:

• Dental referral forms for patient referrals to urgent dental care centres via telephone triage
• HSCN Connected Remote Desktops for Spine Services and ePrescribing | The Welsh Government has indicated that this will be the last CCN in relation to this activity. No further action- to be reviewed on a monthly basis | First submission |

Item 4.5i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

							• Call handling and support • Website end communication	
					Total Value ex VAT	£1,422,850		

DIGITAL HEALTH AND CARE WALES
DHCW DECARBONISATION STRATEGIC DELIVERY PLAN

Agenda Item	4.6

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Claire Osmundsen-Little, 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 Decarbonisation Strategic Delivery Plan and the response to Audit Wales Baseline Review of Decarbonisation Plans	

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

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

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

1   SITUATION/BACKGROUND

1.1   WHC 2021/024 was issued on 8th September 2021 following the publication of the NHS Wales Decarbonisation Strategic Delivery Plan published in March 2021.

1.2   The plan contained 46 commitments for delivery by 2025 and is a clear and ambitious mandate for action across NHS Wales. There are six main activity streams set out in the strategic delivery plan. These are:

- Carbon Management
- Buildings (new and existing buildings)
- Transport
- Procurement
- Estate planning and land use
- Approach to healthcare (education, healthcare & medicines and waste)

1.3   A national programme and national programme board have been established to provide a critical leadership role, providing strategic oversight across the climate change agenda and driving delivery against the strategic delivery plan, to ensure that NHS Wales fully delivers its contribution against the ambition for a net zero public sector by 2030 (Net zero carbon means making changes to reduce carbon emissions to the lowest amount – and offsetting as a last resort. The offsetting is used to counteract the essential emissions that remain after all available reduction initiatives have been implemented).

1.4   The Auditor General for Wales, Adrian Crompton (Audit Wales) issued a call to all public bodies for Baseline Evidence on Decarbonisation progress on 3 November 2021 with a submission deadline of 3 December 2021 quoting: "Climate change is the defining challenge of our generation and in July 2021, I published a blog setting out the role that Audit Wales will play in supporting and scrutinising climate change action in Wales. I have committed to a long-term programme of work on climate change, beginning with this baseline review. the baseline review will focus on organisations' actions and arrangements for meeting the Welsh Government's 2030 decarbonisation targets. We will also invite organisations to give their opinions on the challenges and barriers they face, and on the approaches being taken at a national level towards decarbonisation."

1.5   In response to WHC 2021/024, DHCW have developed their own Decarbonisation Strategic Delivery Plan, in partnership with an Environmental Consultant with expertise in this area. The

plan (attached) responds to the commitments in the NHS Wales Plan where appropriate to our activities and defines clear targets for us to achieve as an organisation.

1.6   We have provided a response to the Call for Evidence from the Auditor General which is included with this paper for the Committee's information.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   DHCW Decarbonisation Strategic Delivery Plan

We have made significant progress in decarbonising our estate in recent years; however, we recognise that there is more to be accomplished. The DHCW Decarbonisation Strategic Plan allows us to take a fresh look at our building and energy needs, as well as procurement, travel, and other emissions sources. Some of these emissions are beyond our direct control; highlighting the challenge we have in working collaboratively to influence the decisions of others.

DHCW are in a unique position to contribute towards reducing carbon emissions across the wider NHS by providing and improving digital solutions across NHS Wales such as those allowing for digital transfer and storing of information and solutions which allow for remote consultation.

In 2019, the Welsh Government declared a Climate Emergency and launched 'Prosperity for All: A Low Carbon Wales', which set out the Welsh Government's plan for decarbonisation in Wales. Since then, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In particular, a Welsh Government 'Ministerial Ambition' has been set to achieve a Net Zero Public Sector by 2030, including the health sector and NHS Wales.

The NHS Baseline identified four key source areas for its carbon emissions, and their relative contributions to the 1 million tonnes of carbon emissions:
•   Building Use (21%)
•   Procurement (62%)
•   Fleet & Business Travel (15%)
•   Staff, Patient & Visitor Travel (2%)

These four categories are replicated in the NHS Wales Decarbonisation Strategic Delivery Plan, which was published in March 2021 (NWSSP) (Carbon Trust, 2021). The 2021 Decarbonisation Strategy defined how NHS Wales intends to contribute towards a net zero Public Sector by 2030 by establishing 46 initiatives for decarbonising NHS Wales.

The NHS Wales Decarbonisation Strategic Delivery Plan has set the following headline targets:
•   16% reduction in carbon emissions by 2025
•   34% reduction in carbon emissions by 2030

The DHCW 2019/20 Carbon Footprint has been calculated at 19,858 tCO2e. This is about 2% of the NHS Wales 2018/19 baseline Carbon Footprint (1,001,378 tCO2e) and places it amongst the smaller

entities within NHS Wales:

Broad Category	Category	Scope	Emissions (T CO2e)	%
Building Use	Natural Gas	1 & 3	92	
	Electricity (Offices)	2 & 3	400	
	Water & Waste	3	10	
	Electricity (Datacentres)	2 & 3	1,109	
	Subtotal		1,611	8%
Procurement		3	17,207	87%
Transport	Business Travel	3	138	
	Fleet	1	22	
	Subtotal		160	1%
Staff	Commuting	3	871	
	Home Working	3	9	
	Subtotal		880	4%
Total			19,858	100%

Our Delivery Plan is designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in our gross operational emissions. We have forecast our non-procurement 'Operational' emissions up to 2029/30 to predict the impact of our key actions in our Delivery Plan.

For clarity,
• Third party Datacentres are included because (i) better data is available than procurement spend-based emissions factors, and (ii) we consider the emissions directly related to our equipment's energy consumption to be Scope 2 (datacentre cooling etc. remains Scope 3).
• Home-working is included because, although very small in the baseline year of 2019/20 (660 FTE staff, with approx. 2% homeworking), we expect it to be an integral part of our operational arrangements going forward.

The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods & Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years. It should be noted that our data includes national procurements undertaken on behalf of NHS Wales and that methodology to better profile these costs will be looked at nationally. The current calculation method is based on cost and moving forward, we will work with suppliers to better understand related emissions on an itemised basis.

Spreadsheets containing detail of our operational and procurement emissions are attached as Appendices A and B.

2.2 Audit Wales Baseline Review of Decarbonisation Progress

The response to the Audit Wales Baseline Review of Decarbonisation is included in this pack for

information. Our response is based upon the content of our Decarbonisation Strategic Delivery Plan which has been submitted as evidence to support our high-level overview.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Digital Health and Care Wales has assessed its baseline carbon footprint for 2019/20. The gross carbon emissions for scopes 1, 2 and 3 were **19,858 T CO2e** (net 19,652 T CO_2e). This includes the emissions generated from remote working, as well as the use of third-party Data Centres.

3.2   Procurement related emissions were the largest component (87%) of our carbon footprint, and the category with the most uncertainty. The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

3.3   Our Delivery Plan is focused on our Office Buildings and Data Centres, all Transport (business, fleet and staff commuting) and activities (i.e. non-procurement activities). Working remotely is also included as it demonstrated significant carbon reduction savings in 2020/21 and is a work model that DHCW can effectively adopt and commuting was a significant factor in our baseline review year.

3.4   The Decarbonisation Pathway has been designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in the gross Operational emissions. DHCW has forecast its non-procurement 'Operational' emissions up to 2029/30 to predict the impact of key actions in our Delivery Plan.

3.5   DHCW have established a Decarbonisation Group with representatives from a range of areas, including Estates, Infrastructure, Commercial Services, Finance and Workforce and Organisational Development.

4   RECOMMENDATION

The Committee is being asked to:

NOTE the DHCW Decarbonisation Strategic Delivery Plan and the response to Audit Wales Baseline Review of Decarbonisation Plans.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

Author: Julie Ash
Approver: Claire Osmund Little

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CORPORATE RISK (ref if appropriate)	Not applicable

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:	
Choose an item.		Outcome:
Statement: Not required		

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Directors	1 December 2021	Approved

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Compliance with Welsh Government targets published in their Delivery Plan issued via a Welsh Health Circular
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
	Yes, please see detail below

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WORKFORCE IMPLICATION/IMPACT	Commitment from the workforce is key to achieving targets
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.

APPENDIX A

Baseline Operational Carbon Footprint Emissions 2019/2020

Category	Details	Description	Methodology used	Consumption data	Standard consumption data units	RSD estimate (+/-%)	Direct emissions (Units of kgCO2)	Indirect emissions (Units of kgCO2)	WTT emissions (Units of kgCO2)	Outside of Scope	Emissions - Units kgCO2e	Emissions - Units tCO2e	Ease of collection assessment / Reason for not including	Organisational Notes
Travel - private car	Estimates	Staff commuting	Other (state in notes)	3,681,216.00	vehicle km	+/-25%		651943	166501		818,444.00	818.44	Data unavailable in the timescales	Modified WG Tier 1 using 660 staff, 2% homeworking in this year
Grid electricity - datacentres	Meter readings	Vantage Datacentre	Tier 3	1,121,311.00	kWh	+/-2%	310940		43372		354,312.00	354.31	Data complete and easy to collect and process	Direct consumption in metered rack space provided on 3rd party site
Grid electricity - datacentres	Estimates	Blaenavon Datacentre	Tier 1	1,121,311.00	kWh	+/-25%	310940		43372		354,312.00	354.31	Data unavailable in the timescales	Based on Vantage Datacentre (data requirements similar) - no data available from 3rd party provider
Grid electricity - datacentres	Estimates	Blaenavon Datacentre	Tier 1	930,688.00	kWh	+/-25%		258080	35999		294,079.00	294.08	Data unavailable in the timescales	Scope 3 cooling etc. based on PUE of 1.83.
Grid electricity - buildings	Metered	TGA and Bocam	Tier 3	709,669.70	kWh	+/-2%		196791	27450		224,241.00	224.24	Data complete and easy to collect and process	TGA and Bocam both have renewable electricity
Grid electricity - buildings	Meter readings	Castlebridge, Mamhilad and Technium	Tier 3	527,045.42	kWh	+/-2%		146150	20386		166,536.00	166.54	Data complete and easy to collect and process	
Travel - private car	Estimates	Business mileage - all employees	Tier 3	619,157.19	vehicle km	+/-5%		109653	28004		137,657.00	137.66	Data complete and easy to collect and process	
Grid electricity - datacentres	Estimates	Vantage Datacentre	Other (state in notes)	336,393.00	kWh	+/-25%		93282	13012		106,294.00	106.29	Data complete and easy to collect and process	Scope 3 cooling etc. based on PUE of 1.3.
Natural Gas	Meter readings	TGA and Mamhilad both invoiced	Tier 3	346,861.00	kWh	+/-2%	63770		8293		72,063.00	72.06	Data complete and easy to collect and process	Bocam has no Gas on site
Travel - bus	Estimates	Staff commuting	Other (state in notes)	258,835.50	passenger km	+/-25%		31257	7451		38,708.00	38.71	Data unavailable in the timescales	as above
Diesel - biofuel blend	Fleet	All organisation fleet vehicles	Tier 3	6,724.01	Litres	+/-2%	17443		4149		21,592.00	21.59	Data complete and easy to collect and process	
Natural Gas	Estimates	Castlebridge, Technium and Mold are all calculated using floor area	Tier 1	94,338.32	kWh	+/-10%	17344		2255		19,599.00	19.60	Data complete but requires effort to collect and process	
Grid electricity - buildings	Estimates	Mold is calculated using floor area	Tier 1	29,848.98	kWh	+/-10%		8277	1155		9,432.00	9.43	Data complete but requires effort to collect and process	
Natural Gas	Estimates	Homeworking	Other (state in notes)	39,620.00	kWh	+/-25%		7284	947		8,231.00	8.23	Data unavailable in the timescales	Methodology based on EcoAct Whitepaper 2020
Travel - rail	Estimates	Staff commuting	Other (state in notes)	109,286.10	passenger km	+/-25%		4497	863		5,360.00	5.36	Data unavailable in the timescales	as above
Travel - motorcycle	Estimates	Staff commuting	Other (state in notes)	34,511.40	vehicle km	+/-25%		3986	1064		5,050.00	5.05	Data unavailable in the timescales	as above
Travel - taxi	Estimates	Staff commuting	Other (state in notes)	23,007.60	passenger km	+/-25%		3455	826		4,281.00	4.28	Data unavailable in the timescales	as above
Water treatment	Invoice	TGA, Bocam and Mamhilad	Tier 3	3,495.21	m³	+/-2%		2475			2,475.00	2.48	Data complete and easy to collect and process	
Waste - recycling	Commercial & Industrial - WEEE	All Sites	Tier 3	71.37	tonnes	+/-2%		1524			1,524.03	1.52	Data complete but requires effort to collect and process	
Water supply	Invoice	TGA, Bocam and Mamhilad	Tier 3	3,684.33	m³	+/-2%		1267			1,267.00	1.27	Data complete and easy to collect and process	
Grid electricity - buildings	Estimates	Homeworking	Other (state in notes)	3,564.00	kWh	+/-25%		988	138		1,126.00	1.13	Data unavailable in the timescales	Methodology based on EcoAct Whitepaper 2020
Waste - landfill	Commercial & Industrial - Estimate	Mamhilad and Mold (April to January)	Other (state in notes)	9.11	tonnes	+/-15%		909			908.80	0.91	Availability of data unknown	Estimated tonnage based on collection contract
Water treatment	Estimate	Castlebridge, Swansea and Mold	Tier 1	1,227.90	m³	+/-15%		869			869.00	0.87	Data complete but requires effort to collect and process	
Waste - recycling	Commercial & Industrial - Invoice	All Sites Confidential Waste Data and TGA and Bocam recycling	Tier 3	35.28	tonnes	+/-2%		753			753.37	0.75	Data complete but requires effort to collect and process	These figures include our confidential and mixed recycling i.e plastic, cans, glass and cardboard
Waste - recycling	Commercial & Industrial - Estimate	Castlebridge, Mamhilad, Technium and Mold recycling	Other (state in notes)	22.53	tonnes	+/-15%		481			481.11	0.48	Availability of data unknown	These figures include our confidential and mixed recycling i.e plastic, cans, glass and cardboard
Water supply	Estimate	Castlebridge, Swansea and Mold	Tier 1	1,292.50	m³	+/-15%		445			445.00	0.45	Data complete but requires effort to collect and process	
Waste - incineration	All waste - Invoices	TGA uses WtE	Tier 3	13.88	tonnes	+/-2%		296			296.39	0.30	Data complete and easy to collect and process	
Waste - landfill	Commercial & Industrial - Invoice	Bocam	Tier 3	2.72	tonnes	+/-2%		271			271.34	0.27	Data complete and easy to collect and process	
Waste - incineration	All waste - Estimate	Castlebridge and Technium use WtE (Mold switched to WtE for February and March)	Other (state in notes)	12.68	tonnes	+/-15%		271			270.77	0.27	Availability of data unknown	Estimated tonnage based on collection contract
Travel - walk	Estimates	Staff commuting	Other (state in notes)	546,430.50	vehicle km	+/-25%		0	0		0.00	0.00	Data unavailable in the timescales	as above
Travel - car passenger	Estimates	Staff commuting	Other (state in notes)	379,625.40	vehicle km	+/-25%		0	0		0.00	0.00	Data unavailable in the timescales	as above. No reputable EF available
Travel - cycle	Estimates	Staff commuting	Other (state in notes)	80,526.60	vehicle km	+/-25%		0	0		0.00	0.00	Data unavailable in the timescales	as above
											2,650,879	**2,651**		

Author: Julie Ash
Approver: Claire Osmund Little

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Baseline Supply Chain Carbon Footprint 2019/2020

SIC code (SIC 2007)	Product category	Amount spent by product category (£)	Emission factor (kgCO2e per £ spent)	Total kg CO$_2$e	RSD estimate (+/-%)	Notes on data source and exclusions
58	Publishing services	£33,999,453.86	0.23	7672447	+/-25%	
Unknown	37470-Miscellaneous Expenditure	£11,793,308.14	0.25	2948327	+/-25%	Metadata unavailable in the timescales - conservative EF assigned.
95	Repair services of computers and personal and household goods	£9,320,461.18	0.22	2038441	+/-25%	
82	Office administrative, office support and other business support services	£3,050,263.72	0.18	547059	+/-25%	
26	Computer, electronic and optical products	£2,732,766.88	0.41	1122410	+/-25%	
61	Telecommunications services	£1,780,954.26	0.32	567462	+/-25%	
28	Machinery and equipment n.e.c.	£1,777,370.29	0.56	993744	+/-25%	
77	Rental and leasing services	£1,772,200.30	0.23	416382	+/-25%	
62	Computer programming, consultancy and related services	£1,658,590.62	0.18	292658	+/-25%	
Unknown	37400-Other General Provisions	£512,602.33	0.25	128151	+/-25%	Metadata unavailable in the timescales - conservative EF assigned.
85	Education services	£402,702.52	0.17	67112	+/-25%	
53	Postal and courier services	£393,738.50	0.35	137756	+/-25%	
80	Security and investigation services	£185,369.04	0.24	43763	+/-25%	
52	Warehousing and support services for transportation	£184,089.70	0.28	51086	+/-25%	
81	Services to buildings and landscape	£178,859.78	0.25	43924	+/-25%	
69.1	Legal services	£177,809.15	0.10	17094	+/-25%	
Unknown	32810-Other General Supplies & Services	£79,959.36	0.25	19990	+/-25%	Metadata unavailable in the timescales - conservative EF assigned.
55	Accommodation services	£71,268.12	0.45	31932	+/-25%	
Not confirmed	Spending categories with less than £10Kpa spend	£53,463.63	0.25	13366	+/-25%	Data complete but requires effort to collect and process - conservative EF assigned
41-43	Construction [4]	£38,015.55	0.37	14215	+/-25%	
84	Public administration and defence services; compulsory social security services	£29,800.00	0.27	7992	+/-25%	
65.1-3	Insurance, reinsurance and pension funding services, except compulsory social security & Pensions	£27,491.68	0.18	4908	+/-25%	
69.2	Accounting, bookkeeping and auditing services; tax consulting services	£23,119.48	0.12	2814	+/-25%	
56	Food and beverage serving services	£23,079.49	0.40	9310	+/-25%	
74	Other professional, scientific and technical services	£18,955.44	0.16	2982	+/-25%	
Unknown	37710-Recharge : Miscellaneous	£16,895.26	0.25	4224	+/-25%	Metadata unavailable in the timescales - conservative EF assigned.
27	Electrical equipment	£12,058.80	0.62	7478	+/-25%	
	Total	**£70,314,647.08**		**17,207,026**		

Author: Julie Ash
Approver: Claire Osmund Little

DHCW **Decarbonisation Strategic Delivery Plan**

2021 - 2030

TABLE OF CONTENTS:

1. Who We Are

1.1 Digital Health and Care Wales

Established in April 2021, we are the National Organisation building and designing digital services for NHS Wales.

We are a new Special Health Authority created to take forward the digital transformation needed for better health and care in Wales, making services more accessible and sustainable while supporting personal health and well-being. Building on recent digital investment, we have a leading role in delivering the national programmes needed for modern technology-enabled healthcare. These large-scale developments will make a significant difference to the people of Wales.

As a relatively new organisation, we have a bold and ambitious programme of integration and innovation that includes expansion of the digital patient record and the creation of a world-leading national data resource, improving the way data is collected, shared, and used.

Our key responsibilities are mobilising digital transformation and ensuring high quality care, expanding access to the Digital Health and Care Record, delivering high-quality digital services and enabling big data analysis for better outcomes.

In order to deliver the digital aims of Welsh Government and to ensure the very best digital solutions for the people of Wales, we work collaboratively with health and care professionals, patients and public, industry and academia.

Our Values reflect and complement the NHS Wales Core Principles and wider public services values; they are at the core of how we work, both within DHCW and in our interactions with others.

1.2 Our People

We are led by a Board made up of executive directors and independent members, which is our most senior decision-making body. At the time of writing, DHCW has 885 employees.

1.3 Our Carbon Management

The Estates and Compliance team are currently responsible for defining the approaches and leading on implementing the initiatives detailed within this Delivery Plan. Beyond that, the team also works to collate and maintain environmental performance data, produce environmental statistics and reports as necessary, analyse environmental performance data and improve environmental communications across the organisation.

However, Estates and Compliance cannot deliver our decarbonisation aims without the assistance of key stakeholders both within DHCW and external to it (particularly NWSSP). As we do not own any of our offices or data centres, engagement with our landlords is vital to making meaningful progress.

1.4 Seren Environmental Consulting Ltd

This report was prepared with the assistance of Seren Environmental Consulting Ltd, who were selected to collaborate with Digital Health and Care Wales in the development of its Decarbonisation Strategic Delivery Plan following a competitive procurement process.

Seren Environmental Consulting Ltd are a small environmental management consultancy based in Swansea and Cardiff. Operated since 2003 by its two Directors, Amanda Thorpe and Matt Hines, the consultancy provides environmental management audit and consultancy including ISO14001 and carbon strategy for a wide range of organisations in the public and private sector.

2. Statement of Commitment

A Foreword by the Chief Executive, Helen Thomas

Members of the Senedd endorsed the Welsh Government's declaration of a Climate Emergency in 2019. The NHS Wales Strategic Delivery Plan, which DHCW are fully committed to, responds to this declaration, and is aligned with Welsh Ministers goal of achieving a net zero public sector by 2030.

Following the COVID-19 pandemic, a clear and ambitious green recovery strategy will be crucial. The Digital Health and Care Wales (DHCW) Decarbonisation Strategic Delivery Plan has been developed to support the ambitions set out within the NHS Wales Decarbonisation Strategic Delivery Plan. The plan demonstrates how NHS Wales can contribute to the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which addresses long-term persistent challenges such as poverty, health inequity, and climate change.

We have made significant progress in decarbonising our estate in recent years; however, we recognise that there is more to be accomplished. This Delivery Plan allows us to take a fresh look at our building and energy needs, as well as procurement, travel, and other emissions sources. Some of these emissions are beyond our direct control; highlighting the challenge we have in working collaboratively to influence the decisions of others.

DHCW are in a unique position to contribute towards reducing carbon emissions across the wider NHS by providing and improving digital solutions across NHS Wales, such as those allowing for digital transfer and storing of information and solutions that allow for remote consultation.

In recognition that the nature of our business activities may have an environmental impact, we are fully committed to decreasing this impact across the scope of our operations and the services we deliver.

Becoming more environmentally aware, we are actively taking steps to measure and reduce our carbon footprint to improve sustainability at DHCW by implementing improvement opportunities, enhancing our communication, and placing a greater focus on how we procure goods and services.

While 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.

Our positive actions have contributed to embedding a sustainable culture within our organisation, reducing our negative effect on the environment. We will continue to actively work towards achieving our targets in this immensely important area.

In conclusion, each individual at DHCW has a part to play in decarbonising our estate and the wider health service in accordance with prudent healthcare. The decisions you make as an individual, or as a member of the team, will contribute to lowering emissions and enhancing our environment.

Helen Thomas

Chief Executive

Digital Health and Care Wales

3. The Climate Emergency and Decarbonisation Targets

3.1 Climate Emergency

We know with high confidence that climate change is happening today (Climate Change Committee, 2021) **and is the result of greenhouse gas emissions caused by anthropogenic (human) activity. Impacts from climate change are being felt today and will continue to increase in the future**. The rising global temperature will be increasingly widespread and will lead to wider changes to our weather. Additionally, many impacts of climate change are already being detected and reported.

Globally, the IPCC (Intergovernmental Panel on Climate Change) has identified a range of concerns for the future (IPCC, 2021), including:

- irreversible impacts – even at more moderate changes in global temperature, particularly for Arctic ecosystems and coral reefs.
- extreme weather events
- severe impacts on the world's poorest and most vulnerable populations
- environmental and economic damage
- large-scale singular events (such as further sea level rises as major ice sheets melt over Greenland and Antarctica)

Specifically, in the UK, the UK Climate Change Committee, 2021 has stated:

- The chances of experiencing hot summers like in 2018 have doubled in recent decades and are now about 10-20% per year. This will rise to 50% by 2050.
- Sea levels have risen by 16cm since 1900 and will continue to rise for centuries due to time lags in the climate system.

The UK climate change risk assessment (CCRA) shows a range of risks to the UK under different future scenarios of climate change and provides estimates of the current and future level of risk from flooding and coastal change; water scarcity; extreme heat; wildfires and storms (Climate Change Committee, 2021). These hazards will have increasing impacts on the natural environment, people, and the economy within Wales in addition to the UK as a whole. At the same time, there could be some opportunities, including reduced energy demand in winter, and a growing adaptation services sector. It is likely that these risks and opportunities will become increasingly more prominent in the future. New risks could emerge, as global greenhouse gas emissions continue to rise.

The climate change risks can be limited by reducing greenhouse gas emissions (mitigation) and preparing for change (adaptation). It is accepted that action to limit future global greenhouse gas emissions will help restrict future changes in the climate system.

3.2 Decarbonisation Targets

3.2.1 Global Climate Targets

Climate change is clearly recognised as a global problem needing a global response to keep global warming to 'well-below' 2°C above pre-industrial levels, and 'pursuing efforts' to keep it below 1.5°C. At the 26th session of the Conference of the Parties (COP 26) to the UNFCCC (United Nations Framework Convention on Climate Change) held in Glasgow (November 2021) a formal commitment was made by countries and companies across the world to secure global net zero carbon emissions by 2050 and to keep 1.5 degrees of warming within reach. Few who

have followed developments at COP26 will be in doubt as to the magnitude of the challenge ahead. In Wales, the Welsh Government has set out its intent for the public sector:

3.2.2 Welsh Government - A Net Zero Public Sector by 2030

In 2019, the Welsh Government declared a Climate Emergency and launched 'Prosperity for All: A Low Carbon Wales', which set out the Welsh Government's plan for decarbonisation in Wales (Welsh Government, 2019). Since then, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In particular, a Welsh Government Ministerial Ambition' has been set to achieve a Net zero Public Sector by 2030, including the health sector and NHS Wales.

In March 2021, the Senedd passed a suite of regulations to increase Wales' emissions targets from those originally set in 2018/19 and to set Carbon Budgets accordingly. These targets and carbon budgets are now set in law and are as follows:

- Carbon Budget 2 (2021-25): 37% average reduction (with 0% offset limit);
- Carbon Budget 3 (2026-30): 58% average reduction;
- 2050: at least 100% reduction (Net Zero)

In May 2021, The Welsh Government published its Welsh Public Sector Net Zero Carbon Reporting Guide (Welsh Government, 2021), which detailed the principles and priorities for the Welsh Public Sector Net Zero Carbon reporting approach (known as the Welsh Net Zero Reporting Approach). This Guide defines the operational and organisational scope and the data which public bodies in Wales will need to assemble in order to fulfil the reporting requirements. A Net Zero Carbon reporting spreadsheet for the public sector has also been published.

In October 2021, The Welsh Government published its All Wales Plan 2021-2025 (Working Together to Reach Net Zero) focusing on specific actions and expectations needed to meet its 2025 carbon emission reduction targets.

The All Wales Plan specifically identified that a 7% carbon emission reduction by 2025 was needed from the public sector, as a whole, if Wales, as a whole, is to meet its collective net zero carbon targets by 2050.

The Welsh Government has established a 'Team Wales' approach, which means that there is an acknowledgement that different parts of the public sector will be able to make greater or lesser contributions to the net zero carbon reduction programme and that opportunities from carbon sequestration by NRW (Natural Resource Wales) managed woodland could also be legitimately included to offset those residual emissions that are difficult to eliminate (Welsh Government, 2021).

This is the reason that NHS Wales and DHCW do not themselves have absolute net zero targets by 2030. With this collaborative approach, the emissions from NHS Wales are included with all (780+) public sector organisations, including NRW and its woodlands. However, as NHS Wales has been identified as the biggest carbon emissions emitters, and potentially, one of the more challenging organisations to decarbonise, particularly against a potential increasing demand for health and care services, NHS Wales has to meet its share of the collective public sector target.

3.2.3 NHS Wales - 1 Million tonnes

As the largest partner in the public sector, NHS Wales has recognised it has a significant contribution to make towards the 'Team Wales' target of a net zero public sector by 2030.

The NHS Wales 2018/19 Carbon Footprint (Carbon Trust, 2020) was calculated to be approximately **1 million tonnes CO$_2$e, which represents around 2.6% of Wales's total greenhouse gas emissions**. This has been set as the baseline for emissions reduction targets for NHS Wales going forward. Boundaries for scope 3 emissions have

been defined (GP surgeries, pharmacies and dentists are a notable exclusion) and the future approach for NHS Wales has been established.

The NHS Baseline identified four key source areas for its carbon emissions, and their relative contributions to the 1 million tonnes of carbon emissions:

- Building Use (21%)
- Procurement (62%)
- Fleet & Business Travel (15%)
- Staff, Patient & Visitor Travel (2%)

These four categories are replicated in the NHS Wales Decarbonisation Strategic Delivery Plan, which was published in March 2021 (NWSSP) (Carbon Trust, 2021). The 2021 Decarbonisation Strategic Delivery Plan defined how NHS Wales intends to contribute towards a net zero Public Sector by 2030 by establishing 46 initiatives for decarbonising NHS Wales.

The NHS Wales Decarbonisation Strategic Delivery Plan has set the following headline targets:

- 16% reduction in carbon emissions by 2025
- 34% reduction in carbon emissions by 2030

3.2.4 Digital Health and Care Wales

DHCW recognise the Climate Emergency and the need for all those in the public sector to contribute to the ambitious net zero carbon by 2050 goal for Wales set by Welsh Government. All NHS organisations are expected to cascade the NHS Wales Decarbonisation Strategic Delivery Plan across their organisations and to develop and publish their own actions plans to demonstrate how initiatives within the plan will be delivered. This is our Plan.

In this Delivery Plan, Digital Health and Care Wales has:

- Outlined the decarbonisation challenge for our organisation
- Stated our commitments
- Estimated its baseline emissions using Welsh Government methodologies
- Identified priority sources of carbon emissions
- 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)
- Shared the challenge that is particularly associated with procurement related carbon emissions
- Defined a mechanism for monitoring progress
- Adopted those initiatives within the NHS Wales Decarbonisation Strategic Delivery Plan that are relevant to DHCW
- Developed a roadmap of commitments and specific actions up to 2030 (which will be reviewed in 2025 and 2030) by which it will achieve its carbon reduction targets for 2025 and 2030.

We have established targets in line with those set by NHS Wales (which in turn are aligned to the collective public sector ambition of being carbon neutral by 2030) for our non-procurement emissions. These are:

- 16% reduction in carbon emissions by 2025
- 34% reduction in carbon emissions by 2030

We are developing our understanding of our significant procurement emissions in order to set a clear path to the 2025 and 2030 numerical targets. We intend to work with our colleagues at NHS Wales Shared Services Partnership (NWSSP) to define a clearer strategy in 2022.

4. Principles for Public Reporting

4.1 Using the Principles for the Welsh Net Zero reporting approach system

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 when preparing the Baseline and Decarbonisation Strategic Delivery Plan.

Principle name	Principle Adopted
1. Transparency	Reporting has been transparent and has clearly stated the boundary, methods, data sources, uncertainty and assumptions used for estimation of emissions and removals. Areas of weakness or low-grade data have been highlighted.
2. Good decision-making	DHCW will focus resources on accurately estimating and reporting on the most important activities. For DHCW, this is Procurement, followed by Building Use (particularly electricity consumption at the outsourced Data Centres), and then Business Fleet & Travel.
3. Consistency	The methodology used to report emissions and removals has been applied consistently for 2019/20 and for subsequent prediction modelling. Changes reported between time periods will reflect actual changes to the quantity of emissions or removals, and not changes to the organisation or method. Outsourced activities will be accounted for to avoid carbon leakage. Clarification of scope definition with regards to procurement may be further defined and refined. This will be clearly reported. Confirmation of the rules for including/excluding examples where either DHCW occupies a small space (rooms or works stations) in another workplace and is not charged for the carbon impacts or vice versa, where another NHS team may sit within a DHCW workplace but is similarly not cross-charged for the carbon generated.
4. Partnership working	DHCW understands that the 2030 ambition for the Welsh public sector can only be met by assessing carbon neutrality across the whole sector. Both NHS Wales and Digital Health and Care Wales have internal targets, independent of the overall Welsh public sector ambition and collaboration, partnership, open and honest communication and supportive networks will be critical to delivery of the Decarbonisation Strategic Delivery Plan.
5. Usefulness of data	Our reported data reported will be directly useful for both measuring progress towards meeting the 2030 targets but also in understanding the risks and opportunities of targeted action. It is anticipated that our data will be of use to others within NHS Wales.
6. Local Economic Growth	DHCW implements sustainable procurement and works hard to influence the wider economy through its demand for goods and services and its support for sustainable, low carbon economic growth. The carbon impact data generated and reported through this approach could support activities to develop and sustain low carbon markets in Wales and to provide evidence for supporting existing and potential future suppliers to those markets.
7. Comparability	DHCW understands that the carbon neutral ambition for the Welsh public sector covers the whole sector and therefore it needs to report using the same operational and organisational boundaries, adjusted for organisation type, using the same standardised methodology and emission factors. Variations in boundaries and methodology based on

Principle name	Principle Adopted
	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 home-working, necessitated by the profound changes to working patterns brought by the pandemic).
8. Completeness	Reporting has included estimates for all emission sources within the agreed organisational and operational boundary, unless there is evidence to suggest that the emission source is not relevant for DHCW. For existing emission sources, where activity data was not available, DHCW has followed the provided methodology for estimating activity data, for example, benchmark estimates based on estate size or employee numbers.
9. Proportionate reporting burden	The resources used to estimate emissions and removals have been proportionate to the significance of the source, firstly within NHS Wales, and secondly to DHCW. Whilst completeness and accuracy are important, DHCW has been mindful that it has to balance the need for robust estimates with the required resources. This means not devoting resource to reducing uncertainty for elements (such as waste and water) that form a very small component of the footprint.
10. Improvement over time	DHCW's data sets have some uncertainty. DHCW is therefore committed to improving the quality of reporting data over time, within the context of the overall reporting system. Methodologies will only be changed where this results in an improvement in terms of accuracy. There is an expectation that the methodology for assessing carbon data from procurement will evolve significantly over the reporting time period. Where DHCW has estimated emissions for significant source using simple approximations and benchmarks of activity data, DHCW will improve the methodologies in line with Principle 9.
11. Accuracy	DHCW will reduce uncertainty in estimates of activity data and continually improve the accuracy of reporting, subject to Principle 9. Initial opportunities for this are identified later in this plan.
12. Maintenance and extension of ambition	DHCW will commit to reducing all emissions further where possible and continue to search for new opportunities for carbon reductions. The boundaries of the reporting system may also be revised in the future to include emission sources outside the direct control and/or resetting of DHCW's ambition to achieve net carbon removals.
13. Peer review	To strengthen and share knowledge, DHCW is open to having its reported data peer reviewed by another NHS Wales reporting organisation. DHCW looks forward to participating in a peer learning community within NHS Wales.

5. Wellbeing of Future Generations Act

The Act came into effect in April 2016, which at the time made it the only piece of legislation of its kind in the world. It represents a significant opportunity for improving and changing life in Wales as a whole. The Act outlines how public bodies in Wales should collaborate to improve the economic, social, environmental, and cultural wellbeing of Wales.

In order to do this, we ensure as far as is practicable, that we deliver our work in accordance with the Sustainable Development principle; *to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs*.

The Act has established seven national wellbeing goals for Wales, illustrated below. We will contribute towards delivering these national goals through our Decarbonisation Strategic Delivery Plan, new ways of working and wellbeing objectives.
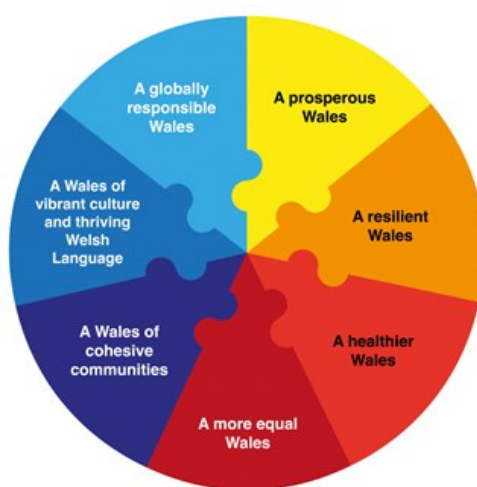
5.1 Wellbeing Objectives

A HEALTHIER WALES - Support the sharing of expert knowledge so that the citizens of Wales are better informed about their health and able to access the best possible healthcare when they need it.

A GLOBALLY RESPONSIBLE WALES - Embed a sustainable culture to limit the impact on the environment.

A MORE EQUAL WALES - Attract, develop skills, and provide opportunities for existing and future generations.

A WALES OF COHESIVE COMMUNTITIES - Promote a culture of volunteering, by creating the conditions for citizens to share their experience and to learn new skills

A WALES OF VIBRANT CULTURE AND THRIVING WELSH LANGUAGE - Actively promote the use of the Welsh Language.

A PROSPEROUS WALES - Work to strengthen the international recognition of NHS Wales as a Centre of Excellence for Digital Innovation.

A MORE RESILIENT WALES - Improve the health and well-being of citizens across Wales, helping to sustain a healthy productive population that contributes to society.

6. Measuring DHCW's Carbon Footprint

6.1 DHCW and the NHS Wales Carbon Footprint

DHCW did not exist as an entity when the NHS Wales Carbon Footprint 2018/19 was calculated. At the time, its predecessor, the NHS Wales Informatics Services (NWIS) operated from within Velindre University NHS Trust. The NHS Wales carbon footprint (1,001,378 tCO2e) included NWIS (along with NWSSP and the Welsh Blood Service) within the 'Footprint Boundary', under the collective Velindre University NHS Trust footprint.

Other entities within NHS Wales have been able to use the NHS Wales Carbon Footprint 2018/19 in formulating their response to the NHS Wales Decarbonisation Strategic Delivery Plan. However, DHCW is unable to do so, without first estimating its own baseline emissions. Accordingly, DHCW has selected the subsequent year (2019/20) as its baseline year and estimated its own carbon footprint in that year. The rationale for 2019/20 as a baseline was that it was the first full year of carbon data associated with DHCW's building portfolio and business travel arrangements as a separate organisation. At the time of writing, most data for 2020/21 was also available; however, this period was not suitably representative, dominated as it has been by the pandemic. In the discussion of DHCW's 2019/20 baseline emissions, reference is made to preliminary 2020/21 data where it is useful for context and contrast.

6.2 Organisational Boundary

For the purposes of this Carbon Footprint, DHCW as an entity forms the organisational Footprint Boundary.

6.3 Emission Footprint Boundary

In common with the NHS Wales Carbon Footprint 2018/19, the operational boundaries are set using the Scope 1-3 Framework established by the Green House Gas Protocol (GHG Protocol, 2004).
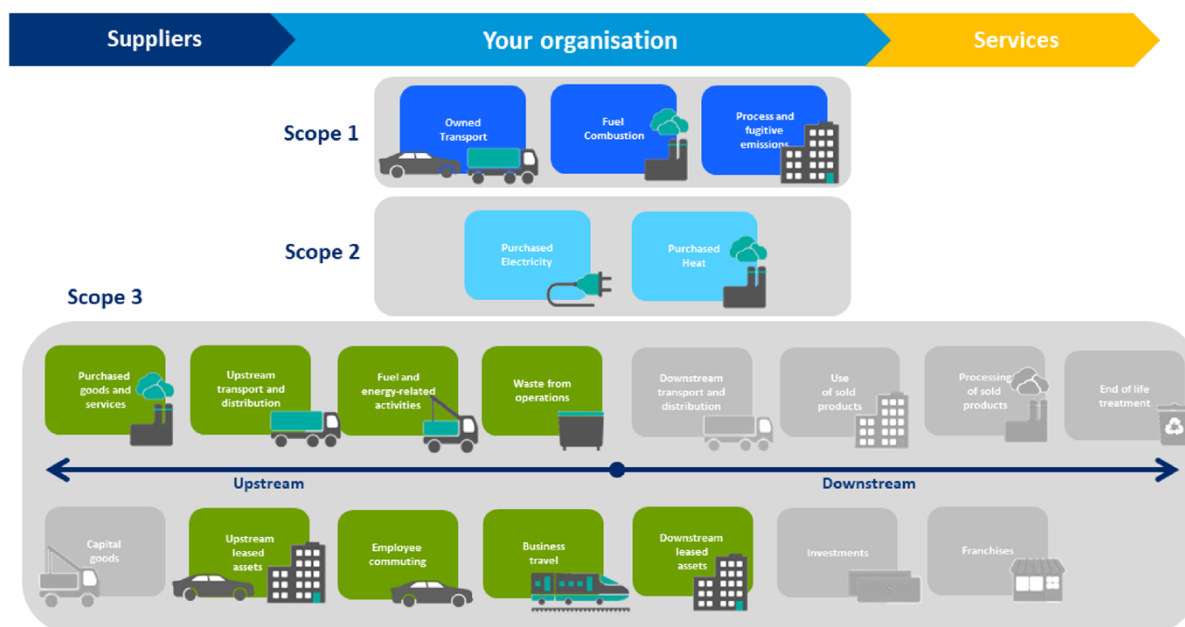
NHS Wales Carbon Footprint Boundary (Carbon Trust, 2020)

The footprint boundary follows that of the NHS Wales footprint; *the majority of emission types considered outside of the Footprint Boundary (shown in above image in grey) are 'Scope 3 Downstream' emissions. This is largely due to the lack of products downstream from NHS Wales; the nature of the organisation is such that there are no 'sold products'*. (Carbon Trust, 2020)

6.4 DHCW's Baseline Data

The scope 1 and 2 carbon emissions associated with our building use and business travel have been monitored since 2019/20, by the Estates and Compliance team within DHCW, as part of its longstanding environmental management system (certified to ISO 14001:2015) which is independently audited each year. As our carbon, accounting has improved, so has the robustness and increased inclusivity of the Estates led data.

Through our ISO 14001 EMS, DHCW has put monitoring protocols in place to collate and analyse resource consumption and environmental data, much of it relevant to its carbon footprint. DHCW has developed a carbon accounting tool, based on UK Government published carbon factors to monitor its greenhouse gas emissions. The range of data currently collected includes:

- Electricity consumption
- Gas consumption
- Water (Supply & Treatment)
- General Waste Landfill
- General Waste WtE (Waste-to-Energy)
- Recyclable Waste (including confidential waste)
- WEEE (E-Waste)
- Business Mileage
- Fleet Vehicles
- Fleet Vehicles (Electric Vehicle (EV))
- F-Gas
- Procurement

Data availability, data quality, calculation methodologies and opportunities for reducing uncertainty are discussed against each type of carbon emission in the next chapter. Some very significant opportunities for reducing uncertainty exist. However, a baseline year of 2019/20 has been established, which is the first full year of carbon data associated with our building portfolio and business travel arrangements as part of being a separate organisation. Our emissions are subdivided into the four categories used by NHS Wales as follows:

- Building Use
- Procurement
- Fleet & Business Travel
- Staff Travel

When analysing and reporting on the data, NHS Wales aggregates the fleet and business travel with staff travel under the general headline of Transport.

For the purpose of carbon accounting, we include our outsourced Data Centres as part of the Building Use category rather than under a procurement classification. In the baseline year, DHCW's own servers occupied rack space in two data centres. Although DHCW have no direct control over elements of data centre operation (e.g. cooling, considered under Scope 3 emissions), the servers themselves are owned and managed by DHCW and therefore emissions are considered as Scope 2 rather than Scope 3 emissions. Our rationale is simply that if a building includes our people or our equipment, then it makes sense for that building to be included in the footprint.

In addition, we have chosen to report estimated emissions from home working. These are small for 2019/20 but projected to be much larger in subsequent years. While this sets up a potential conflict with the NHS Wales baseline footprint (which excludes homeworking) under Principle 7 Comparability, we feel it meets the higher-ranking Principle 2 Good Decision Making. Moreover, recent approaches to carbon footprinting in Wales have begun to include homeworking, for example a case study by Natural Resources Wales (Welsh Government, 2021).

7. DHCW Baseline Carbon Footprint 2019/20

7.1 Gross Emissions

The DHCW 2019/20 Gross Carbon Footprint has been calculated at 19,858 tCO2e.

This is about 2% of the NHS Wales 2018/19 baseline Carbon Footprint (1,001,378 tCO2e) and places it among the smaller entities within NHS Wales; similar to Public Health Wales but less than Powys Teaching Health Board (Carbon Trust, 2020). In the following sections, the overall footprint is broken down in various ways to aid understanding and in comparison with the NHS Wales footprint as a whole. Initially it is broken down Scope by Scope as set out in the GHG protocols:

- **Scope 1**: Emissions from activities owned or controlled by the organisation that release emissions into the atmosphere. They are direct emissions. Examples of scope 1 emissions include emissions from combustion in owned or controlled boilers, furnaces, vehicles; emissions from chemical production in owned or controlled process equipment.
- **Scope 2**: Emissions released into the atmosphere associated with the organisation's consumption of purchased electricity, heat, steam, and cooling. These indirect emissions are a consequence of the organisation's activities but which occur at sources that the organisation does not own or control.
- **Scope 3**: Emissions that are a consequence of the organisation's actions, which occur at sources that it does not own or control and which are not classed as scope 2 emissions. Examples of scope 3 emissions are business travel by means not owned or controlled by the organisation (staff using personal cars for work travel), waste disposal which is not owned or controlled, or purchased materials or fuels and energy consumption at outsourced Data Centres. (HM Government, 2019). This also includes those emissions associated with remote working.

Examples specific to DHCW's footprint are:

- **Scope 1**: exhaust emissions from DHCW fleet vehicles.
- **Scope 2**: power generation emissions to provide electricity consumed at DHCW's offices.
- **Scope 3**: emissions in the production of IT equipment procured by DHCW.

NHS Wales Carbon Footprint by Scope 2018-19: Scope 1 13%, Scope 2 6%, Scope 3 (Combined) 81%

DHCW Carbon Footprint by Scope 2019-20 (19,858 T CO$_2$e): 3.8%, 9%, 0.5%, Scope 3 (Procurement) 87%
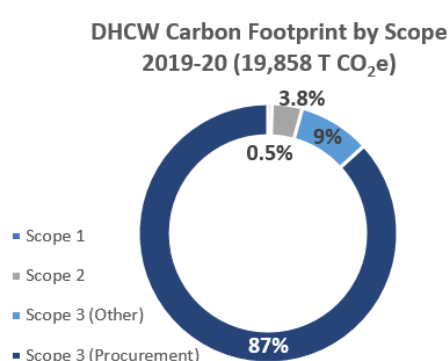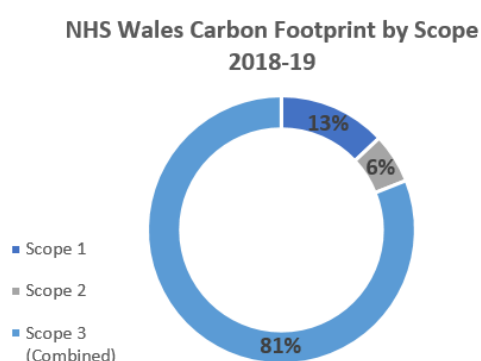
NHS Wales' carbon footprint is dominated by Scope 3 emissions. This is even more so for DHCW's footprint, with Scope 3 Procurement emissions representing over 86% of the footprint. These emissions also have some data uncertainties due both to the methodology used and the data set available.

Of the remaining 14% of DHCW's footprint, scope 2 emissions are the next largest source with scope 1 emissions being the smallest contributor.

In the NHS Wales 2018/19 Carbon Footprint report, emissions were broken down into three main categories; building use, transport, and procurement. The DHCW footprint adds Homeworking, as shown in the following summary table:

Broad Category	Category	Scope	Emissions (T CO2e)	%
Building Use	Natural Gas	1 & 3	92	
	Electricity (Offices)	2 & 3	400	
	Water & Waste	3	10	
	Electricity (Datacentres)	2 & 3	1,109	
	Subtotal		1,611	8%
Procurement		3	17,207	87%
Transport	Business Travel	3	138	
	Fleet	1	22	
	Subtotal		160	1%
Staff	Commuting	3	871	
	Home Working	3	9	
	Subtotal		880	4%
Total			19,858	100%

Table 1: Summary of DHCW's baseline 2019/20 emissions by scope

The following figures contrast the relative importance of the categories in the NHS Wales (Carbon Trust, 2020) and DHCW footprints.
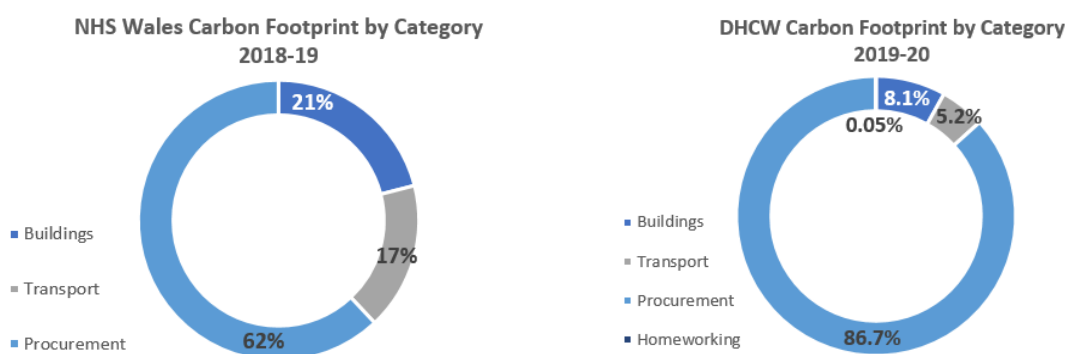
7.2 Net Emissions

The NHS Wales 2018/19 Carbon Footprint report follows the GHG Protocol and UK Environmental Reporting Guidelines in making a dual report to reflect 'Net Emissions'. This report does likewise.

DHCW's 2019/20 Net Emissions were 19,652 T CO$_2$e.

NHS Wales' energy procurement policy has moved to the purchase of REGO certified renewable electricity, and over half of DHCW's electrical consumption is covered by REGO certification. This is consumption at Tŷ Glan-yr-Afon, Cardiff and Bocam Park, Pencoed.

REGO certificates are issued by OFGEM (Office of Gas and Electricity Markets) to generators of renewable electricity. Certificates can be used by licensed electricity suppliers to prove to the final customer that the energy was produced from renewable sources (i.e. off-site renewable generation). However, REGO certified renewable electricity is included when UK Government determines the overall carbon intensity of UK grid electricity, in order to calculate emission factors. DHCW uses these emission factors when calculating emissions relating to its electricity consumption, including that not covered by REGO certification. As there is the clear potential for double-counting the renewables component, REGO certificated electricity is not permitted to be used by public bodies as an offset reduction within the reportable Carbon Footprint.

For the purpose (only) of Net Emissions, REGO certified electricity is considered as zero carbon for generation (Scope 2) and associated 'well-to-tank' (Scope 3), but not for the associated transmission and distribution of the electricity (Scope 3).

In 2019/20, one of the two data centres used by DHCW reported use of 100% renewables, but certification details were not available at the time of writing. If REGO Certification were proven, the Baseline Net Emissions would be revised to 19,247 T CO$_2$e.

7.3 Buildings

7.3.1 Introduction

DHCW currently occupy approx. 6,500 m^2 of office floor space in a diverse range of buildings, under different landlords.

DHCW has a portfolio of six leased offices across Wales. These are:

- Cardiff: Tŷ Glan-yr-Afon, 21 Cowbridge Road East (TGA)
- Cardiff: Castlebridge 2, Cowbridge Road East (CB2)
- Mold: Media Point – Unit 3, Mold Business Park (MMP) – occupied 2021
- Pencoed: Bocam Park (Bocam Park)
- Pontypool: Mamhilad House, Mamhilad Park Estate (Mamhilad)
- Swansea: Technium 2, Swansea Waterfront Innovation Quarter (Technium)

DHCW also has a small presence at the National Imaging Academy in Pencoed. All our leased offices sit within a wider healthcare, university, or commercial campus. We have no associated land or grounds with the lease arrangements. Our leased space varies from whole buildings to a few floors.

In addition to our offices, DHCW delivers services to NHS Wales from owned servers located at two third-party datacentres. During the footprint year, these were located in Blaenavon and Newport. In 2021, we closed our activities at Blaenavon and moved to a new Data Centre in Rhondda Cynon Taf.

7.3.2 Gas

7.3.2.1 Introduction

Natural gas is largely non-renewable (a small percentage of UK grid gas is biomethane) and there are significant Scope 3 emissions associated with production and shrinkage (losses) during transmission. Natural gas is used for heating and hot water across most of DHCW's buildings. Bocam Park and MMP do not have gas heating.

7.3.2.2 Footprint Summary

Natural gas related emissions accounted for 92 TCO_2e, which is just under 6% of the calculated Building emissions.

7.3.2.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021) for TGA and Mamhilad, where gas meter information was available. Our gas consumption at Castlebridge, Technium and our previous North Wales office is estimated rather than metered because the landlord has apportioned our share of a communal heating system based on the amount of space we occupy.

7.3.2.4 Reducing uncertainty for current methodology

There are no actions identified to further reduce the uncertainty of the emissions methodology.

7.3.3 Electricity (Buildings)

7.3.3.1 Introduction

Use of electricity results in Scope 2 and Scope 3 emissions. Use of electricity in our buildings and datacentres is a significant element of our building carbon footprint.

We currently procure renewable electricity for half of our workplace offices, including our largest office (as do the owners of the Data Centres). This carbon footprint report follows UK Government carbon accounting rules (HM Government, 2019), which stipulate that this renewable electricity must not be rated as zero emissions (see 'Net Emissions' 7.2) but that the normal grid electricity carbon factor be used.

7.3.3.2 Footprint Summary

Electricity-related emissions accounted for 400T CO_2e, which is 25% of the calculated Building emissions.

7.3.3.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using metered data for all sites except our previous North Wales office, where an estimate of consumption is based on floor area.

7.3.3.4 Reducing uncertainty for current methodology

DHCW will investigate sub-metering at MMP.

7.3.4 Electricity (Datacentres)

7.3.4.1 Introduction

In the baseline year, DHCW was using two major third-party data centres to locate and operate its equipment, at Blaenavon and Newport, in order to deliver its services to the rest of NHS Wales.

Data centres are major users of energy. The energy efficiency of datacentres is measured using industry benchmarks including:

- PUE (power usage effectiveness), which divides the amount of power coming into a data centre by the amount of power used to run data centre information technology equipment (cooling systems, UPSs, etc.).
- SUE (server usage effectiveness), which is a complement to PUE but also takes IT equipment efficiency into account when calculating data centre energy efficiency.
- DCIE (Data Centre Infrastructure Efficiency), which is expressed as a percentage calculated by dividing IT equipment power by total facility power.

While it has its limitations, PUE is the most often quoted benchmark.

A Cloud Strategy has recently been developed. Cloud services are much easier to scale than traditional on-premises environments. In an on-premises environment, in order to scale an application, we would have had to purchase an additional server or storage. With cloud services however, there is also the ability to turn servers and storage down, often without interrupting service.

For DHCW, this means that if there is less consumption than anticipated when a service is first implemented in the cloud, then the servers and storage associated with the service can be scaled down as required. Periodically monitoring server utilisation can produce substantial savings, as well as helping to ensure that the service runs optimally.

7.3.4.2 Footprint Summary

Carbon emissions for the two datacentres was calculated at 1,109 TCO_2e, which is 68.5% of the calculated Building emissions.

7.3.4.3 Footprint Methodology

For the Newport Datacentre, carbon emissions relating to rack space power consumption were calculated based on the methodology for deriving carbon emissions from electrical consumption recommended by Welsh Government (Welsh Government, 2021), using monthly meter reads provided by the Data Centre.

No data was available for the Blaenavon datacentre, so on the basis that approximately the same amount of DHCW equipment was located at the two data centres, the Newport Datacentre metered consumption was adopted for the Blaenavon Datacentre.

The Scope 3 emissions around the wider operation of the datacentres (cooling loads etc.), apportioned to the DHCW equipment, were estimated using PUE's. 2019 PUEs were not available for either datacentre. A PUE of 1.3 for Newport was based on an average 'fleet' PUE reported by the Data Centre for their range of datacentres. A PUE of 1.83 for Blaenavon was based on a UK & Ireland average from an EC study (Avgerinou, Bertoldi, & Castellazzi, 2017). These may be overestimates of real-world efficiency and should more information become available, an adjustment to the baseline will be straightforward.

Use of 100% renewable energy at Newport was not rated as zero, and instead, UK Grid emission factors were used.

7.3.4.4 Reducing uncertainty for current methodology

A number of actions are identified:

- Obtain (and maintain) monthly meter data for data centres.
- Obtain (and maintain) PUE information from providers.
- Evaluate the robustness of reported PUEs, for example compliance with Green Grid comprehensive measurement standards or EU Code of Conduct for Energy Efficiency in Data Centres.

7.3.5 Water and Sewerage

7.3.5.1 Introduction

Water requires treatment prior to supply and on its return to the environment. It is pumped and pressurised to reach end-users. All of these activities require energy and therefore result in greenhouse gas emissions. The water industry contributes 0.8 per cent of annual UK greenhouse gas emissions (Environment Agency, 2008). DHCW uses water for domestic purposes only (toilets and wash hand basins, drinking water, vending machines etc.). DHCW has no process uses of water.

7.3.5.2 Footprint Summary

Water and sewerage related emissions accounted for 5T CO_2e, which is 0.3% of the calculated Building emissions. The footprint does not justify actions on the basis of carbon emissions reduction. DHCW will however, continue to deploy best practical environmental management as part of its certified ISO 14001 programme and will continually improve to drive down all impacts associated with the water consumption in its offices.

7.3.5.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), where meter data is available. Where metered data is not available (at Castlebridge, Technium 2 and MMP), the calculated value for TGA was used, factored by gross floor area (Castlebridge, Technium and MMP are 13.5 times, 4 times and 3.4 times smaller respectively than TGA).

7.3.5.4 Reducing uncertainty for current methodology

There are no actions identified to further reduce the uncertainty of the emissions methodology, due to the small contribution of water and sewerage to the total footprint.

7.3.6 Waste

7.3.6.1 Introduction

Waste management generates emissions from transportation to processing and final disposal, whether that be to landfill sites, waste incineration or recycling sites. DHCW generates typical office type waste and waste electronic and electric equipment associated with its ICT activities. DHCW has a zero to landfill policy and has established waste minimisation and recycling programmes for all of its waste streams.

7.3.6.2 Footprint Summary

Waste emissions accounted for 4.5 TCO2e, which is 0.28% of the calculated Building emissions. The footprint does not justify actions on the basis of carbon emissions reduction. DHCW will however, continue to deploy best practical environmental management as part of its certified ISO 14001 programme and will continually improve to drive down all impacts associated with waste in its offices.

7.3.6.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using the relevant BEIS (Business, Energy, and Industrial Strategy) emissions factors, where tonnages were

reported by the waste contractor. For some sites, a basic estimation was made based on the waste collection contract.

7.3.6.4 Reducing uncertainty for current methodology

There are no actions identified to further reduce the uncertainty of the emissions methodology, due to the small contribution of water and sewerage to the total footprint.

7.4 Transport

7.4.1 Introduction

DHCW are a digital delivery service and its staff are required to travel to different NHS Wales primary and secondary care facilities, from GP Practices to hospitals, across Wales. Some activities can only be carried out physically on site. This could be an installation or troubleshooting type task but equally it could be to check equipment or interact with existing digital capability and work collaboratively with the local NHS team. During the pandemic, DHCW significantly reduced business travel by accelerating the ability to provide many digital services remotely. It is likely that this mode of remote service delivery will be sustained at a high level, but there will always be a residual requirement to travel which cannot be completely eliminated.

To a large extent, the geographical spread of the office network was to have staff local to all of the NHS Health Boards and Trusts, and therefore minimise both business and commuter travel.

7.4.2 Footprint Summary

Employee commuting was the largest element of transport emissions for NHS Wales, totalling 67% of the 165,000 TCO_2e transport emissions (Carbon Trust, 2020). In DHCW's baseline year, commuting was also the largest component, totalling 85% of the 1,031 TCO_2e transport emissions. Staff commuting is a higher proportion of the DHCW footprint due to the absence of patient/visitor journeys, which form a major component of the NHS Wales transport footprint.

NHS Wales Transport Footprint by Type
2019-20 (167,191 T CO$_2$e)

- Patient / Visitors
- Air Ambulance
- Business Travel
- Fleet
- Staff Commute

22% | 1% | 2% | 8% | 67%

DHCW Travel Carbon Footprint by Type
2019-20 (1,031 T CO$_2$e)

- Business Travel
- Fleet
- Staff Commute

13.4% | 2.1% | 84.6%
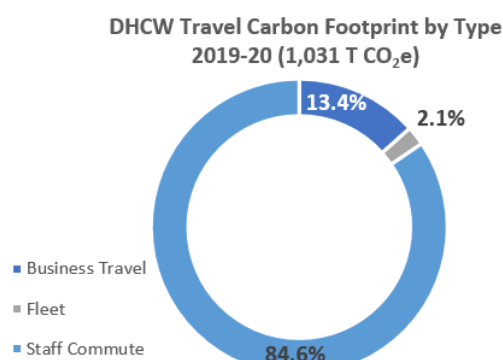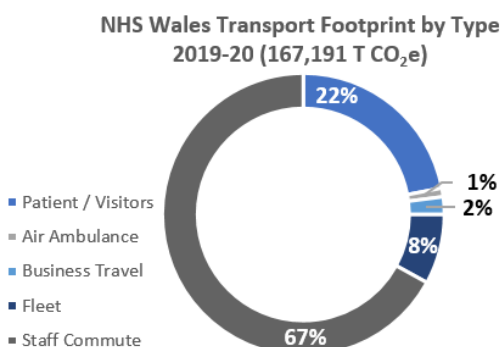
7.4.3 Fleet

7.4.3.1 Introduction

DHCW operates a small fleet of vans (11), which are based across its Office locations and are used predominantly to transport IT equipment to and from NHS Wales locations. One electric van is used exclusively by the Estates and Compliance team for maintenance purposes.

7.4.3.2 Footprint Summary

Fleet emissions accounted for 21.6 TCO_2e, which is 2.1% of the calculated Transport emissions.

7.4.3.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using fuel card data to gather information on litres of fuel consumed and calculate emissions using the appropriate fuel and WTT (Well-to-Tank) emission factors. Fleet vehicle data is acquired from Fuel Card reports. The quantity of fuel, in litres, is derived directly from the Fuel Card system reports.

7.4.3.4 Reducing uncertainty for current methodology:

There are no actions identified to further reduce the uncertainty of the emissions methodology.

7.4.4 Business Travel

7.4.4.1 Introduction

It has been straightforward to obtain data on our business journeys. This data has been collected for a number of years. However, it does not include any business journeys made by bus and train. These might currently be low in number and carbon impacts, but it is recognised that this is a data gap that we wish to address. With 96% of staff working remotely, business travel has been kept to a minimum.

7.4.4.2 Footprint Summary

Business Travel emissions accounted for 138 TCO_2e, which is 13.4% of the calculated Transport emissions.

7.4.4.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government (Welsh Government, 2021), using mileage data and calculate emissions using the appropriate fuel and WTT emission factors. Business mileage data is acquired directly from finance. The activity data is calculated by taking the cost claimed back by employees multiplied by 0.45p (standard mileage charge).

7.4.4.4 Reducing uncertainty for current methodology:

Emission Factors for an average car of unknown fuel type was used. DHCW will consider options for capturing information on actual cars used.

7.4.5 Commuting

7.4.5.1 Introduction

Commuting is travel between an employee's home and place of work. Associated emissions are Scope 3 emissions, including direct emissions from the exhausts of workers' road vehicles and emissions from public transport systems. Some organisations choose to place commuting outside of their carbon footprint reporting boundary. Welsh Government has chosen to include employee commuting in the Net Zero boundary, as did NHS Wales in their 2018-19 Carbon Footprint; DHCW have therefore included an estimate in our baseline. Welsh Government's rationale is as follows:

> *Although, there are aspects of these journeys that are not under the full control of organisations e.g. the mode of transport and the commuting distance, organisations can influence it by:*
>
> *› Availability of facilities promoting active travel such as secure bicycle parking facilities, showers and lockers*
>
> *› Reducing availability of facilities promoting private travel such as employee parking*
>
> *› Introducing working practices such as location flexibility so that employees can chose to work in an office closer to their residence*
>
> *Therefore, during the stakeholder workshop, the Welsh Public Sector made a collective decision to include employee commuting in the Net Zero reporting boundary. (Welsh Government, 2021)*

As discussed elsewhere in this report, the increase in remote working has reduced commuting emissions but increased emissions from power and heating in employees' homes. The net movement in Scope 3 carbon emissions (and its scale) depends on a wide variety of factors, many of which vary over time.

7.4.5.2 Footprint Summary

Commuting (Scope 3) emissions formed a significant part of DHCW's operational carbon footprint and the methodology employed has a level of uncertainty.

DHCW commuting emissions have been estimated at 872 TCO2e for the 2019/20 baseline year (84.6% of the Transport emissions), based on 660 employees and 2% homeworking.

In 2020/21, homeworking reached an exceptional 96% in response to the pandemic and the estimated commuting emissions sank by over 95% to 40 TCO2e. There has also been a significant increase in staff numbers.

DHCW is unusual compared to the other organisational elements of NHS Wales. Most NHS Wales employees are, in large proportion, healthcare professionals and support staff who must travel to a healthcare facility such as one of the main hospitals or other places of employment to deliver their services to the public. A far greater proportion of DHCW's workload can, and is, delivered remotely, provided sufficient planning and infrastructure are in place, meaning that total commute miles can be kept to a minimum.

Nevertheless, DHCW may also find opportunities to influence staff on their mode-of-transport choice.

7.4.5.3 Footprint Methodology

Emissions were estimated based on the methodology recommended by Welsh Government, using average commuting distances, data from a publicly available study on the proportion of different modes of transport used by commuters in England and Wales (see table below); and emission factors for these modes.

Travel mode	% split
Car	64%
Car passenger	6.6%
Taxi/ mini cab	0.4%
Walking	9.5%
Moped/ Motorbike	0.6%
Bus	4.5%
Rail	1.9%
Cycling	1.4%
Work from home	10.4%
Other	0.5%

Table 2: Commuting Modal Split (Welsh Government, 2021)

No travel survey has been conducted by DHCW at present and no DHCW-specific data on commuting distances or modes of transport was available. In the absence of this information, other data can be substituted, albeit with a higher degree of uncertainty. The result is a Tier 1 Methodology with a high level of uncertainty (Relative Standard Deviation (RSD) +/-25%). Data specific to DHCW was the headcount (as FTE) and the proportion of homeworkers.

According to the WG Carbon Reporting Guidance, the average commuting distance in Wales is 9.5 miles / 15.3 km, based on an RAC study (RAC Foundation, 2013). However, the NHS Wales 2018/19 Carbon Footprint Report estimates commute distance using information specific to NHS Wales staff. Staff commute distances were derived from payroll expenses data in which employee average distance from office to home is recorded. Staff travel survey data was also available for some Trusts, which gave commute distances and transport types.

For DHCW's baseline, it was decided to use the mode of transport breakdown in the WG Carbon Reporting Guidance, along with an average of the commute round-trip journeys reported by the various Health Board/Trust travel surveys in the NHS Wales 2018/19 Carbon Footprint Report. NHS organisations that reported, calculated a round trip average varying between 15.56 and 29.39 miles. An average of 20.63 miles / 33.2 km has been derived for use by DHCW. UK Government (Dept for Business, Energy & Industrial Strategy, 2020) business travel Emission Factors for the relevant year were used.

For FTE (full-time equivalent) headcount, DHCW use the national Electronic Staff Record (ESR), which contains information, which is essential for effective workforce planning. The system has a range of tools and functions, which enable employers to enter, store and analyse historical and current information about the Workforce.

7.4.5.4 Reducing uncertainty for current methodology:

The current footprint uncertainty can be reduced by gathering DHCW-specific information on commuting distances and modes of transport. DHCW will improve its approach from 2022 by carrying out a staff travel survey to gather this information.

7.5 Procurement

7.5.1 Introduction

DHCW purchase a wide variety of goods and services. Some of these purchases relate to our own needs and others (for example software licences) to the wider needs of NHS Wales. The annual spend is approximately £75M, when spend on staff pay is excluded. There is a close relationship with the NHS Wales Procurement Team – known as NHS Wales Shared Services Partnership (NWSSP).

The procurement spend of just under £75M (19/20) is substantial, but only around 4% of the NHS Wales 'non-pay' spend of £1,863m as reported in the 2018/19 carbon footprint report (Carbon Trust, 2020). DHCW's procurement spend is likely to be similar in future years.

7.5.2 Footprint Summary

Procurement emissions accounted for 17,207 TCO$_2$e, which is over 86% of the calculated DHCW 2019/20 Carbon Footprint. This compares with NHS-Wales' 2018/19 Procurement footprint estimate of 62% of total emissions.

Procurement (Scope 3) emissions form by far the largest part of DHCW's carbon footprint and the methodology employed has a high level of uncertainty.

7.5.3 Footprint Methodology

Basic information on DHCW's procurement spend on goods and services was provided from the NHS financial management system. Emission estimates were based on the methodology recommended by Welsh Government (Welsh Government, 2021).

The methodology simply multiplies the spend in pounds by an emission factor for the industry sector in which the spend was made. For example, £10M spend on computer equipment, using an Emission Factor of 0.41 for the SIC (Standard Industrial Classification) Code 26 *computer, electronic and optical products,* equates to scope 3 emissions of 4,107 TCO2e.

The Welsh Government methodology is assigned a Tier 1 (low) level of accuracy with a high level of uncertainty (RSD of +/-25%).

The method uses UK Government emissions factors derived in 2011, in the absence of more recent metrics. It should be understood that both the carbon intensity of some sectors and the purchasing power of sterling will have changed in the interim period.

- Overall, the purchasing power of sterling will have decreased since 2011.
- Overall, the all-sector average carbon intensity will have decreased since 2011.

In order to avoid double-counting of emissions with other parts of the calculated carbon footprint, some sub-categories of spend should be removed. For example, as DHCW have calculated business travel separately, expenditure on this category under SIC 49.3-5 *Road Transport* should not be included. However, the supporting information behind the broad categories available for the 2019/20 footprint did not allow these estimates to be made with any confidence in the time available and an unknown element of double-counting must therefore be assumed.

It should be noted that the NHS Wales 2018/19 footprint report (Carbon Trust, 2020) pre-dates the Welsh Government guidance and uses a related but rather more complex economic input-output analysis for procurement carbon emissions. This model uses more recent Emission Factor information and adjusts for currency purchasing power.

However, this method also follows the broad approach of spend against emission factor. Aside from accuracy, both methods are problematic, in that they cannot be used for target setting. For example, DHCW may target direct engagement of its major IT supplier leading to significant emission reductions, but the calculated footprint, correlating only to spend, would remain unaffected.

7.5.4 Reducing uncertainty for current methodology

The current footprint estimate is based on a basic review of summary information in a restricted timescale, most likely leading to inaccuracy beyond that envisaged by the methodology. In 2022, DHCW will improve its approach by the following measures:

- Clarify which procurement model is to be used by NHS Wales going forward.
- More detailed analysis of spend to:
  - Better understand spend in categories with substantial spend and opaque descriptions e.g. *37470-Miscellaneous Expenditure* and *37400-Other General Provisions*.
  - Assess whether the emission factors used for these categories were realistic
  - Identify and strip out double-counting within DHCW's own carbon footprint, for example relating to travel or building management.
  - Identify and strip out double-counting with other NHS Wales bodies' carbon footprints, for example where ICT equipment is procured for those bodies.
  - Investigate and clarify the procurement Scope 3 emissions boundaries, where DHCW procure ICT equipment on behalf of other NHS Wales bodies.
  - Separate capital and non-capital goods and services to align with GHG protocol and WG guidance.
- Use the output from this analysis to re-baseline the 2018/19 procurement carbon footprint.
- Set up an MoU or similar with DHCW Procurement and NWSSP on data provision and footprint allocation in future years.
- The Welsh Government guidance recommends their procurement methodology in the absence of freely available calculated product footprints for the majority of goods and services (Welsh Government, 2021). However, in ICT, calculated footprint information is becoming available. For example, DHCW are major users of one provider's servers, laptops, and related products, for which carbon footprint information is available on a model-by-model basis. DHCW will investigate whether for some ICT procurement categories, emissions can be more accurately derived from manufacturers' information rather than from crude emission factors.

7.6 Home Working

7.6.1 Introduction

Encouraging home working has the potential to reduce Scope 1 and 2 emissions from DHCW's buildings; in the short term through reduced energy demand at existing offices, and in the medium term through opportunities to reduce the office portfolio. Home-working also reduces Scope 3 emissions relating to commuting, as less journeys have to be made.

However, home workers consume energy for office equipment, home heating and in some settings home cooling. These result in Scope 3 carbon emissions, which may not have occurred if the workers had been in the office. Including the indirect, displaced scope 3 emissions from remote working in our baseline will allow meaningful comparisons with year-on-year performance to be undertaken, especially for 2020/21, which saw only 4% working in the office locations.

In order to properly account for these Scope 3 emissions, DHCW has applied a methodology developed by EcoAct, in partnership with Lloyds Banking Group and NatWest Group (Ecoact, 2020). The methodology evolved as a

response to the huge increase in home-working due to the COVID-19 Pandemic, in which DHCW itself saw a successful migration to 96% homeworking. Considering the Welsh Government's target for 30% remote working (Carbon Trust, 2021), the need to account for related emissions within DHCW's carbon footprint is clear, to avoid over-reporting of savings.

The current version of Welsh Government carbon reporting guidance requires estimation of Scope 3 commuting emissions but not Scope 3 home-working emissions. Given the increasing importance of home-working, the latter must inevitably change and DHCW has made the decision to add it to their baseline year. It is noted that NRW has already reported its working from home emissions (Welsh Government, 2021) and calculated both the impact of remote working during the pandemic and what this could mean for its future emissions if it were to operate at levels of 30% or 60% homeworking.

7.6.2 Footprint Summary

Using the EcoAct Base Case methodologies, a footprint of 9.4 TCO_2e has been calculated for the 2019/20 baseline year, based on an average 2% home working, which was wholly due to pandemic lockdown in the last weeks of the period. Less than 10% of these emissions arise from use of office equipment and lighting; the remainder arise from home heating. In 2020/21 the huge increase in homeworking (estimated at 96% over the year) led to a >5000% increase to 515 TCO_2e. However, there was a corresponding reduction in carbon emissions from business travel and commuting, and there was an overall net reduction of 500 tonnes. It should be noted that working remotely significantly reduced travel related carbon emissions, which are usually challenging to address (as well as reducing office building related emissions).

Category	2019/20 Pre Pandemic TCO2e	2020/21 During Pandemic TCO2e
Commuting	871	40
Homeworking	9	515
Business Travel	138	6
Total T CO2e	1018	561

Carbon Footprint by Type (Pre-Pandemic) 2019-20 (1,018 T CO$_2$e)

0.9% 13.6% 85.6%

- Commuting
- Homeworking
- Business Travel

Carbon Footprint by Type (Pandemic) 2020-21 (561 T CO$_2$e)

7.1% 1.1% 91.8%

- Commuting
- Homeworking
- Business Travel
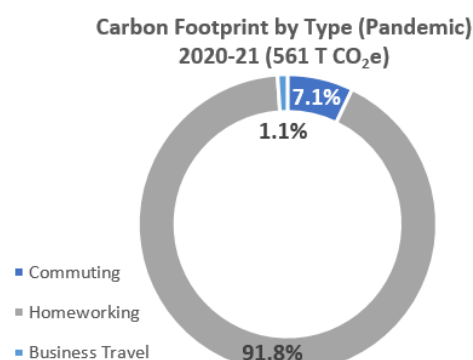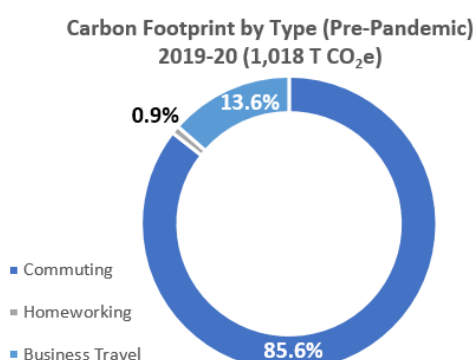
7.6.3 Methodology

As the Welsh Government carbon reporting guidance does not require estimation of Scope 3 homeworking emissions, it provides no methodology. Within the WG framework, the methodology adopted would be classed as a Tier 1 method with high uncertainty (RSD +/-25%).

For detail on the homeworking methodology adopted, the reader is referred to the EcoAct Homeworking Emissions Whitepaper (Ecoact, 2020). The methodology offers 'Base Case' and 'Enhanced Case' for Office equipment, Heating energy and Cooling energy. In the absence of additional data, DHCW have adopted the Base Case for office equipment, the Base Case for Heating Energy and have discounted Cooling energy as not significant in Wales during the baseline period. The method assumes (based on a 2020 NatWest Group staff survey (Ecoact, 2020)) that in approximately 1/3 of cases, there is another occupant present and no additional need for heat arises from home working.

DHCW-specific data used for the exercise were the average headcount as Full Time Equivalent (FTE) and the percentage home working. The latter was calculated by the small number of weeks at the end of the baseline year that offices were shut due to the pandemic.

7.6.3 Reducing uncertainty for current methodology

The current footprint estimate uses the EcoAct Base Case throughout. DHCW will transit from Base Case to Enhanced Case data wherever reasonable to do so, using EcoAct's own recommendations as a starting point:

- **Working Hours and Days:**
    - Adjust to DHCW specific contract hours and working days (considering annual leave allowance)
- **Office Equipment Emissions:**
    - Collect internal records for standard issued equipment (laptop/tablet/screen), including number of devices and typical "in use" power consumption, or;
    - Staff Survey to confirm typical equipment in use. Data from respondents apportioned across non-respondents
    - Staff Survey to confirm typical lighting equipment in use. Data from respondents apportioned across non-respondents.
    - Staff Survey to confirm proportion of colleagues purchasing Green energy at home. Used to support Market-Based reporting and/or the encouragement of green tariff take up.
- **Heating Energy Emissions:**
    - Staff Survey to confirm typical home energy use and shared occupancy. Where shared occupancy arises and other occupants are "homeworking", companies should report a proportional share of emissions. Where other parties are "stay at home" (e.g. stay at home parent/carer) companies can exclude heating emissions on account of zero increment. Data from respondents apportioned across non-respondents.
    - Staff Survey to verify DHCW's assumptions re. home cooling.

In addition, DHCW need to put in place a system to track the amount of working from home when its offices are back in normal operation.

7.7 Improvement and Revision Approach

Opportunities to improve accuracy and reduce uncertainty have been identified against each category of emission reported. As the 2020/21 Carbon Footprint is close to being finalised, DHCW will action these opportunities where possible, prior to collation of its 2021/22 Carbon Footprint. These activities are captured in the Roadmap (see Section 9). It is anticipated that some more straightforward opportunities could be realised in time for the 2020/21 Carbon Footprint.

Where it is possible to correct errors or significantly improve uncertainty, DHCW may revise the 2019/20 Baseline Carbon Footprint.

8. 2025 and 2030 Emissions Targets

DHCW has mapped its emission decarbonisation pathway between 2019/20 and 2029/30. A 'Business as Usual' scenario has not been included because it is not a viable or intended option.

Note: There is an expected reduction in the carbon emissions for 2020/21 and 2021/22 due to the significant impacts of the COVID-19 pandemic. The graph has taken this into account, although the footprint for 20220/21 is yet to be finalised.

The Digital Health and Care Wales decarbonisation targets are set as follows:

Scope 1 and 2 Emissions (excluding Procurement data):

DHCW Target	Emissions (T CO$_{2e}$)	Percentage reduction from 2019/20	Cumulative Savings from Initiatives will total T CO$_{2e}$
Baseline	2,651	-	-
2025	2,227	-16%	424
2030	1,750	-34%	901

Scope 1, 2 and 3 Emissions Total (including Procurement data):

DHCW Target	Emissions (T CO$_{2e}$)	Percentage reduction from 2019/20	Cumulative Savings from Initiatives will total T CO$_{2e}$
Baseline	19,858	-	-
2025	16,681	-16%	3,177
2030	13,106	-34%	6,752

Note that the figures in the first and third tables do not match in 2025 and 2030 because one set are targets (tables 1 and 2) and the other (table 3) are predictions.

Our Delivery Plan is designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in our gross operational emissions. We have forecast our non-procurement 'Operational' emissions up to 2029/30 to predict the impact of our key actions in our Delivery Plan. For clarity,

- Third party Datacentres are included because (i) better data is available than procurement spend-based emissions factors, and (ii) we consider the emissions directly related to our equipment's energy consumption to be Scope 2 (datacentre cooling etc. remains Scope 3).
- Home-working is included because, although very small in the baseline (660 FTE staff, with approx. 2% homeworking), we expect it to be an integral part of our operational arrangements going forward.

The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

Non-Procurement Operational Emissions - 10 Year Predictions	2019/20	2024/25	2029/30
Office Buildings	502	233	102
Data Centres	1,109	921	779
Working Remotely	9	166	145
Transport	1,031	762	690
Total TCO2e	2,651	2,083	1,716

Table 3: Baseline Emissions and Predictions for 2025 & 2030 for Operational Emissions (Office Buildings, Data centres, Transport & Working Remotely)

Our modelling of predicted carbon reductions from this Decarbonisation Strategic Delivery Plan gives a 21% reduction by 2025 and a 35% reduction by 2030. There is an element of cautiousness when carrying out the modelling. DHCW intends to review and report on its carbon footprint annually. This will then be the opportunity to assess performance against predicted carbon emissions. It is likely that individual years may vary up or below predictions but that the 2025 and 2030 targets are achievable by carrying out the proposed decarbonisation initiatives.

In carrying out the modelling, a number of technical assumptions have been made, and must be included, for reasons of transparency. These assumptions are as follows:

8.1 Assumptions

8.1.1 UK Grid Emission Factor
The UK Grid Emission Factor is forecast to fall significantly by 2030. This has been modelled into the office and homeworking electricity footprint. National Grid have forecast the carbon intensity of the grid for the next 5 years and carried out modelling based on four grid carbon intensity 10-year scenarios'; '*Steady Progression*'; '*System Transformation*'; '*Consumer Transformation*' and '*Leading the Way*' (National Grid ESO, 2020). We have used the most conservative of those '*Steady Progression*' to estimate annual grid emission factors for Indirect (Electricity) and WTT Electricity (Generation). The Emission factors for Transmission & Distribution – UK Electricity and WTT – UK electricity (T&D) have been kept at 2019 values.

8.1.2 Datacentre Footprint
Data requirements are expected to rise as the Digitalisation of NHS Wales continues, therefore we have developed a Cloud Strategy to define and communicate our unified strategy and direction on the adoption of cloud computing technologies and services. Cloud computing services are uniquely positioned to support our strategic technology requirements for the future. We will adopt cloud computing services using a cloud-first approach for both new and existing workloads by 2024. The efficiency of IT equipment is expected to rise. As discussed above, the UK Grid Emission Factor is expected to fall. For now, a working assumption is made that these competing factors will broadly cancel themselves out. This is a critical assumption with a high level of uncertainty; improvement in this area is a priority.

Other assumptions include:

8.1.3 Homeworking:
- Average home heating to become 5% less carbon intensive from 26/27, 10% from 29/30.
- Carbon awareness raising with staff will yield a 1% year-on-year reduction in home workers' electricity-related emissions.

8.1.4 Commuting:
- National measures to reduce commuting carbon intensity will contribute at least 50% of the forecast footprint reductions.

8.1.5 Datacentres:
- Datacentres used will conform with the EU Code of Conduct on Data Centre Energy Efficiency (for example in PUE reporting), or national or ISO equivalent.
- There will be a move to a Cloud based approach over future years.

8.1.6 Office Lighting:
- 40% of baseline office electricity consumption is lighting.

- 10% of baseline office electricity consumption is LED lighting.
- On average, a 40% reduction in consumption is achieved per luminaire when change to LED.

9. Strategic Delivery Plan

9.1 NHS Wales Strategic Delivery Plan

NHS Wales identified 46 Decarbonisation Initiatives, of which 20 were directly or indirectly applicable to Digital Wales. In producing their Decarbonisation Strategic Delivery Plan, NHS Wales provided a framework, which Health organisations could adopt to show compatibility, integration, and support. The DHCW Delivery Plan is deliberately adapted and co-ordinated with that of NHS Wales to demonstrate synergy.

9.2 Mobilisation

The success of this Delivery Plan will be highly dependent on the governance structure put in place at DHCW. As with NHS Wales, DHCW will have an ambitious management approach to ensure sustained momentum, and provide the financial investment put forward to support implementation.

The following activities set out the implementation approach for the Delivery Plan; these are split between mobilisation and an improvement approach. Further detail regarding the specific actions, responsibilities, and target dates are available.

- ❖ DHCW will always show leadership and commitment to deliver this Decarbonisation Strategic Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

- ❖ A 'Decarbonisation Group' will be put in place to oversee implementation of the Delivery Plan; this will include a wide range of interested parties from within DHCW.

- ❖ A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan. Specifically, this will be managed by the Estates and Compliance Team.

- ❖ 'Action Plans' will be embedded into our existing ISO 14001:2015 environmental management system developed – these will be reviewed annually

- ❖ DHCW will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives, using external resources and collaborating with NHS partners and third parties where necessary.

9.3 Improvement and Revision Approach

- ❖ Our Estates and Compliance Team will oversee the evolution of our monitoring and measurement processes to capture improved data coverage, reduce the level of uncertainty and communicate carbon performance – aligned with Welsh Government and NHS Wales reporting guidelines.

- ❖ DHCW will actively support the work of NWSSP in the progression of procurement emission related carbon accounting.

- ❖ DHCW will issue a revision of this Delivery Plan with updated and refined targets by 2023.

- ❖ DHCW will review the success of this Delivery Plan implementation in 2024 and issue an update on the Plan in 2025.

9.4 Decarbonisation Initiatives

NHS Wales lists six activity streams for which decarbonisation activities have been identified:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

Each activity has a subset of decarbonisation initiatives that DHCW must consider and implement if relevant to its activities. The following table summarises the NHS Wales initiatives and DHCW's intentions, where they are relevant.

Note: In the below tables, initiatives (rows) greyed out are not applicable to DHCW.

9.4.1 Carbon Management

No.	NHS Wales Initiative	DHCW Initiative
1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	DHCW has appointed the Estates and Compliance team to lead on the Decarbonisation Delivery, with support from key teams (and an external Consultant to assist with the development of the Plan). DHCW has a certified ISO 14001 environmental management programme through which it will plan, do, check and act upon all decarbonisation initiatives.
2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	DHCW actively uses digital noticeboards and TENtalks to raise awareness on all aspects of sustainability, including climate change, throughout the year. Dedicated sustainability and environmental management SharePoint pages are used to communicate the Decarbonisation Strategic Delivery Plan and our carbon footprint.
3	Drive the engagement required for decarbonisation across each organisation's leadership teams to develop a focussed and active approach to project implementation.	DHCW has senior leadership involvement for all aspects for its environmental management and sustainability programmes. This is fully extended to include Decarbonisation of Digital Health and Care Wales.

9.4.2 Buildings

No.	NHS Wales Initiative	DHCW Initiative
4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	DHCW leases all of its workspace from commercial organisations or other NHS Health Bodies. As part of refurbishment projects, prior to DHCW occupying two of our premises (MMP and CB2), we actively engaged with our landlords, to install efficient heating and cooling systems. DHCW commits to including Decarbonisation and energy efficiency upgrades of those buildings we occupy. This will be included as a central priority and obligation within our Estates Strategy and in our liaison and negotiations with the landlords. This includes both the office buildings and the Data Centres. We will adopt cloud computing services using a cloud-first approach for both new and existing workloads
5	Fully replace all existing lighting with LED lighting by 2025.	Whilst there has been a progressive rollout of LED lighting across our portfolio of office buildings, it is not yet 100%. DHCW will commit to installing 100% LED lights by 2025, if not sooner.
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources	*Initiative relates to conducting Heat Studies in hospitals and is therefore not applicable to DHCW.*
7	Progress low carbon heat generation for all non-acute sites larger than 1,000m^2 by 2030.	DHCW currently has workspace in one building that is larger than 1000m^2 (Tŷ Glan-yr-Afon). This building is leased to DHCW only; however, a section of the building is separated from DHCW occupied areas and houses local residents. The building uses natural gas for heating purposes. Gas consumption is monitored. DHCW will work with its landlord to seek low carbon alternatives to using natural gas for heating at TGA.
8	We will not plan to install any further natural gas CHP plant - renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the	*DHCW does not have any natural gas CHP on its office or data centre sites and has no intention of installing natural gas CHP in the future, therefore this initiative is not applicable to DHCW.*

No.	NHS Wales Initiative	DHCW Initiative
	ambition for all CHP to be decommissioned by 2030.	
9	Take an active approach to efficient control of energy in buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	DHCW commits to taking an active approach to efficient control of energy in our buildings, using our certified ISO 14001 EMS. DHCW Estates and Compliance team will work with all its landlords to achieve up-to-date, standardised, and effective BMSs by 2023. DHCW commits to taking an active approach to improve efficiency, the refurbishment and upgrading of building technology, including BMS, is part of our ongoing Estates Strategy and scope for future BMS improvements have been identified. DHCW currently has workspace in six buildings that are leased either from commercial organisations or Health Boards and rack space in two commercial Data Centres. Energy efficiency in the data centres we use is a key performance indicator both in the procurement process and in ongoing operational relationships.
10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030	Due to the nature of our building leases, there are currently no onsite renewable energy opportunities for DHCW at its office buildings. This is therefore determined to be zero at this time. There are solar panels installed on one of the commercial data centres and panels are about to be installed on the other Data Centre but these properties are not owned by DHCW.

9.4.3 New Builds and Major Refurbishments

No.	NHS Wales Initiative	DHCW Initiative
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals and adopt a net zero building accreditation approach which will be defined by 2022.	*DHCW does not carry out construction or major refurbishment of buildings. In general, all refurbishments are internal and interior modifications of the workspaces. At this moment, initiatives relating to New Builds and Major refurbishment are not directly applicable. Should this ever change, then DHCW is committed to implementing these Initiatives also.*

No.	NHS Wales Initiative	DHCW Initiative
12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	DHCW has appointed the Estates Team to provide sustainability guidance on building leases and refurbishments and support the Net Zero Framework. Sustainability will be considered as part of all future projects.
13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions	*DHCW does not carry out construction or major refurbishment of buildings. In general, all refurbishments are internal and interior modifications of the workspaces. At this moment, Initiatives relating to New Builds and Major refurbishment are not directly applicable. Should this ever change, then DHCW is committed to implementing these Initiatives also.*
14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	DHCW installed 4 electric vehicle charging points at Tŷ Glan-yr-Afon in 2017/18 and a further 4 more in 2020/21 at Media Point. Plans are in place to install an additional 4 EV charging points at TGA in 2021/22. DHCW is committed to working with its landlords to install additional EV charging points.
15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	DHCW has a mixed portfolio of offices and the associated heating arrangements are diverse. Opportunity was taken at the new office, Media Point, Mold to switch away from using natural gas as the means of heating (and to purchase a renewable electricity tariff). DHCW is committed to working with its landlords to prioritise low carbon heating and will not install fossil fuel heating as the primary heat source in any new office building.
16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales	*DHCW does not carry out construction or major refurbishment of buildings. In general, all refurbishments are internal and interior modifications of the workspaces. At this moment, initiatives relating to New Builds and Major refurbishment are not directly applicable. Should this ever change, then DHCW is committed to implementing these Initiatives also.*

9.4.4 Transportation

No.	NHS Wales Initiative	DHCW Initiative
17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology,	DHCW will work with all NHS organisations, including NWSSP with regards to electric vehicle (EV) charging technology, procurement, and car space planning.

No.	NHS Wales Initiative	DHCW Initiative
	procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.	DHCW has already started installing EV charging points.
18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.	DHCW will participate in any NHS standardised centralised system of vehicle management for owned and leased vehicles.
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	DHCW does not procure vehicles. Instead, DHCW has a policy of leasing vehicles for staff business use through the NWSSP All Wales Lease Scheme.
20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	*Initiative relates to the procurement of large freight vehicles and is therefore not applicable to DHCW.*
21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.	DHCW is committed to decarbonising its vehicle travel and will work with other Health Boards and Trusts to increase the availability of electric charging points to facilitate staff use of electric cars and vans.

DHCW provided public travel alternatives as an option (Rail via Transport for Wales and Cardiff First bus) to all our staff.

DHCW has a documented Travel Plan. We will carry out a travel survey and review the use of staff vehicles for business travel alongside the use of lease cars. |
| 22 | The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles. | *Initiative relates to the Welsh Ambulance Service NHS Trust and is therefore not applicable to DHCW.* |
| 23 | The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully | *Initiative relates to the Welsh Ambulance Service NHS Trust and is therefore not applicable to DHCW.* |

No.	NHS Wales Initiative	DHCW Initiative
	battery-electric in appropriate locations.	
24	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.	*Initiative relates to the Welsh Ambulance Service NHS Trust and is therefore not applicable to DHCW.*

9.4.5 Procurement

No.	NHS Wales Initiative	DHCW Initiative
25	NWSSP will transition to a market-based approach for supply chain emissions accounting.	Currently, Digital Health and Care Wales is using the supply chain emissions tool provided by Welsh Government for use in the public sector. It is anticipated that the method of carbon accounting for procurement emissions will evolve. DHCW believes its specific type of digital and ICT goods and services are well suited to early adoption of more refined accounting tools.
26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	DHCW purchases goods and services directly. It also uses the services of NWSSP. Both organisations follow the Sustainable Procurement Codes of Practice for all purchased goods and services, regardless of which organisation takes the lead Buying role.
27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	DHCW has established protocols for increasing the amount of goods and services purchased locally, and this has commenced. DHCW will continue to drive value to the local supply chain in Wales, whilst maintaining high standards for goods and services.
28	100% REGO-backed electricity will be procured by 2025, and 100% green gas by 2030.	DHCW procures 100% REGO-backed electricity for 3 buildings including for our largest workspace, which is also the biggest energy user. This equates to 60% of our electricity consumption being sourced from sustainable, renewable generation. This generated 114 tonnes of saving in 2020/21 and is an important procurement priority for DHCW. The Data Centres we use have confirmed that they purchase renewable electricity (and do not use natural gas for heating). DHCW is committed to moving to 100% REGO backed electricity by 2025 and 100% green gas by 2030.

No.	NHS Wales Initiative	DHCW Initiative
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	DHCW work closely with NWSSP and use Sustainable Procurement Code of Practice. DHCW uses the Welsh Government methodology for monitoring carbon emissions related to its procurement spend and this can be used to assess performance in decarbonisation of its purchases.
30	Sustainability will be embedded within strategic governance – NHS Wales - NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport	DHCW to continue to work closely with NWSSP and use Sustainable Procurement Code of Practice. DHCW uses the Welsh Government methodology for monitoring carbon emissions related to its procurement spend and this can be used to assess performance in decarbonisation of its purchases.
31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	DHCW to continue to work closely with NWSSP and use Sustainable Procurement Code of Practice.
32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of the NHS Wales Decarbonisation Strategic Delivery Plan.	DHCW will ask NWSSP to work with them to assist in the Decarbonisation of our Procurement processes, as this is the most significant part of the DHCW carbon emission footprint.

9.4.6 Estate Planning and Land Use

No.	NHS Wales Initiative	DHCW Initiative
33	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	DHCW does not own any buildings. This provides a more agile and flexible capability in terms of the type and amount of workspace that we lease. Where practicable, we embed ourselves within workspaces that belong to other organisations, who would share our vision and ambition for decarbonised workspaces. DHCW strategic estate planning will have carbon efficiency as a core principle and will use this Decarbonisation Strategic Delivery Plan, the carbon accounting tools and its smarter working programme to deliver carbon efficiency across the Estate.
34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas	*Initiative relates to NWSSP and Welsh Government land appraisal and is not applicable to DHCW.*

No.	NHS Wales Initiative	DHCW Initiative
	removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring landowners.	
35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	DHCW will be open to any opportunities for private wire connections to any of its sites. However, this may not be viable, given that DHCW does not own any of its properties.
36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	*Initiative is not applicable to DHCW, as this relates to the design of new hospitals.*

9.4.7 Approach to Healthcare – Smart Working

No.	NHS Wales Initiative	DHCW Initiative
37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	DHCW has New Ways of Working policies and procedures in place and provides remote working technology to all of our staff and will aim to exceed 30% of our workforce working remotely. Many of our staff and contractors are able to work effectively remotely. It is envisaged that remote working will be an integral part of our day-to-day activities and that there will have been a parallel decarbonisation of Wales's electricity supply such that we are optimistic that our carbon emissions from electricity consumption in the office or the remote location will naturally reduce.

Apart from its own staff, DHCW has a huge influencing role to enable increased remote working in other parts of NHS Wales. DHCW is committed to identifying opportunities for remote working and working with NHS Wales partners to implement supporting systems, as well as designing and maintaining such systems to ensure that they operate effectively.

The Welsh Government target for remote working (30%) has already been exceeded in 2020/21. Whilst it is not envisaged that the levels of home working achieved during the pandemic will be maintained, DHCW does intend to; |

No.	NHS Wales Initiative	DHCW Initiative
		• maintain the capacity to achieve >90% remote working in a similar scenario to the current pandemic • maintain >30% remote working during normal years • play a lead role in facilitating remote working for other parts of NHS Wales • provide resources and incentives to staff to use less carbon intensive modes of transport when they do commute
38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	DHCW will continue providing technology services to primary and secondary care services enabling them to continue to utilise virtual services i.e. 'Teams' and 'Attend Anywhere', for online consultations. DHCW will be at the forefront of digital technology and is expecting to increase its workforce to respond to a demand for virtual services and associated data management.

9.4.8 Approach to Healthcare – Education

No.	NHS Wales Initiative	DHCW Initiative
39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	DHCW raise awareness of all of the above good practices on a regular basis through monthly Environmental Awareness communications, the Environmental SharePoint page etc. All DHCW employees are also required to undertake Environmental, Waste and Energy Training. DHCW formally review our environmental management status annually, using data to scrutinise our performance and inform future priorities, adjusting to take advantage of any opportunities or to correct any areas of weakness.

9.4.9 Approach to Healthcare – Healthcare and Medicines

No.	NHS Wales Initiative	DHCW Initiative
40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised	*Initiative not applicable to DHCW as it relates to the use of medical gases.*

No.	NHS Wales Initiative	DHCW Initiative
41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	*Initiative not applicable to DHCW as it relates to the use of medical gases.*
42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the overreliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	*Initiative not applicable to DHCW as it relates to the use of inhalers.*
43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	*Initiative not applicable to DHCW as it relates to the use of inhalers.*

9.4.10 Approach to Healthcare – Waste

No.	NHS Wales Initiative	DHCW Initiative
44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	*Initiative not applicable to DHCW as it relates to reducing pharmaceutical waste.*
45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	DHCW use PPE such as face coverings, gloves when attending patient facing healthcare settings. DHCW will participate and contribute to all strategies delivering single use plastics and packaging waste, without compromising patient or staff safety. DHCW will adopt all relevant guidance from NHS Wales. DHCW will adopt remote working strategies to minimise the need to enter clinical settings and use PPE. DHCW delivers as close to zero to landfill as possible.
46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	*Initiative not applicable to DHCW as it relates to the use of inhalers.*

10.   ROADMAP

10.1 NHS Wales approach

NHS Wales has set out a strategic roadmap for its NHS Wales Initiatives, summarising planned activity on each of the 46 initiatives out to 2030. DHCW has set out its own roadmap below. By following this roadmap, we are confident of achieving the NHS Wales 2025 and 2030 targets for our Operational Footprint (Roadmap Buildings and Transport elements).

• 2025 Target 16% reduction – predicted 21%.

• 2030 Target 34% reduction – predicted 35%.

The Roadmap to Procurement targets is less certain. NHS Wales has set out a strategic roadmap, which gives NWSSP the strategic role in leading all of the procurement strands of the NHS Wales Delivery Plan. DHCW's role is a supporting one and the DHCW Roadmap for Procurement is indicative only, relying as it does on an NWSSP low-carbon procurement strategy that is to be developed. The NHS Wales carbon footprint for 2018/19 shows ICT-related procurement as a very small (<5%) component of the overall procurement footprint and centrally, NWSSP might rightly focus elsewhere, on the more sizeable components. Conversely, DHCW's footprint is dominated by ICT-related procurement, and by definition DHCW are the subject-matter experts within NHS Wales. For these reasons, while working within NWSSP's Delivery Plan framework, DHCW must provide leadership on emissions reduction in ICT procurement.

10.2 Roadmap Review and Revision

The roadmap below will be regularly reviewed, initially at the end of 2022 as by then NWSSP's strategy should be available and improvements in footprint methodologies (particularly for procurement) may have revealed a need to change the path of some Roadmap actions. It is anticipated that the outlined actions shown below will be incorporated into DHCW's detailed annual ISO14001 Objectives, which include a robust structure for defined targets, responsibilities, and intra-year timescales, along with a well-established process for routine review.

If regular review shows that the Roadmap is not delivering the forecast emission reductions, additional actions may be considered. Some could achieve significant reduction but come with significant change. For example;

- Moving to datacentres with a 100% renewables direct-wire PPA (Purchase Power Agreement) would enable all data centre emissions to be removed from the footprint under existing rules, leading to an additional 29% reduction on the forecast 2030 footprint. Availability of such datacentres within Wales by 2030 is not within DHCW's control, although DHCW could engage with other Public Sector datacentre customers to encourage providers down this route.
- Reducing staff headcount back to around the 600 FTE level would reduce commuting and homeworking emissions, leading to an additional 5% reduction on the forecast 2030 footprint. This figure is provided for illustration; no view is given on DHCW's continued ability to deliver its organisational goals with such a reduction. If anything, future demand for digital services may lead to a headcount increase, which put additional pressure on DHCW's footprint aspirations.

10.3 DHCW Roadmap

	Buildings	Transport	Procurement	Approach to Healthcare
2021	Action Plan and Building Priorities to be agreed to deliver a 1% year on year energy efficiency reduction.	4 EV charging points to be installed.	Develop an understanding of NWSSP carbon accounting tool for Procurement of DHCW goods and services.	96% of staff working remotely during the pandemic.
2022	Implement actions to improve carbon footprint methodologies (see Section 6). Liaise with all landlords with regards to the BMS capabilities, LED lighting coverage and REGO certification. Recommence roll-out of LED lighting. Improve building management to allow 1% year-on-year reductions in emissions related to natural gas consumption. Implement priority 'TM44' energy survey recommendations. Explore option for shared accommodation to enable notice to be given on small site. Datacentre carbon working group to work with providers and use Best Practice Guidance of the EU CofC on Data Centre Energy Efficiency for decision making regarding (e.g.);	Implement actions to improve carbon footprint methodologies (see Section 6). 2 EV vans to be trialled. Liaison with lease vehicle companies to understand opportunities. Liaise with landlords with regards to increasing the number of EV charging points. Staff travel survey to be undertaken. Developing Travel Plan and practical measures (cycle storage and showers, EV charging etc.) to (with the aid of national measures) reduce carbon intensity of commuting by 5% by 22/23. Working smarter to enable a 10% year-on-year reduction in business mileage (on 2019 baseline).	Implement actions to improve carbon footprint methodologies (see Section 6) including thorough review of spending to remove double-counting and wrongly allocated spending. Devise procurement methodology not wholly dependent on spend and emission factors. 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. Datacentre carbon working group to work with providers and use Best Practice Guidance of the EU CofC on Data Centre Energy Efficiency for monitoring of datacentre performance.	Implement actions to improve carbon footprint methodologies (see Section 6). Evaluate the best operational model for DHCW with regards to working remotely post pandemic & maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

	• Selection and Deployment of new IT Equipment • Deployment of New IT Services • Management of Existing IT Equipment and Services • Data Management • IT Reporting			
2023	Estate Rationalisation: 1 floor sub-letting at TGA Estate Rationalisation: option to vacate smaller location. Continue LED lighting roll-out. 1% y-o-y reductions in gas-related emissions. Use of datacentres with a PUE of 1.3 or better by 2023/24.	Review the EV opportunities for lease vehicles. Working smarter to enable a 10% year-on-year reduction in business mileage.	Roll out Sustainable Procurement Code of Practice as provided by NWSSP.	Maintain a minimum 30% working remotely strategy. DHCW will work with its ICT suppliers with regards to unnecessary waste packaging and single use plastic.
2024	Liaise with landlords to convert remaining buildings electricity tariff to REGO renewable. 1% y-o-y reductions in gas-related emissions. Estate Rationalisation: option to vacate smaller location. Complete LED lighting roll-out Upgrade/refurbishment of largest energy consuming office building.	Promote EV opportunities for staff within the lease car scheme. Significant drive for public and active travel and implement a plan to reduce the carbon intensity of staff commuting. Working smarter to enable a 10% year-on-year reduction in business mileage. Further develop Travel Plan and practical measures to (with the aid of national measures) reduce	Regular review and revision of low-carbon ICT strategy with NWSSP.	Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

	We will adopt cloud computing services using a cloud-first approach for both new and existing workloads.	carbon intensity of commuting by 10% by 26/27.		
2025	Estate Rationalisation: option to vacate smaller location.

1% y-o-y reductions in gas-related emissions

100% REGO electricity will have been procured.

Use of datacentres with a PUE of 1.2 or better by 25/26. | DHCW will review the electric options for its remaining fleet vehicles and increase the proportion of electric vehicles in use.

Working smarter to enable a 10% year-on-year reduction in business mileage. | NWSSP will have updated to market based emissions accounting and will engage with supply chains to support decarbonisation. Assist in this process for major ICT contracts. Engagement with key suppliers on decarbonisation. | Maintain a minimum 30% working remotely strategy.

DHCW will continue to develop digital technology to support a smart communication approach between NHS sites and with the public at home. |
| 2026 | Estate Rationalisation: 2 floor sub-letting at TGA .

1% y-o-y reductions in gas-related emissions. | Strategy of Working smarter to ensure a 5% year on year business travel reduction.

Working smarter to enable a 10% year-on-year reduction in business mileage. | Engagement with key suppliers on decarbonisation. | Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff. |
| 2027 | Investigate alternatives to natural gas heating.

Use of datacentres with a PUE of 1.1 or better by 2027/28.

1% y-o-y reductions in gas-related emissions. | Working smarter to enable a 10% year-on-year reduction in business mileage. | Engagement with key suppliers on decarbonisation. | Maintain a minimum 30% working remotely strategy. |
| 2028 | Liaise with landlords to install non fossil fuel heating in TGA for completion by 2030. | All leased vehicles will be electric (or hybrid if rural network of EV charging points not yet fully operational). | Engagement with key suppliers on decarbonisation. | Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff. |

2029	Estate Rationalisation: 3 floor sub-letting at TGA .	Working smarter to enable a 10% year-on-year reduction in business mileage.	Engagement with key suppliers on decarbonisation.	Maintain a minimum 30% working remotely strategy.
2030	Every building will have undergone an energy efficient upgrade – low carbon heating, renewable electricity purchased and most energy efficient building that is practicable. DHCW will have a smaller physical footprint through smarter working practices.	Continue to work smarter to enable a 10% year-on-year reduction in business mileage. All leased vehicles will be electric (fully EV, where rural network of EV charging points allows.	NHS Wales believes that significant parts of the supply chain will have progressed to net zero emissions.	Maintain a minimum 30% working remotely strategy. Promote home working energy efficiency measures to staff.

11.   Conclusions

Digital Health and Care Wales has assessed its baseline carbon footprint for 2019/20. The gross carbon emissions for scopes 1, 2 and 3 were **19,858 T CO2e** (net 19,652 T CO_2e). This includes the emissions generated from remote working, as well as the use of third party Data Centres.

Procurement related emissions were the largest component (87%) of our carbon footprint, and the category with the most uncertainty. The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

Our Delivery Plan is focused on our Office Buildings and Data Centres, all Transport (business, fleet and staff commuting) and activities (i.e. non-procurement activities). Working remotely is also included as it demonstrated significant carbon reduction savings in 2020/21 and is a work model that DHCW can effectively adopt.

The Decarbonisation Pathway has been designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in the gross Operational emissions. DHCW has forecast its non-procurement 'Operational' emissions up to 2029/30 to predict the impact of key actions in our Delivery Plan.

Our modelling of predicted carbon reductions from this Plan gives a 21% reduction by 2025 and a 35% reduction by 2030 DHCW intends to review and report on its carbon footprint annually. This will then be the opportunity to assess performance against predicted carbon emissions. It is likely that individual years may vary up or below predictions but that the 2025 and 2030 targets are achievable by carrying out the proposed decarbonisation initiatives.

Immediate Decarbonisation Initiatives (2021-2025) have been identified and prioritised as follows:

Priority	Initiative
1	With NWSSP, accelerate carbon accounting tools for procurement related carbon emissions and fast track DHCW procurement activities in the overall decarbonisation pathway, beginning in 2022.
2	Consolidate working remotely as a future operational model and embed in the strategic direction of DHCW.
3	Review the Estates Strategy to actively reduce the physical workspace.
4	Work closely with the Data Centres to optimise energy efficiency and its close monitoring. Migrate to Cloud computing services to enhanced energy savings.
5	Accelerate the energy reduction programmes at our office buildings, in particularly prioritising the installation of LED lights, upgrading air handling and BMS and ensuring smart metering is throughout the portfolio. Carry out early investigations into the feasibility of phasing our natural gas for heating purposes.
6	Undertake a Travel Survey in 2022 and continue liaison with lease vehicle providers to increase the availability of electric alternatives.
7	Support the use of electric vehicles through the installation of EV charging points across DHCW and for areas outside of our control, engage with our landlords to install additional EV charging points.
8	Create a Decarbonisation Team, with senior leadership, adopting an 'urgency' approach to the criticality of its remit and scope.

DHCW is committed to playing its part in the decarbonisation of NHS Wales. The targets are challenging but achievable, they will require increased provision of resources, and pro-active micromanagement of all aspects of carbon accounting and improvement programmes.

12. Glossary

Carbon footprint - a term for the carbon emissions from an organisation or individual. A carbon footprint will likely also include non-carbon greenhouse gases, such as methane or refrigerants, which also contribute to climate change.

CO_2e - Carbon dioxide equivalent is a term for describing different greenhouse gases in a common unit. For any quantity and type of greenhouse gas, CO_2e signifies the amount of CO_2, which would have the equivalent global warming impact.

Emission Factor - a coefficient that allows conversion of activity data into GHG emissions. It is the average emission rate of a given source, relative to units of activity or process.

Greenhouse Gas Protocol (or GHG Protocol) - an international standard for reporting on emissions of greenhouse gases such as carbon dioxide.

Greenhouse gases (GHG) - gases that have been identified as contributing to climate change. The main definition of GHGs comes from the Kyoto Protocol, and includes carbon dioxide and methane as the main sources of warming.

Power Utilisation Efficiency (PUE) – a measure of data centre energy efficiency, which divides the amount of power coming into a data centre by the amount of power used to run data centre information technology equipment (cooling systems, UPSs, etc.).

REGO - Renewable Energy Guarantee of Origin certificates; certificates which show that electricity (or gas) has been generated from a low-carbon source.

Scope 1 Emissions - Direct emissions from combustion of gas and other fuels.

Scope 2 Emissions - Emissions resulting from the generation of electricity and other energy purchased.

Scope 3 Emissions - Emissions made by third parties in connection with operational activities.

WEEE - Waste Electrical and Electronic Equipment.

Well-to-Tank - also known as upstream or indirect emissions, is an emissions factor, which accounts for all the GHG emissions released into the atmosphere from the production, processing and delivery of a fuel or energy.

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Archwilio Cymru
Audit Wales

Climate Change

Decarbonisation Baseline Review
Call for Evidence

November 2021

Decarbonisation baseline review

What we are doing

1   The Auditor General has committed to carrying out a <u>long-term programme of work on climate change</u>. Our first piece of work will be a baseline review, looking at the Welsh public sector's arrangements to respond to the Welsh Government's carbon reduction targets for 2030.

2   To inform our baseline review, we are asking public bodies to complete a call for evidence by **3 December 2021**. Please contact us if you are unable to meet this deadline.

Why this work is important

3   A landmark <u>report</u> by the United Nations Intergovernmental Panel on Climate Change published in August 2021 was described as a 'code red for humanity' by the UN Secretary General. The report finds that human activity is changing the Earth's climate in unprecedented ways and that drastic reductions in carbon emissions are necessary, so that in 20 or 30 years, global temperatures may stabilise.

4   The latest climate projections for Wales show an increased chance of milder, wetter winters and hotter, drier summers, rising sea levels and an increase in the frequency and intensity of extreme weather events. The implications are clearly stark.

5   Following advice from the Climate Change Committee[1], in March 2021 the Welsh Government committed to a net zero carbon emissions target by 2050. The Welsh Government has also committed to a collective net zero carbon emission target from the public sector in Wales by 2030 and a 63% reduction in overall carbon emissions across Wales by 2030. These targets represent significant challenges for the public sector.

6   The Welsh Government has published a <u>Public Sector Route Map</u> to support the Welsh public sector in reaching net zero greenhouse gas emissions by 2030. Alongside the route map the Welsh Government has published the public sector <u>net zero reporting guide</u> and associated spreadsheet to allow the public sector to capture and report emissions on a consistent basis.

7   It is timely to assess how the public sector is responding to this challenge. Our baseline review will focus on how the public sector is preparing to achieve the 2030 targets. It will allow us to identify good and interesting practices as well as any concerns and gaps. We aim to publish a report in early summer 2022.

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[1] The Climate Change Committee (CCC) is an independent, statutory body established under the Climate Change Act 2008. Its role is to advise the UK governments on emissions targets and to report on progress made in reducing greenhouse gas emissions and preparing for and adapting to the impacts of climate change.

What we need from your organisation

8 We appreciate the effort that will go into completing this call for evidence. We would like two key things from your organisation please:

- To respond to the call for evidence as fully as possible. The fuller and more open your responses, the better our baseline will be.

- To send us key documents that relate to your organisation's approach to meeting the 2030 targets. Please embed these documents at **Appendix 1**, where you will also find a suggested list of documents, and cross reference to them when answering the questions below.

Completing the call for evidence

9 Please type directly in the boxes below. Those completing the call for evidence need to have the authority to provide a formal, corporate response on behalf of the whole organisation.

10 We are aware that the documents you supply may provide more detail in relation to our questions. Where that is the case, please give a high-level overview and refer to the document/s where we can find more detail. Our goal is to build our understanding while minimising the demands on your time. If you have plans to introduce new or revised arrangements then please tell us about those, as well as anything that is already in place.

11 We are aware that some carbon reduction initiatives are being taken forward in collaboration with other organisations. This includes joint working through Public Services Boards and City Deal arrangements. In your response to the call for evidence, please tell us about initiatives being pursued in collaboration with others, as well as actions being taken by your organisation alone.

12 **We may wish to use some of the information you provide to develop case studies to help public bodies learn from each other. When developing case studies relating to your organisation, we will contact you to seek further detail if necessary and/or check factual accuracy. The Privacy Notice at Appendix 2 sets out how we may use the information collected in this call for evidence.**

Call for evidence

Please provide contact details for someone who can help us with follow up queries.

Name

Michael McGrath

Job title

Estates and Compliance Manager, Digital Health and Care Wales

Email address

Michael.mcgrath@wales.nhs.uk

The questions in the call for evidence are about your organisation's arrangements to meet the target for net zero carbon emissions by 2030 and your organisation's contribution to delivering the 63% reduction target for carbon emissions by 2030 across Wales as a whole. These targets have been set in the context of an overall target of a 100% reduction in carbon emissions by 2050 across Wales.

Where a question invites you to 'Choose an item', please do this by clicking the text that reads 'Choose an item', then select from the drop down list.

1a. To what extent do you agree or disagree with the statement below:

"The Welsh Government has set a clear strategic direction for public bodies in Wales to support the achievement of their 2030 carbon reduction targets".

Agree

1b. Please explain your answer in the box below. You may want to consider:

- How well the strategic direction has been explained/communicated.
- The usefulness of any guidance/support provided.
- How information in relation to progress will be monitored, analysed and used by the Welsh Government to hold public bodies to account.
- The extent to which the Welsh Government is applying the five ways of working from the Well-being of Future Generations (Wales) Act 2015 in its strategic approach to decarbonisation (long-term, prevention, integration, collaboration, and involvement).

> The NHS Wales decarbonisation strategic delivery plan sets out a clear direction for achieving net zero; however, it would be helpful if Welsh Government were able to regularly conduct a webinar to ensure consistency of approach.
>
> There is a lot of guidance available but it would be helpful if there could be one focus point that clearly sets out expectations and targets.
>
> This baseline survey will be useful in enabling organisations to understand where they are along their decarbonisation journey, in relation to other Public Bodies.
>
> DHCW feel that the NHS Wales Decarbonisation Strategic Delivery Plan supports the ways of working described in the Well-being of Future Generations (Wales) Act 2015.

2a. To what extent do you agree or disagree with the statement below:

"Our organisation has set a clear strategic direction to support the achievement of the 2030 carbon reduction targets".

Strongly agree

2b. Please use the box below to explain your answer and to tell us about your organisation's overall strategic approach to meeting the 2030 targets.

Please describe:

- How you are integrating your decarbonisation plans with your long-term organisational vision, well-being objectives, corporate strategy and other major project plans, aims and objectives.
- How you are collaborating with other key partners and involving the community and your staff in developing your strategic approach.
- How your strategic approach has been informed by a clear understanding of the scale of the decarbonisation challenge (both now and in the long-term).

Our decarbonisation strategic delivery plan details our aims in this area and this feeds into our long-term vision.

We regularly communicate and engage with our staff via various forums, such as newsletters, briefings, working groups etc.

We attend the Welsh Health Estates Forum and we are currently looking to gain membership of sustainability groups within other NHS Wales organisations.

We have entered into partnership and engaged with local environmental consultants to help build our delivery plan.

3a. Which of the options below best describes the **status of your decarbonisation action plan** (or equivalent document) for meeting the 2030 carbon reduction targets?

We have a finalised plan that is up to date

3b. Please use the box below to tell us about the internal operational arrangements your organisation is putting in place to meet the 2030 carbon reduction targets.

Please cover:

- senior leadership responsibilities
- staff structures and staff resources
- operational plans
- training plans
- staff engagement/public engagement
- arrangements to support 'joined-up' delivery across the organisation
- working groups

We have engaged with all levels of our organisation, including senior leadership, who are fully committed to our decarbonisation aims.

Our Estates and Compliance team will be taking the lead on implementation and monitoring of our progress against the decarbonisation strategic delivery plan.

Operational aims are featured in the decarbonisation strategic delivery plan.

We have communicated the decarbonisation plan both internally and will be doing so externally at Board level, to demonstrate commitment.

Training in this area is built into personal development reviews, which are undertaken annually.

We have established a decarbonisation working group consisting of representation from Estates and Compliance, Procurement, Infrastructure Design, Client Services, Workforce and Organisational Development and Finance.

We also have an Environmental Awareness Group, which consists of staff from across our Directorates.

4a. Is your organisation using the Welsh Government's Public Sector Route Map to guide its approach to reducing carbon emissions?

Yes

4b. Please explain your answer in the box below. Please consider whether the Public Sector Route Map:

- sets out a clear timetable and expectations on what needs to be done.
- provides helpful guidance for making practical changes to reduce carbon emissions.
- is helpful in highlighting priority areas for action.
- is helpful in explaining to senior officers and members/Board members what needs to be done.

If you are not using the Public Sector Route Map, please describe the methodology that you are following to guide your approach and what support would be helpful to your organisation.

> The route map is helpful in highlighting the key areas and offering facts and figures. It also sets out a clear timetable to reduced carbon emissions. It builds on the aims of the NHS Wales decarbonisation strategic delivery plan.
>
> The Route Map is useful in explaining to senior officers and members/Board members what needs to be done.

5a. To what extent do you agree or disagree with the statement below:

"**Our organisation has fully assessed the financial implications of meeting the 2030 carbon reduction targets.**"

Agree

5b. Please use the box below to tell us about how your organisation is managing its finances to be able to meet the 2030 carbon reduction targets.

Please cover:
- whether you are able to identify your current expenditure in relation to reducing carbon emissions.
- whether you have estimated your medium-term future levels of expenditure in relation to reducing carbon emissions.
- what short, medium and longer-term financial implications of the carbon reduction targets you have identified and how you are planning to manage them.
- your plans for monitoring and reporting expenditure in relation to reducing carbon emissions.

> We are able to identify expenditure to date relating to our carbon reduction actions. We have a finance representative on the DHCW Decarbonisation Working Group, who will be responsible for estimating, monitoring and reporting of future expenditure required to deliver our decarbonisation strategic delivery plan.

6. Please tell us about the main **barriers** your organisation is facing in trying to meet the 2030 carbon emission targets. Please also provide any thoughts you have on how these barriers can be overcome.

In this context we are defining **barriers** as any factors that are preventing progress and/or are making progress more difficult.

As we lease buildings, we are contracted for terms of the lease with our landlords and cannot immediately vacate our buildings, should we wish to do so, for example due to increased remote working.

Due to buildings being leased via landlords we are not always able to make significant changes to buildings i.e., Light Emitting Diode (LED) lighting, Electric Boilers, Renewable energy, Utilities and Waste Contracts etc.

Fleet Vehicles cannot all change to EV straight away due to distance travelled and the lack of EV charging infrastructure in place across Wales currently.

The nature of our business means that we will always produce emissions due to its operations.

Our growing workforce means that emissions will inevitably increase.

Procurement is led by NWSSP; therefore, we have the ability to influence but not control facets of this function.

Supply Chain emissions are currently calculated via an input output model (based on cost x emissions factor), therefore inevitably as cost increases year on year so too will our emissions. We aim to collaborate with NWSSP to improve the way in which we measure emissions data i.e. by item, better understanding exclusions.

7. Please tell us what your organisation sees as the main short and longer-term **risks and opportunities** associated with achieving the 2030 carbon reduction targets. Please tell us about the arrangements you are putting in place to manage risks and take advantage of any opportunities.

In this context we are defining **risk** as an uncertain event or set of events that, should it occur, would affect an organisation's ability to achieve its objectives. And we are defining an **opportunity** as a circumstance that provides a favourable situation for achieving a particular goal.

Short-term risks
Tied to leases
Estates Utilisation
EV charging infrastructure
Potential inaccuracy in emissions calculations using input output model.
Long-term risks
Ways of working change, which may lead to a change in Estate requirements
Welsh Government/Private Sector insufficient roll out of EV Charging points
Potential lack of funding to implement decarbonisation initiatives
Potential lack of Management commitment and staff participation
Short-term opportunities
Encourage remote working to continue in similar scale
Estate rationalisation
Investigate gas use at TGA & Mamhilad with view to reduce
Liaise with Landlords re-switching off gas for low occupancy & renewable tariff switching options - All remaining sites
Implement energy saving recommendations across our Estate - LED Lighting, BMS etc.
Install additional EV charging points
Fleet Vehicles - switch to as many EV's as possible asap and continue discussions re electric/hybrid
Long-term opportunities
Reduce floor space & plan rationalisation, more hubs/sharing workspaces
Focus on gas reduction across the Estate
Start renewable tariff expansion, move towards achieving all renewable tariff electricity
Electric vehicle charging point installations
Partial electric lease fleet, minimum 50%

8. Please tell us about **examples of decarbonisation actions** that other organisations could learn from. These examples could be from within your organisation or from other organisations. They could be innovations and success stories, but we are also interested in initiatives that have not worked as well as intended.

The examples could cover:
- strategy
- operational delivery
- integration of policy or service delivery
- long-term planning
- practicing or developing a preventative approach
- finance
- governance
- communication
- collaboration
- citizen and/or staff engagement
- other

At DHCW we have :-
- Decarbonisation strategic delivery plan (including action plan)
- Decarbonisation Working Group
- Remote Working options
- Monthly communications of all environmental documentation
- Environmental Awareness Group
- Environmental Awareness page on intranet
- Environmental Spreadsheets and Dashboards contain useful formulas
- Clear methodology
- Sustainability Strategy
- Sustainability Review that is shared with the organisation
- Environmental initiatives/actions operational delivery team
- Regular collaboration between teams/directorates to ensure a holistic approach
- ISO 14001 certification
- Collaborate with other NHS organisations to offer or utilise shared office space

9a. Which of the following options best describes your organisation's arrangements for **reporting on progress** towards net zero carbon emissions?

We have arrangements in place that are fit for purpose

9b. Please use the box below to expand on your response above. Please cover:

- the extent to which you are following the Welsh Government's reporting guidance.
- the extent to which you are monitoring progress against the milestones outlined in the Public Sector Route Map.
- if applicable, how you are reporting progress against other milestones set internally or externally.
- if applicable, how you are reporting wider outcomes from your decarbonisation efforts (such as air quality benefits, health benefits etc).
- if applicable, how you are reporting against short, medium and longer-term objectives.

DHCW will follow the Welsh public sector net zero reporting guide and submit annual data to Welsh Government within 3months of the end of each financial year.

Our Decarbonisation strategic delivery plan aligns with the Public Sector Route Map.

Performance against environmental targets is reported on a quarterly basis.

We are continually monitoring our environmental performance, which will be made available as and when required.

10a. To what extent do you agree or disagree with the statement below.

"**Our organisation is effectively collaborating with other bodies to achieve the 2030 carbon reduction targets**."

Agree

10b. To what extent do you agree or disagree with the statement below.

"**Our organisation is effectively engaging with and involving staff to achieve the 2030 carbon reduction targets**."

Strongly agree

10c. To what extent to you agree or disagree with the statement below.

"**Our organisation is effectively engaging with the full diversity of our population to achieve the 2030 carbon reduction targets.**"

Strongly agree

10d. Please use the box below to explain your answers.

Please cover (where applicable):
- who you are collaborating with and how you are working with them.
- external working groups and/or networks you are involved in.
- who you are engaging with and how you are involving them.
- how you are ensuring that you are engaging with the full diversity of the population.

We are a member of the Welsh Health Estates Forum and NHS Wales Shared Services Partnership Committee.

We regularly attend industry best practice webinars and working groups, such as the Welsh Public Health Network.

Our Environmental Awareness Group is made up of volunteers from across DHCW (open to membership by all). The group meet on a quarterly basis to discuss environmental improvement suggestions.

Regular Environmental communications are sent to all employees.

11. To what extent do you agree or disagree with the statement below?

"**Our organisation is confident that it will meet the 2030 target to have net zero carbon emissions.**"

Strongly agree

Please use the box below to explain your answer.

We have established clear goals with a timeline, which are detailed within the Decarbonisation strategic delivery plan. For further details please refer to the plan.

12. Please add anything else that you would like to tell us in relation to achieving the 2030 carbon emission targets.

DHCW are fully supportive of the 2030 carbon emissions targets and welcome the NHS Wales Decarbonisation strategic delivery plan.

13. We will be using this baseline review to inform our future priorities in auditing climate change action. Please use the box below to tell us your views on future priorities for auditing climate change action and how Audit Wales can help facilitate positive change.

We are interested in your views on both climate change mitigation (decarbonisation) and adaptation (adapting to the climate change that is already happening).

Benchmark Public Bodies and share findings, where appropriate, to enable us to tailor future targets.

Support national webinars, where information and guides can be signposted and progress updates can be shared.

Thank you for completing the call for evidence.

How do I submit my completed call for evidence?

13 Please send your completed call for evidence (and associated documents – **Appendix 1**) to our dedicated climate change inbox: climate.change@audit.wales.

What will we do with the information you provide?

14 We will analyse the information submitted to help the Auditor General form his views on how the Welsh public sector is responding to the carbon emissions reduction targets for 2030. The information you provide is one of several methods we will use to assess the current position and inform our findings. We are planning some early feedback sessions in spring 2022, with formal reporting in early summer 2022. Please refer to **Appendix 2** for the full privacy notice and details on how your information will be used.

Legal basis for the work

15 The review will be carried out under powers contained within Section 145A (1) of the Government of Wales Act 1998 which enables the Auditor General to undertake or promote studies designed to enable him to make recommendations for improving economy, efficiency and effectiveness in the discharge of the functions of any relevant body or bodies, and section 41 (1)(a)(i)-(iii) of the Public Audit (Wales) Act 2004 studies designed to enable him to make recommendations, for improving economy, efficiency and effectiveness in the discharge of the functions of county councils and county borough councils in Wales, fire and rescue authorities in Wales and national park authorities.

16 The work may also help discharge our responsibilities under section 15 of the Well-being of Future Generations (Wales) Act 2015. The work may involve good practice exchange sharing under section 19 of the Public Audit (Wales) Act 2013.

17 Where we process personal data, this is in accordance with data protection legislation, including the Data Protection Act 2018 and the General Data Protection Regulation. Further information is set out in our fair processing notice attached at **Appendix 2.**

Any questions?
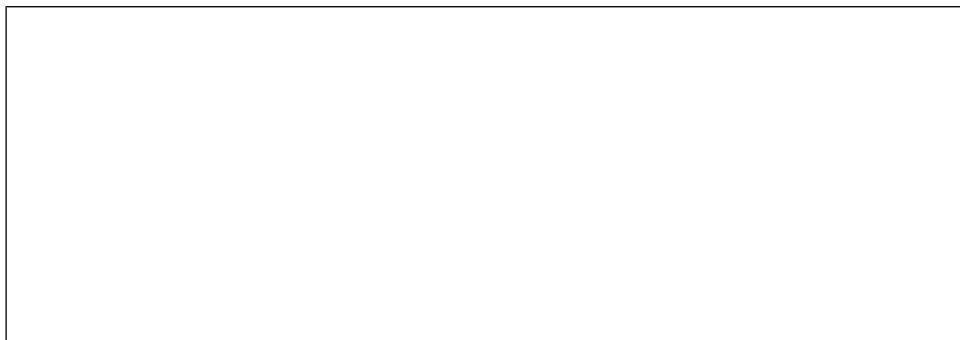
18 If you have any queries about this call for evidence or how to prepare your submission, please e-mail climate.change@audit.wales with your contact details and we will respond as quickly as possible.

Appendix 1. Document request

19   Please use the box below to embed any documents that support your response to the call for evidence. Below is an indicative list of documents to embed:

- Corporate strategy
- Decarbonisation strategy
- Action plans and/or other operational plans about decarbonisation
- Well-being objectives
- Board/Committee/Cabinet reports related to decarbonisation
- Reports to senior leadership teams related to decarbonisation
- Governance organograms related to decarbonisation
- Staff structures related to decarbonisation
- Key working group papers and minutes related to decarbonisation
- Monitoring documents and reports related to decarbonisation
- Training plans related to decarbonisation
- Corporate and departmental risk assessments related to decarbonisation
- Papers to audit and risk committees related to decarbonisation
- Financial spreadsheets and explanatory memoranda related to decarbonisation
- Staff and public engagement plans related to decarbonisation
- Results from citizen engagement exercises related to decarbonisation

20   If there are other relevant documents that you feel would be of use in the context of the issues covered in our call for evidence and your responses, please also embed them in the box below. We are aware that our local audit teams may already have some of this material, but we want to ensure that we have the most up to date documentation.

Appendix 2. Auditor General for Wales – Privacy Notice

This privacy notice tells you about how the Auditor General for Wales and staff of the Wales Audit Office (WAO) process personal information collected through this call for evidence in connection with our Climate Change work.

Who we are and what we do

The Auditor General for Wales' work includes examining how public bodies manage and spend public money, and the WAO provides the staff and resources to enable him to carry out his work. "Audit Wales" is a trademark of the WAO, and is the umbrella identity of the Auditor General for Wales and the WAO.

Data Protection Officer (DPO)

Our DPO can be contacted by telephone on 029 2032 0500 or by email at infoofficer@audit.wales.

The relevant laws

We process your personal data in accordance with data protection legislation, including the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Our lawful bases for processing are the powers and duties set out in the Public Audit (Wales) Acts 2004 and 2013, the Government of Wales Acts 1998 and the Well-being of Future Generations (Wales) Act 2015. Under Article 6(c) and (e) of the UK GDPR we process personal information where this is necessary for compliance with a legal obligation, or for the performance of a task carried out in the public interest or in the exercise of official authority.

Who will see the data?

The Auditor General and relevant WAO staff, such as the study team, and our local audit teams will have access to the information you provide.

Our call for evidence work involves corporate responses, and although we ask for your name and job title, these identifiers will not be included in our published report. Our published report may include some of the information you provide on behalf of your organisation, and this may be used to help inform future work. We may also wish to use some of the information you provide to develop good practice case studies, which may be published as part of our reporting and/or used during our Good Practice Exchange events. If we choose to name your organisation in such case studies, we will discuss with you in advance of any wider release and confirm factual accuracy.

We may share information with:

a) Senior management at the audited body(ies) as far as this is necessary for exercising our powers and duties;

b) Certain other public bodies/public service review bodies such as the Office of the Future Generations Commissioner, Care Inspectorate Wales (Welsh Ministers), Estyn and the Public Services Ombudsman for Wales, where the law permits or requires this, such as under section 15 of the Well-being of Future Generations (Wales) Act 2015.

How long we keep the data

We will generally keep your data for 6 years, though this may increase to 25 years if it supports a published report—we will contact you before any publication of information that identifies you—see also "your rights" below. After 25 years, the records are either transferred to the UK National Archive or securely destroyed. In practice, very little personal information is retained beyond 6 years.

Our rights

The Auditor General has rights to information, explanation and assistance under paragraph 17 of schedule 8 Government of Wales Act 2006, section 52 Public Audit (Wales) Act 2004, section 26 of the Local Government (Wales) Measure 2009 and section 98 of the Local Government & Elections (Wales) Act 2021. It may be a criminal offence, punishable by a fine, for a person to fail to provide information.

Your rights

You have rights to ask for a copy of the current personal information held about you and to object to data processing that causes unwarranted and substantial damage and distress.

To obtain a copy of the personal information we hold about you or discuss any objections or concerns, please write to The Information Officer, Wales Audit Office, 24 Cathedral Road, Cardiff, CF11 9LJ or email infoofficer@audit.wales. You can also contact our Data Protection Officer at this address.

Information Commissioner's Office

To obtain further information about data protection law or to complain to complain about how we are handling your personal data, you may contact the Information Commissioner at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or by email at casework@ico.gsi.gov.uk or by telephone 01625 545745.

DHCW Decarbonisation Strategic Delivery Plan

Decarbonisation:

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. The recently published NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

DHCW have produced their own Decarbonisation Strategic Delivery Plan which describes how we will work to reduce our carbon footprint in line with Welsh Government strategy.

DHCW are in a unique position to contribute towards reducing carbon emissions across the wider NHS by providing and improving digital solutions across NHS Wales such as those allowing for digital transfer and storing of information and solutions which allow for remote consultation.

In recognition that the nature of our business activities may have an environmental impact; we are fully committed to decreasing this impact across the scope of our operations and the services we deliver.

Becoming more environmentally aware we are actively taking steps to measure and reduce our carbon footprint to improve sustainability at DHCW by implementing improvement opportunities, enhancing our communication, and placing a greater focus on how we dispose of our waste.

The Estates and Compliance team are currently responsible for defining the approaches and implementing the initiatives detailed within this delivery plan. Beyond that, the team also works to collate and maintain environmental performance data, produce environmental statistics and reports as necessary, analyse environmental performance data and improve environmental communications across the organisation. However, Estates and Compliance cannot deliver our decarbonisation aims without the assistance of key stakeholders both within DHCW and external to the organisation.

DHCW staff

Citizen of Wales

THE IMMEDIATE FUTURE:

Members of the Senedd endorsed the Welsh Government's declaration of a Climate Emergency in 2019. The NHS Wales Strategic Delivery Plan, which DHCW are fully committed to, responds to this declaration, and is aligned with Welsh Ministers goal of achieving a net zero public sector by 2030.

DHCW will be developing our approach to Decarbonisation with our Board to contribute towards this target by:

- **Further enhancing our principles for reducing carbon in the six main activity areas identified by Welsh Government:**

  - **Carbon Management**

  - **Buildings**

  - **Transport**

  - **Procurement**

  - **Estate Planning & Land Use**

  - **Approach to Healthcare**

- **We will undertake a full review of progress to date to determine the effectiveness of our actions.**

- **We will fully engage with Welsh Government and other stakeholders to share best practice.**

We will implement the DHCW Decarbonisation Strategy and Plan and work to achieve Year 1 targets during 2022/23

DELIVERING HIGH QUALITY DIGITAL SERVICES:

Our Decarbonisation Plan objectives relate directly to Delivering High Quality Digital Services.

- Digital Health and Care Wales has assessed its baseline carbon footprint for 2019/20. The gross carbon emissions for scopes 1, 2 and 3 were **19,858 T CO2e** (net 19,652 T CO_2e). This includes the emissions generated from remote working, as well as the use of third party Data Centres.

- Procurement related emissions were the largest component (87%) of our carbon footprint, and the category with the most uncertainty. The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

- Our Delivery Plan is focused on our Office Buildings and Data Centres, all Transport (business, fleet and staff commuting) and activities (i.e. non-procurement activities). Working remotely is also included as it demonstrated significant carbon reduction savings in 2020/21 and is a work model that DHCW can effectively adopt and commuting was a significant factor in our baseline review year.

- The Decarbonisation Pathway has been designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in the gross Operational emissions. DHCW has forecast its non-procurement 'Operational' emissions up to 2029/30 to predict the impact of key actions in our Delivery Plan. DHCW have established a Decarbonisation Group with representatives from a range of areas, including Estates, Infrastructure, Commercial Services, Finance and Workforce and Organisational Development.

- We are currently developing an action plan to deliver annual energy reductions, installing additional EV charging points, improving our understanding of the NWSSP carbon accounting tool and exploring new sustainable ways of working.

DHCW staff

THE IMMEDIATE FUTURE:

DECARBONISATION:

Our priorities (which cover Buildings, transport, Procurement and Approach to Healthcare as per the NHS Wales Plan) for the next three years include:

2022/23	- Improve Building Management Systems to achieve year on year reductions in emissions related to natural gas - Work with NWSSP to develop a strategy for low-carbon ICT procurement - Work with Data Centre Providers to improve energy performance - Install further additional EV Charging Points - Trial EV vehicles for fleet use - Undertake Staff Travel Survey - Reduce Business Mileage
2023/24	- Estates Rationalisation - Review EV opportunities for lease vehicles - Review Data Centre efficiency (using PUE measurement) - Further reduction of Business mileage - Roll out Sustainable Procurement Code of Practice as provided by NHS Wales Shared Service Partnership - Work with ICT suppliers with regards to unnecessary waste packaging and single use plastic
2024/25	- Review of Travel Plan - Review and update of low carbon ICT procurement strategy - Further Estates Rationalisation - Liaise with landlords to convert remaining buildings electricity tariff to REGO (Renewable Energy Guarantee of Origin) certificated supply - Continued remote working and promotion of home energy efficiency initiatives

TARGET REDUCTIONS: 16% BY 2025, 34% BY 2030

DIGITAL HEALTH AND CARE WALES
AUDIT AND ASSURANCE COMMITTEE
QUALITY, REGULATORY AND CYBER
RESILIENCE UNIT REPORT

Agenda Item	4.7

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Finance Director
Prepared By	Konrad Kujawinski, Head of Quality and Regulation
Presented By	Konrad Kujawinski, Head of Quality and Regulation

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: **Note** the content of this report. **Approve** the Annual Plan.	

Acronyms			
DHCW	Digital Health and Care Wales	QIAL	Quality Improvement Action List
KPI	Key Performance Indicators	ISO	International Organization for Standardisation
eQMS	electronic Quality Management System	LR	Lloyd Register
NWIS	NHS Wales Informatics Service	IMS	Integrated Management Systems

1   SITUATION

1.1   There were 4 external audits during this period.

- ISO 27001:2013   Information Security Management Systems
- BS 76000:2015   Valuing People Standard
- Service Desk Institute
- BS10008   Evidential weight and legal admissibility of data

All audits were successful with very minor non-conformances raised and documented. Of particular note was 27001 all previous non-conformances closed and no new ones raised. There have been no notable changes in regulation over this period. The Monthly Quality and Regulatory meetings have been held and observations noted.

1.2   The Quality and Regulatory Team have identified new objectives in line with the IMTP and individual requirements have been communicated. The maintenance of existing objectives have been achieved in full and focus is on delivering the last quarter deliverables and resourcing the new ones. The key objectives can be noted in the revised annual plan submitted for review to the Audit and Assurance Committee.

1.3   To improve compliance and increase visibility by integrating quality into the organisation the quality portal has been designed and rolled out. This is now the focal point for all things quality and regulatory based and has become a valuable tool during external audits as it streamlines activities and enable all essential information easily located.

1.4   The roll out and on-boarding of the electronic Quality Management System (eQMS) known as the iPassport continues. A plan and implementation strategy are in place and resourced via IMTP. This fits with wider Documentation strategy for the whole organisation which is being considered as part of the document management workshops.

1.5   There has been a focus on developing the Medical Devices strategy and an implementation plan. This generates the details and expectations of the regulations and the plan to meet the

requirements of an end to end compliant software lifecycle including assessment, release and submission.

1.6   The Cyber Resilience Unit team recruitment was completed in the last quarter. The team have been translating the strategy into an operational IMTP plan for the forthcoming year. This plan will be presented to the Directors of Digital Peer Group and Welsh Government for validation and once approved will be presented to the Audit and Assurance Committee.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   There are upcoming audits planned in Quarter 4; ISO 14001 Environmental Standard and ISO 9001 Quality Management System Standard.

2.2   Internal audits compliance is a key to underpin the compliance audits and continues to be an area of focus. Supporting this we now have a specialist resource who is developing a training programme and generating a new risk-based approach to internal audit generation. Work has already started on defining a compliant schedule that will cover all aspects of all the standards and harmonise our approach. Internal audits are still being undertaken across the organisation to maintain current schedule.

2.3   Evidence of the 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.

2.4   Quality Improvement Action List (QIAL) figures have continued to improve over the last 6 months from 204 open to 114 and 147 overdue items now reduced to 26. The team are working with individuals from each Directorate to improve this further. Integrated Management Systems

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Approver: Claire Osmundsen-Little
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(IMS) document reviews noted a decrease in reviews from 94% and working with areas to ensure these documents are completed we are now working towards a target of 95% compliance.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

In summary:

3.1   In the last period DHCW had 4 successful audits with 3 minor non-compliances and a number of recommendations indicating its adoption of a quality driven culture and improved compliance performance.

3.2   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 be developed in line with organisational performance reporting.

3.3   The importance of good document management practices and the strengthening of the quality management systems is underway alongside the document management strategy. The on-boarding of departments to iPassport and is now part of the annual plan process.

3.4   Improved Compliance and commitment to the internal and external audit programme with a view to becoming more aware of impact of regulatory in the organisation.

4   RECOMMENDATION

4.1   The Audit and Assurance Committee is being asked to:

Note the content of the report.

5   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:	

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

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

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

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

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 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

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Approver: Claire Osmundsen-Little
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DIGITAL HEALTH AND CARE WALES
Quality and Regulatory Annual Plan 2022/23

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Finance Director
Prepared By	Konrad Kujawinski, Head of Quality and Regulation
Presented By	Konrad Kujawinski, Head of Quality and Regulation

Purpose of the Report	For Approval
Recommendation	

The Committee is being asked to:
Approve the content of this annual plan.

Contents

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1.0 BACKGROUND

The purpose of this document is to give an overview of the Annual Plan 2022/23 for the Quality and Regulatory function in Digital Health and Care Wales (DHCW). The document defines the refreshed approach to Quality and Regulation, the plan, objectives and priorities for 2022/23 including the approach to delivering these. The plan covers the scheduled audit programme and governance arrangements and finally highlights areas of risk and opportunities for consideration.

2.0 DHCW APPROACH TO QUALITY AND REGULATION

DHCW will be required to comply with the duties of quality and candour in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 Set out by the Welsh Government. Since the formation of DHCW it has repositioned quality and regulation as a fundamental contributor to its future strategy. The establishment of a Quality and Regulation Team has supported this and strengthened our commitment to Quality and Regulatory by integrating it as part of everyday life. Quality is the responsibility of every employee within DHCW however, in defining quality we attempted to qualify this through the application of relevant Internationally recognised Quality Standards. DHCW wants to be at the forefront of regulatory development and compliance which it particularly important in relation to the medical devices.

DHCW has evidenced its commitment to being a Quality organisation through compliance with internationally recognised standards and through an integrated management system approach. Quality and regulation are over seen by the Quality and Regulatory group which is supported by the Integrated Management Systems Group and Medical Devices Alerts Group. Alongside these have been a number of groups that govern processes including the Wales Informatics Assurance Group, Operational Service Group and Operational Change Group. The Audit and Assurance Committee provide assurance to the Board on the Quality and Regulatory plan and deliverables. These groups all support the new Special Health Authority requirements and have the added functionality of bringing a higher level of Quality and Regulatory support and visibility via the introduction of the new Audit and Assurance Committee.

2.1 DHCW Quality Strategy

Our Quality and Regulatory activities relate directly to the following Strategic objective:

Delivering High Quality Digital Services.

Quality is at the heart of all we do and support quality definition and direction by:

- **Controls** – through the proactive development of an internal audit programme that the Quality and Regulatory Group develop and manage and progress is reported to the Audit

and Assurance Committee.

- **Planning** - Annual Quality and Regulatory Plan and improvements and integrated across the Directorates and supported by the internal audit programme.
- **Improvements** – The organisation has a strong culture of organisational learning and improvement.

2.2   Defining Quality through Standards

As a digital organisation our key assets are our workforce skills and capability are reflected in our in our practices. We were the first organization in the UK to achieve certification against the BS 76000, the British Standard for Valuing People. This accreditation demonstrates our commitment to people practices that are principled, relevant and developmental. BS76000 is a standard that requires clear understanding of the purpose of and vision for our business, thoughtful execution and a commitment to excellence via continuous learning and development. This standard is all about our staff and developing the organization to be the best it can be, through reflection, recognition, appreciation and improvement of people practices. Achieving the certification has meant that this is now demonstrable to internal, external and prospective stakeholders.

Being confident in the quality of the cyber security is reflected in compliance ISO 27001, Providing the right quality services as part of ISO 20000 and finally, the right support envelops by the adoption of Service Management, environment and management. The service desk quality is underpinned by the work with the Service Desk Institute. All of our standards have been carefully chosen for their applicability to our requirements.

Our internal Quality Framework supports and maintains certification to the following International Standards:

- ISO 9001:2015   Quality Management Systems
- ISO 14001:2015   Environmental Management Systems
- ISO 20000-1:2018   IT Service Management Systems
- ISO 27001:2013   Information Security Management Systems
- BS 76000:2015   Valuing People Standard
- BS 76005:2015   Diversity & Inclusion
- BS 10008:2014   Evidential weight and legal admissibility
- Service Desk Institute

Regulatory focus will develop internal processes, systems and standards to enable compliance with medical devices and other future regulatory developments.

As part of the plan in 2022/23 we would look and validate the fit with the quality standards and the refresh digital strategy.

2.3   Duty of Quality Health and Social Care Act 2020

It is the intention for DHCW to adopt the principles around the Duty of Quality Health and Social

Care (Quality and Engagement) (Wales) Act 2020 which was passed by the Senedd on 17th March 2020 and received Royal Assent in June 2020. As part of the compliance with this Act we now have presence on the workshops run by the Welsh Government, DHCW are developing the future requirements of this Act which includes submission of an annual quality statement and report.

The duty of quality intends to unlock the potential of NHS bodies to demonstrate that quality is at the heart of all they do. It also applies to Welsh Ministers, in relation to their health-related functions.

The new duty requires NHS bodies to exercise their functions with a view to securing improvement in the quality of health services, and outcomes for their populations. Importantly, it applies equally to clinical and non-clinical services.

The duty will focus on the 6 domains of quality:

- Safe
- Effective
- Person-centered
- Timely
- Efficient
- Equitable

DHCW is now working on integrating these into our current quality approach and these will be considered to be productive in driving the organisation forward.

3.0 THE OBJECTIVES FOR QUALITY AND REGULATORY WITHIN DHCW FOR 2022/23

The Quality and Regulatory statement of requirements for 2022/23 for key objectives, summary activities required to deliver these and estimated quarter of delivery:

Objective	Key activity to meet objective	Deliverable	Monitor
Quality Management Systems: Implement the iPassport strategy plan & training to on-board the whole of the organisation via directorate teams (document module only).	• Create Project Delivery Plan	Q4 20-21	Quality and Regulatory Group
	• Design a structured On Boarding process and training package	Q4 20-21	
	• Active SSO (Single Sign On) and Import DHCW AD (Active Directory)	Q1 22-23	
	• Obtain WIAG approval for Document Module Re-Scope	Q1 22-23	
	• Finalise the early adopters On Boarding	Q1 22-23	
	• Gain approval for the iPassport Implementation Strategy	Q1 22-23	
	• Roll out On Boarding to various directorates in-line with the Implementation Strategy	Q4 22-23	
	• On-going development of other Modules within iPassport (Including internal & external audit, non-compliance, standards, change control)	Ongoing	

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Compliance and Audit: Work with the Standard leads to support the Organisational needs for current standards and legislation. Review requirements for future use.	• Improve the function of the IMS group • Support the standard leads during external audits • Harmonise the approach across the organisation via use of Quality Portal • Maintain the Legislation Register and escalate any changes to the relevant groups • Assess the Organisational needs for adoption for current and new standards	Q1 22-23 Ongoing Q1 22-23 Ongoing Q2 22-23	
Improvements: Increase the visibility of Quality & Regulatory at a departmental level and integrate it across the Organisation	• Implement a new induction process • Insider articles to raise awareness of Quality within the Organisation • 10 talks on (Quality, Medical Devices, iPassport, all improvements) • Integrating Quality at a departmental level by working with leads to focus on Quality Management activities in their agenda's	Q1 22-23 Q1 22-23 Q2 22-23 Q1 22-23	Quality and Regulatory Group
Measurements and Analysis: Continued / increased monitoring of regulatory compliance with associated and defined post-effectiveness processes	• Improving the monitoring of metrics and setting targets, KPI's including audits, non-conformances, document management, meeting attendance and others. • Explore ways of improving monitoring for post-effectiveness around processes and process change. • Horizon scanning on the emerging and relevant regulatory changes.	Q1 22-23 Q2 22-23 Q3 22-23	Quality and Regulatory Group
Medical Devices: Generate a project plan and implement a process for supporting end to end product lifecycle and release. In-line with regulatory timelines. Including: Categorisation, Submission Release and UK CA marking all to MDD/MDR	• Development of Medical Device Assessment Form • Design History File (DHF) Requirements/Contents Finalised • MDR Assessment Form Retrospective Work • Embedded in New Services Portfolio CAB BAU • Design Processes Defined and Documented (to include User Requirement Specification (URS) Process, Design Planning process, Design Input process, Design Output process, Design Review process, Design Verification process, Validation processes) • Product Technical File (PTF) Requirements/Contents Finalised	Q1 22-23 Q1 22-23 Q1 22-23 Q1 22-23 Q2 22-23 Q2 22-23 Q3 22-23	Medical Devices Alerts Group

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	• Product Release and Registration processes defined and documented		
Medical Devices: Form the Medical Device and Alerts Group -To monitor, facilitate and implement the requirements of the current UK Medical Devices Regulations (MDR) and any future updates. Formulate training and awareness to support the new MDR (Medical Device Regulations)	• Produce regular presentation updates on MDR requirements to appropriate areas • Create and define any training requirements to support MDR implementation (e.g. Auditor Training and Training Modules to support individuals)	Ongoing Q1 2022-23	Medical Devices Alert Group

3.1 External and Internal Audit Requirements

The compliance with the quality standard will be audited during the year on scheduled external audit dates and this will be supported by an internal audit plan. Each of the standards has a lead and an internal audit programme to validate adoption. A summary of the external audit programme for the forthcoming year is scheduled below:

3.2 External Audit Schedule to Support Standards

DHCW	Summary of Clauses Covered	Schedule Dates
Quality (ISO9001)	Context of the Organisation : Leadership : Planning : Support : Operation : Performance Evaluation : Continual Improvement	January '22 (surveillance)
Service Management (ISO20000)	SM Policy and Plan : Document Management and Control : Resource Management : Service Improvement (PDCA) : Service Transition : Service Reporting and Service Level Management : Capacity Management : Information Security Management : Service Continuity : Availability : Incident Management : Service Request Management : Problem Management : Configuration Management : Change Management : Release & Deployment Management : Budgeting & Accounting Management : Relationship Management : Supplier Management	August '22 (est) (surveillance)

Information Security (ISO27001)	ISMS Policy and Plan : Organisation of Information Security : Human resource security : Asset Management : Access Control : Cryptography : Physical and environmental security : Operations Security : Communications Security : System acquisition, development and maintenance : Supplier relationships : Information security incident management : Information security aspects of business continuity management : Compliance	April '22 (Certificate renewal)
Valuing People, Diversity & Inclusion (BS76000 / 76005)	Context of the Organisation : Leadership : Planning : Support : Support mechanisms : Staying in/continuing the relationship : Getting in/starting the relationship : Operation : Performance Evaluation : Improvement	November '22
Environmental Management (ISO14001)	Environmental Strategy : IMS Policy (Inc Environmental Statement) : Environmental Management SOP : Environmental Aspects Register : Legislation Register : Environmental Objectives and Targets : Training : Awareness (Control of Contractors) : Communication : Monitoring and Measuring : Documented Information : Emergency Preparedness and Response : Internal Audit (SHE Inspections) : Management Review : Non-Conformity and Corrective Action (SHE Action Plans)	January '22 (surveillance)
Software Development (DHCW standards)	Requirements gathering, analysis and specifications : Planning, estimation and work item tracking : Source control : Software design and maintainability : Coding standards : Code reuse : Observing the 'Definition of Done' : Deployment : Governance of Technologies	To Be Scheduled
Service Desk Institute Certificate	Leadership : Policy and Strategy : People Management : Resources : Processes and Procedures : Managing Employee Satisfaction : Managing the Customer Experience : Management Information and Performance Results : Social Responsibility	December '22
Infra Tech Assurance	Design : Topology : Current v Future: : Management : Documentation : Resources (finance) : Resources (human) : Resources (skills and capabilities)	Working towards
Digital Economy Act / Trusted Third Party	DEA Research Code of Practice : DEA Research Code of Practice : DEA Research Code of Practice policies : Information security policies : Organisation of information security : Human resource security : Asset management : Access control : Cryptography : Physical and environmental security : Operations security : Communications security : System acquisition, development and maintenance : Supplier relationships : Information security incident management : Information security aspects of business continuity management : Compliance : Research Governance : Human resource skills and competencies	To Be Scheduled

Medical Device Directive (ISO13485)	Quality Management System : Management Responsibility : Resource Management : Product Realisation: Measurement, analysis and improvement	Working towards
Information Management (BS10008)	Information Capture : Information in Structured Databases : Version Control : Storage Systems : Information Transfer : Indexing and Other Metadata : Authenticated Output Procedures : Identity : Information Retention and Disposition : System Maintenance : Information Management Testing : Information Stewardship	December '22
Business Continuity (ISO22301)	Context of the organisation : Leadership : Planning : Support : Operation : Performance Evaluation : Improvement	Working towards
Digital Accessibility	Organisation maturity assessment : Service Assessment (Management elements) : Service Assessment (Technical against WCAG 2.1)	Working towards
Microsoft 365 Compliance	Protect Information : Govern Information : Control Access : Manage Devices : Protect against threats : Discover and respond : Manage internal risks	Working towards

3.3   Internal Audit Schedule to Support Standards

The Quality and Regulatory group maintains internal audit compliance and is currently working towards a harmonised integrated approach for standard maintenance. The group is currently doing a comprehensive internal auditor training programme and moving the schedule from a clause-based approach to a dynamic risk-based approach to optimise best practice and be more effective d in evaluating audits.

4.0   THE QUALITY AND REGULATORY GOVERNANCE FRAMEWORK

The Governance and reporting of progress are reported via the Quality and Regulatory Group. The Quality and Regulatory compliance will be integrated into each Directorate internally through a number of processes. This reporting feeds into the Audit and Assurance Committee for governance and into the Management Board for operational performance. Both of these then feed into the DHCW Board. Contributing to the function of the Quality and Regulatory group are three main areas. The Integrated Management Systems group (IMS) which hosts the standard leads and implementation. The Welsh Informatics Assurance Group (WIAG) which gives assurance on product conformance and the Medical Devices Action Group which looks at implementation of the new directive. Completion of the quality actions will be reviewed at the monthly Quality and Regulatory Meeting and escalations and outcomes will be fed into the Performance report to the management

committee and ultimately the Board.

Quality and Regulatory Governance Framework

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│ Digital Governance│  │ Audit & Assurance│  │ Management Board│
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│ Wales Informatics│  │   Intergrated   │  │ Medical Device &│
│ Assurance Group  │  │ Managemet System│  │Alerts Group(MDAG)│
│     (WIAG)       │  │  Group (IMS)    │  │                 │
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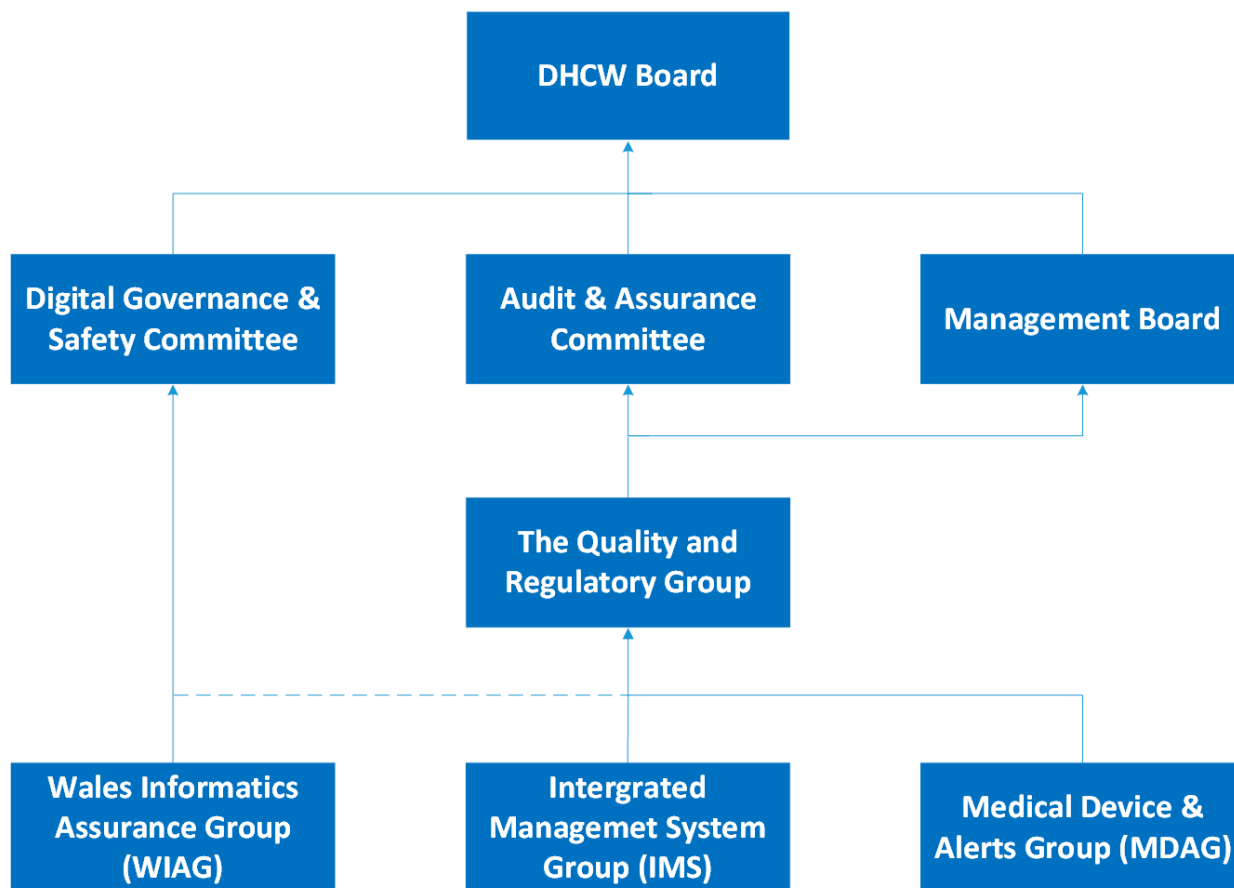
5.0   SUMMARY

DHCW will be a source of quality management and regulatory compliance. Ensuring that digital solutions and services provided to the Health and Care Sector in Wales are of the necessary regulatory quality and compliance. This provides safety for patients and professionals which ensures patient information is treated with the appropriate governance.

6.0   OUTCOMES

DHCW will build on existing expertise supporting and advising regulatory quality and governance arrangements to digital solutions and services across the Health and Care sector in Wales.
It will:

- Support the continual improvement, monitoring and evaluation of the quality, supporting information assurance and information governance arrangements in digital Health and Care

services across Wales.
- Provide advice and support services in terms of interpretation and application of digital services guidance, policies and standards.
- DHCW can provide guidance on processes adopted within NHS organizations in relation to quality, assurance and governance arrangements in digital solutions, when requested by Welsh Government or Health Bodies.
- Work with individual NHS organizations to ensure that quality, assurance and governance arrangements are clearly articulated in IMTPs, when requested by Welsh Government or Health Bodies.
- Ensure that digital services deployed and developed by DHCW meet the minimum standards for strategic, architectural and technical fit, as set by the CDO.
- Ensure regulatory compliance and patient safety of digital Health and Care services hosted, deployed and developed by DHCW by working with regulators, the CDO and their relevant officials.
- Evidence our commitment to quality through compliance with recognised standards.

The objectives support all of the above and will bring harmonization of approach to quality management and compliance across all the DHCW. This will ensure that all integration and software release is monitored, and all their required standards are being maintained centrally. Key focus areas for the department are:

- Focus on new Med Devices Regulations and activities to support full software lifecycle
- Increasing the visibility and integrating quality into the organisation
- Focus on new electronic quality management system implementation and on boarding the whole organization
- Increased support around external audit and focus resource on internal audit
- Increasing monitoring and analysis with a view to improvements

7.0   AREAS FOR IMPROVEMENTS

The following are areas identified during the development of the plan which are potential improvement areas:

- Internal audit programme support- to further strengthen our internal audit programme with improved numbers of trained auditors against a revised streamline internal audit schedule.
- Regulation identification-DHCW intends to define its regulatory position and to horizon scan and ensure DHCW is at the forefront of relevant legislation, guidelines and best practice.
- Quality integration and adoption- the importance and priority of quality as part of the new organisational culture and to create and promote a quality culture.

8.0   RECOMMENDATION

Committee is asked to approve the Quality and Regulatory Plan for 2022/23

9.0   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	Choose an item.
If more than one standard applies, please list below: All standards are reflected	

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

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

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

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	No, there are no specific financial implication related to the activity outlined in this report

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IMPLICATION/IMPACT	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Quality & Regulatory 2022/23

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Author: Konrad Kujawinski

Approver: Claire Osmundsen-Little

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DIGITAL HEALTH AND CARE WALES
INTEGRATED MEDIUM-TERM PLAN 2022-2025
SECTION REVIEW

Agenda Item	4.8

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Chris Darling, Board Secretary
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Discussion/Review
Recommendation	

The Audit and Assurance Committee is being asked to:
REVIEW the draft IMTP sections which relate to the areas where the Committee provide assurance to the Board.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	IMTP	Integrated Medium-Term Plan

1   SITUATION/BACKGROUND

1.1   DHCW are in the process of developing the DHCW Integrated Medium Term Plan (IMTP) 2022-2025.

1.2   Producing a 3-year IMTP is a statutory requirement from Welsh Government and requires approval by the Minister for Health and Social Services. The NHS Wales Planning Framework 2022-2025 guidance was published on 09 Nov. The key objectives of the IMTP are to describe the priorities which DHCW will be working on to support the needs of patients and the NHS service which can be met with available finance and resources.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Key points of progress to date:

- IMTP priorities were discussed and confirmed at the Sept 2021 SHA Board Development Session. These were reviewed against Ministerial priorities.
- DHCW Delivery Statements have been drafted for our key Portfolios showing our areas of priority activity. These were confirmed subject to revisions at the Nov 2021 SHA Board Development Session.
- Ongoing stakeholder engagements have taken place, e.g., our Cloud and Open Architecture Strategies, primary care cluster development and regular Health Board Executive planning sessions.
- DHCW objectives owners have defined delivery milestones and defined what resource is needed.
- The majority of DHCW resource owners have as at 03/12/21 reviewed capacity against demand so that any necessary plan adjustments, funding assessments and reprioritisations can take place.
- The finance team have undertaken an assessment of the vacancy position in relation to anticipated capacity and resource owners are sense checking against their planning assumptions.
- Review by DHCW Directors at a workshop on 29 Nov, further workshops scheduled for 6 Dec 2021 and 7 Jan 2022.

IMTP Update   Page 2 of 5   Author: Ruth Chapman
                                                                                                          Approver: Michelle Sell
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2.2 A number of sections of the IMTP relate to areas where oversight and assurance is provided by the Audit and Assurance Committee or is relevant to the Committees work. These sections include:

- Financial Plan
- Quality
- Estates
- Workforce
- Risks to the Plan
- Welsh Language

These sections can be seen as Appendix A, and the Committee is invited to review and comment on these sections.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Due to the ongoing health and care system pressures relating to Covid-19 the deadline for submitting a final IMTP to NHS Body Boards has been extended to the 31 March 2022, this may impact on DHCW's ability align and co-ordinate a plan with partner organisations as provider organisations focus on the response to the anticipated increase in Omicron cases during January 2022.

4 RECOMMENDATION

The Committee is being asked to:

REVIEW the draft IMTP sections which relate to the areas where the Committee provide assurance to the Board.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

PERSON/GROUP	DATE	OUTCOME
DHCW Planning and Performance Group	02 Dec 2021	Expectations of next steps discussed
Management Board	16 Jan 2022	Reviewed the plan in full.
Board Development	6 Jan 2022	Board review of the plan.

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	No, there are no specific financial implication related to the

FINANCIAL IMPLICATION/IMPACT	activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Audit and Assurance Committee
IMTP Section Review

- Risks to the Plan
  Section: How we have developed our Plan
- Quality
  Section: Our Quality and Regulatory Compliance Plan
- Estates
  Section Our Sustainability Plan
- Workforce
  Section: our Workforce Plan
- Welsh Language
  Section : How we have developed our Plan – Organisational Objectives
  Section: Appendix 1 – Well Being and future Generations Act
- Financial Plan (To be confirmed at later date as awaiting funding allocation)

DIGITAL HEALTH
AND CARE WALES

IMTP
2022-2025

How we have developed our Plan – including risks

ASSUMPTIONS

The Digital Health and Care Wales Integrated Medium Term Plan 2022-2025 has been developed against the still remaining uncertainty and recovery needs arising from the Covid-19 pandemic as well as fulfilling the Special Health Authority ambitions to be the trusted digital delivery partner for NHS Wales.

Digital plays a key part in this challenge and DHCW has often needed to respond urgently to new requirements with solutions created in record time. This plan therefore will naturally be fluid in some areas to reflect those new needs, but also needs to display a resilient, trusted backbone of digital enablers, such as infrastructure, data protection and information availability and flow.

Planning Assumptions used

- Yr 2 and Yr 3 are indicative

- Delivery intentions are based on known funding availability and associated resource

- New initiatives will require additional funding or cancellation of other initiatives in the plan

- New initiatives have a lower degree of planning confidence in the initiation stage as detailed requirements are not finalised at that point.

- Our risk appetite will impact on areas of focus and our opportunities to be agile – eg projects have a greater appetite for risk compared to data protection and patient safety.

- Sickness, leave carry over and recruitment challenges have been factored in

- Teams working on Covid-19 will still be required for the period of the plan in terms of Test Trace and Protect

- This plan has considered priorities from Welsh Government, Health Education and Improvement Wales (HEIW), the NHS Wales Health Collaborative, NHS Wales Shared Services Partnership, National Programmes and Health Boards/Trusts - gathered from meetings and Peer groups during 2021. Organisational plans follow the same planning timeline as DHCW so confirmed detailed requirements may not have been available at time of drafting.

BALANCING COVID-19 DEMANDS WITH CORE BUSINESS

The assumption is that Covid-19 will still impact significantly on core business. At the time of drafting a new variant is prompting an urgent target in terms of booster jab roll out and the Covid Pass requirements will only increase with an acceptance that Covid-19 is here for the long haul. Recovery of services continues to be a monumental undertaking.

Any resources required at short notice for Covid-19 work have been mitigated by establishing a permanent dedicated team, however the fluctuating nature of the requirements have an impact on planned work and there are challenges in getting staff in post quickly as the team continues its expansion. Governance is in place to assess pandemic priorities – Test Trace and Protect Digital Pathways Group. The dedicated team may be supplemented with staff from other areas and third parties in times of particular pressure.

The impact of any new requirements are fed into the DHCW new service request and planning process which considers and manages the impact on the wider plan. Finance, Workforce and Planning colleagues work as one to address the risks on core delivery. These may include targeted recruitments, funding requests and reprioritisation. The plan is managed to consider other new requirements such as recommendations falling out of strategic reviews.

POTENTIAL RECRUITMENT SHORTFALLS

Last year our main recruitment objectives were: building up to a full Special Health Authority workforce formation, developing a sustainable workforce model for Covid and bringing in the right skills for the Digital Priorities Investment Fund Programmes. The reality is a job market where skilled staff are in high demand from all sectors, and our recruitment rates were under pressure.

Our assumptions this year are that recruitment initiatives, retraining and nurturing talent early will see some improvement in recruitment rates but this will take the full IMTP to start making a difference

DHCW & stakeholders

Risks

Our corporate risks which impact on delivery of the plan relate in particular to recruitment challenges, unplanned new requirements, balancing legacy upgrades with new work, funding availability and risks featuring in individual Programme risks logs which could delay those deliverables.

- **New digital requirements (Risk 0237)**– There is a risk of demand exceeding current staff capacity due to new priorities, relating to Covid-19 and Recovery initiatives. The challenges of Planned and Unscheduled Care have been documented in the *Health and Social Care Winter Plan 2021-2022* which describes areas of potential new requirements and ways of working, eg moving services into primary care, targeted action in cancer, eye-care and dermatology, urgent primary care, regional treatment centres and options to reduce waiting lists.

- **Recruitment (0259) -** There is a risk of not filling vacancies in a timely manner. Equally the market rates are in some cases well above the Agenda for Change rates which will impact on our ability to bring good candidates in quickly enough.

- **Planning the move from Legacy (0229,0218,0228).** The significant estate of legacy/unsupported infrastructure and operating systems across the organisation is covered in the plan. The work required is from all areas of the organisation, but predominantly application and infrastructure teams. Any focus away from this migration, such as dealing with operational incidents could impact on other objectives in the plan and new systems could sit on sub-optimal infrastructure which could delay roll out and have a reputational impact due to instability.

- **Delay in Infrastructure Investment (0201) -** the increased reliance on, and criticality of NHS Wales' health and care information systems, coupled with ever present security threats, has seen demand significantly outstrip the pace of investment, resulting in greater levels of 'technical debt'. The risk to the plan is that the focus is shifted to maintenance not innovation.

Numbers = Corporate risk log reference

Programme Specific Risks

- **Canisc Replacement (0204)**– this is a complex programme of work, dependent on the availability of stakeholders and delivery of an initial phase of requirements. Any delay to dependencies will impact on the delivery date of the solution.

- **IG Framework (0264)** – a delay in the development of some elements of the IG framework will impact on the development of the National Data Resource Programme and Digital Services for Patient and the Public. (The wider public services - *'Digital Strategy for Wales'* March 2021, also references a 'data promise' which needs to assure citizens about how their health and care data is being held and used, as part of consulting on a wider set of principles for the use of data in the public sector.)

- **Contractual delays (Programme Logs)** - major implementations may be impacted by supplier delays and delays in concluding contractual discussions with organisations.

- **Dependencies** – increasing dependencies on new architectural components such as the medicines repositories will start to feature in risk logs

- **Late DHCW representation –** involvement from DHCW is needed early on to support new initiatives and to feature in relevant Governance groups. Early initiation delays have a increasingly big impact later on in programme delivery.

- **Non aligned service change** –benefits will not be realised unless local service change is aligned to system roll out.

Mitigations

Our Corporate and Programme Logs provide details of mitigation. Our key planning risks - are actively managed by our Planning and Performance Management Group which drives forward mitigations and capacity assessments against key delivery.

Mitigations in train for potential staff shortfalls include a recruitment task force which is focussed on speeding up the process, and utilising specialist recruitment agencies to target hard to fill posts. Also DHCW are reviewing retention of existing staff and developing the future workforce pipeline. There will also be an expansion in the variety of recruitment channels to increase the reservoir of resources, eg universities, veterans groups, recruitment fairs.

DHCW will use 3rd party resources to supplement in-house teams, to temporarily increase our capacity or where we don't carry the highly specialised technical skills. Infrastructure examples include supporting Office 365, movement to Cloud. We are also using external support to develop our Data strategy.

DHCW & stakeho...

Our Quality and Regulatory Compliance Plan

DELIVERING HIGH QUALITY DIGITAL SERVICES:

Our Quality and Regulatory objectives relate directly to Delivering High Quality Digital Services.

Quality is at the heart of all we do and from the strategic objectives, we have identified key International Standards that support quality definition and direction.

- Controls – through the governance framework and Quality and Regulatory Group forming part of the Audit and Assurance Committee.

- Planning - Annual Quality and Regulatory Plan and measurements - integrated across the Directorates and supported by the internal audit programme.

- Improvements – The organisation has a strong culture of organisational learning and improvement with focus on measurements, analysis and controls .

Our internal Quality Framework is supported by the Integrated Management System (IMS). All Policies, Standing Operating Procedures, Templates and other guidance can be found in our IMS.

We maintain certification to the following International Standards:

- ISO 9001:2008 Quality Management Systems

- ISO 14001:2004 Environmental Management Systems

- ISO 20000-1:2011 IT Service Management Systems

- ISO 27001:2013 Information Security Management Systems

- BS 76000:2015 Valuing People Standard

- BS10008 Evidential weight & Legal admissibility

- Service Desk Institute

DHCW staff

THE IMMEDIATE FUTURE:

QUALITY and REGULATORY COMPLIANCE:

- Ensure that Quality Management Systems support the organisation from a Quality and Regulatory perspective by the implementation of a documentation strategy supported Electronic Quality Management System (iPassport).

- Ensure management responsibility and commitment is evident throughout the organisation through clear role definitions and responsibilities monitored through the Quality and Regulatory Group.

- A Medical Devices plan and strategy is being developed and focus will be around developing internal processes, systems and standards to enable compliance with regulation / legislation

- Provide Quality and Regulatory support to all the standard leads with a harmonised approach through use of the quality portal and external audit .

- Ensure robust reporting tools are in place to enable measurement, analysis and improvement.

- Develop a Regulatory and Compliance Framework to support monitoring and changes to legislation and standards.

- Development of the internal audit framework and training support.

Our Sustainability
Plan – including estates

OUR STRATEGIC WELL-BEING OBJECTIVES

Embed a sustainable culture to limit the impact on the environment.

Work to strengthen the international recognition of NHS Wales as a Centre of Excellence for digital innovation.

Actively promote the use of the Welsh language.

Improve the health and well-being of the citizens of Wales, helping to sustain a healthy, productive population that contributes to society.

Promote a culture of volunteering by creating the conditions for citizens to share their experience and to learn new skills.

Support the sharing of expert knowledge so that the citizens of Wales are better able to access the best possible healthcare when they need it.

Attract and develop skills, and provide opportunities for existing and future generations.

Globally Responsible

Prosperous

Vibrant Culture

Resilient

Cohesive Communities

Healthier

More Equal

DHCW staff

NEED FOR CHANGE:

The **Well-being of Future Generations (Wales) Act 2015** requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

The purpose of Digital Health and Care Wales naturally aligns to delivering the digital needs of A Healthier Wales - one of the seven core well-being goals of the Future Generations Act, and Welsh Government's long-term plan for Health and Social Care; the other well-being goals also resonate with our approach but we have more to do.

THE IMMEDIATE FUTURE:

Activities continue throughout Digital Health and Care Wales to deliver against our well-being objectives. Each year we review progress against activities within each objective, and identify additional activities where necessary. Some of the key activities for this IMTP are:

- Accelerate the digital transformation of health and care in NHS Wales as the trusted delivery partner for the provision of digital health and care services.

- Undertake collaborative design and add new capabilities to the Digital Health and Care Record, including delivering on the eleven portfolios and enablers that underpin this IMTP.

- Work with our delivery partners on the plan for Digital Services for Patients and the Public, including the NHS Wales bi-lingual app which will support the citizens of Wales to take a more active role in their own health and well-being.

- Deliver on our new Decarbonisation Strategic Delivery Plan.

- Undertake a significant programme of organisational development as part of our strategic approach to the new Special Health Authority.

- Continue to promote and support activities which celebrate diversity and inclusion.

- Continue to promote and support use of the Welsh language.

- Work on an all-Wales basis to share best practice and embrace partnership working, including social partnerships.

- Work with Welsh Government to complete the Digital Workforce Review across NHS Wales.

In this IMTP we aim to review our well-being Goals and wider approach to sustainable development in collaboration with the Digital Health and Care Wales Board.

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

Decarbonisation:

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. The recently published NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

DHCW have produced their own Decarbonisation Strategic Delivery Plan which describes how we will work to reduce our carbon footprint in line with Welsh Government strategy.

DHCW are in a unique position to contribute towards reducing carbon emissions across the wider NHS by providing and improving digital solutions across NHS Wales such as those allowing for digital transfer and storing of information and solutions which allow for remote consultation.

In recognition that the nature of our business activities may have an environmental impact; we are fully committed to decreasing this impact across the scope of our operations and the services we deliver.

Becoming more environmentally aware we are actively taking steps to measure and reduce our carbon footprint to improve sustainability at DHCW by implementing improvement opportunities, enhancing our communication, and placing a greater focus on how we dispose of our waste.

The Estates and Compliance team are currently responsible for defining the approaches and implementing the initiatives detailed within this delivery plan. Beyond that, the team also works to collate and maintain environmental performance data, produce environmental statistics and reports as necessary, analyse environmental performance data and improve environmental communications across the organisation. However, Estates and Compliance cannot deliver our decarbonisation aims without the assistance of key stakeholders both within DHCW and external to the organisation.

DHCW staff

Citizen of Wales

THE IMMEDIATE FUTURE:

Members of the Senedd endorsed the Welsh Government's declaration of a Climate Emergency in 2019. The NHS Wales Strategic Delivery Plan, which DHCW are fully committed to, responds to this declaration, and is aligned with Welsh Ministers goal of achieving a net zero public sector by 2030.

DHCW will be developing our approach to Decarbonisation with our Board to contribute towards this target by:

- Further enhancing our principles for reducing carbon in the six main activity areas identified by Welsh Government:

  - Carbon Management

  - Buildings

  - Transport

  - Procurement

  - Estate Planning & Land Use

  - Approach to Healthcare

- We will undertake a full review of progress to date to determine the effectiveness of our actions.

- We will fully engage with Welsh Government and other stakeholders to share best practice.

We will implement the DHCW Decarbonisation Strategy and Plan and work to achieve Year 1 targets during 2022/23

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

DELIVERING HIGH QUALITY DIGITAL SERVICES:

Our Decarbonisation Plan objectives relate directly to Delivering High Quality Digital Services.

- Digital Health and Care Wales has assessed its baseline carbon footprint for 2019/20. The gross carbon emissions for scopes 1, 2 and 3 were **19,858 T CO2e** (net 19,652 T CO$_2$e). This includes the emissions generated from remote working, as well as the use of third party Data Centres.

- Procurement related emissions were the largest component (87%) of our carbon footprint, and the category with the most uncertainty. The plan to reduce procurement related emissions is being led by NWSSP through their own Delivery Plan. However, with our digital expertise, we acknowledge that we have a major role to play in assisting NWSSP to identify realistic reduction pathways for procurement of IT Goods and Services. We will work with NWSSP in 2022 to scope out the way forward so that numeric reduction targets may be set for subsequent years.

- Our Delivery Plan is focused on our Office Buildings and Data Centres, all Transport (business, fleet and staff commuting) and activities (i.e. non-procurement activities). Working remotely is also included as it demonstrated significant carbon reduction savings in 2020/21 and is a work model that DHCW can effectively adopt and commuting was a significant factor in our baseline review year.

- The Decarbonisation Pathway has been designed to achieve the NHS Wales 2025 and 2030 targets of 16% and 34% emissions reductions in the gross Operational emissions. DHCW has forecast its non-procurement 'Operational' emissions up to 2029/30 to predict the impact of key actions in our Delivery Plan. DHCW have established a Decarbonisation Group with representatives from a range of areas, including Estates, Infrastructure, Commercial Services, Finance and Workforce and Organisational Development.

- We are currently developing an action plan to deliver annual energy reductions, installing additional EV charging points, improving our understanding of the NWSSP carbon accounting tool and exploring new sustainable ways of working.

DHCW staff

THE IMMEDIATE FUTURE:

DECARBONISATION:

Our priorities (which cover Buildings, transport, Procurement and Approach to Healthcare as per the NHS Wales Plan) for the next three years include:

Year	Priorities
2022/23	• Improve Building Management Systems to achieve year on year reductions in emissions related to natural gas • Work with NWSSP to develop a strategy for low-carbon ICT procurement • Work with Data Centre Providers to improve energy performance • Install further additional EV Charging Points • Trial EV vehicles for fleet use • Undertake Staff Travel Survey • Reduce Business Mileage
2023/24	• Estates Rationalisation • Review EV opportunities for lease vehicles • Review Data Centre efficiency (using PUE measurement) • Further reduction of Business mileage • Roll out Sustainable Procurement Code of Practice as provided by NHS Wales Shared Service Partnership • Work with ICT suppliers with regards to unnecessary waste packaging and single use plastic
2024/25	• Review of Travel Plan • Review and update of low carbon ICT procurement strategy • Further Estates Rationalisation • Liaise with landlords to convert remaining buildings electricity tariff to REGO (Renewable Energy Guarantee of Origin) certificated supply • Continued remote working and promotion of home energy efficiency initiatives

LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS

STRATEGIC DRIVERS

The foundational economy is built from the activities which provide the essential goods and services for everyday life, regardless of the social status of consumers. These include, for example, infrastructures; utilities; food processing; retailing and distribution; and health, education and welfare.

They are generally provided by a mixture of the state (directly or through funding outsourced activities); small and medium enterprise (SME) firms; and much larger companies such as privatised utilities or branches of mobile companies such as the major supermarkets, who often originate from outside of Wales.

The Healthier Wales foundation economy programme 'looks at how and where we can procure goods and services that can help the Welsh economy and support our population. By spending our budgets in Wales, we will support Welsh companies that provide jobs and training in a local supply chain. Local supply chains are also better for our environment and more resilient to global changes.'

These key strategic drivers shape our response to the Foundational Economy:

- The Well-being of Future Generations (Wales) Act 2015.
- A Healthier Wales
- Procurement reform initiatives

WHAT THIS MEANS FOR DIGITAL HEALTH AND CARE WALES

- Using progressive procurement we will use our spending power to support the foundational economy, social value/community benefits and decarbonisation
- Exploring historical and planned procurement expenditure to identify contracting opportunities to capture interest of local business and addressing any barriers for SME's to contract with us
- Working with our procurement partners in NHS Wales Shared Services Partnership to identify medium/long term localising spend categories
- Reducing the consumption of resources, by working with and encouraging our supply chain to use whole life costing
- Identifying those opportunities in the supply chain to address environmental, social and economic impact as a consequence of the goods and services delivered

STATUS

Our achievements to date include:

- Environmental policy and accreditation
- Sustainable Risk Assessments (SRA) are carried out on all procurement exercises with a value in excess of £25,000.00 & VAT
- Specific questions are built into procurement activity to take account of the foundational economy
- Resource based requirements specify % residing in Wales
- Contracts executed with local contractors for:
  - Consultancy - to support the roll out of Microsoft Office across NHS Wales
  - Cleaning
  - Security
- Strategic contracts – resources resident in Wales , eg PACS (Imaging contract)
- Continued use of 'Sell to Wales' to stimulate SME interest in organisation's procurement requirements

NEXT STEPS

- Development of a Decarbonisation Policy
- Development of a Sustainability Policy
- Ongoing training for staff

Our Workforce Plan

DIGITAL HEALTH AND CARE WALES WORKFORCE VISION 2020

AIM:	CHALLENGE:	ACTION PLAN:
Extraordinary leadership Our leaders are emotionally intelligent and embrace change, enabling innovation and continuous improvement to deliver the outcomes our partners and users value and want, inspiring and encouraging their teams to do the same. Challenge the status quo to deliver great performance, supported by a focus on personal resilience, resourcefulness and agility, so their teams are equipped to deliver high quality services.	**Resourcing**	• Implement AI to maximise opportunities and reduce onboarding time • Reviewing opportunities for new roles and skill mix changes • Continue targeted recruitment plans for technical and other specialist roles • Reviewing and adopting new innovative recruitment and retention practices • Map roles to Digital, Data and Technology Plus Profession Capability Framework (DDaT) with clear links to career and development pathways • Continue working with University and local community partners to maximise recruitment
Great organisation to work All of our people have a great experience at work and they understand the part they play to achieve our vision, outcomes and to deliver an unrivalled user experience. We have an inclusive and diverse culture where our people are supported by their managers and feel confident that their voice is heard. We want everyone to thrive at work and feel empowered to be the best they can be.	**Training and development**	• Succession planning and talent management for key roles • Development and roll out of leadership and management programme • Development and implementation of Board and Senior Leadership Programme
Strategic workforce planning We will model, predict, prioritise and implement workforce strategies to ensure we interpret workforce requirements to deliver our overall business strategy. This includes strengthening targeted strategies to tackle our gender pay gap, reducing inequality of outcomes and any other significant workforce development needs. These plans are developed with, and owned by key leaders in the organisation, supported by the Workforce and OD team.	**Growing our own**	• Defining career pathways aligned to DDaT Plus framework, creating a Skills Hub to reskill/upskill roles to support retention • Implement 'trainee' & 'apprenticeship' schemes across the organisation, maximising opportunities to attract candidates from diverse backgrounds and experience • Reducing reliance on traditional training routes and increasing part time and internal retraining programmes
Grow our own Developing DHCW schemes which translate strategic workforce planning into targeted action, inspiring talent and promoting diversity and inclusion. These schemes will grow the future generation of talent, develop the people we have here now, supporting learning and development at all life stages. It will enable us to develop the skills and capabilities we need now as well as in the future, creating opportunities in our communities to secure our future talent, whilst supporting our industry to promote Digital and Information Technology as careers of choice.	**Culture and Organisational Development**	• Defining DHCW culture and behaviours framework – in line with the vision and values of the new organisation which drives technology adoption and digital work • Improving our understanding of the workforce and succession planning • Compliance with the 85% PADR target supporting regular meaningful conversations with our staff
	Technology and new ways of working	• Implement Workforce Platform to analyse and predict workforce trends and strategic workforce planning • Explore integrated approach to manage an unintegrated workforce through the lens of workforce ecosystem • Development and roll out of the New Ways of Working Strategy and Framework • Maximising use of technology to support an agile culture and flexible workforce
Well-being and engagement Every individual in DHCW will be confident to play their part in delivering best in class service, through excellence in their technical competence and developing emotionally intelligent, well-being and personal skills. They will reach their potential by developing their skills continually with lifelong learning, as an inspiration to colleagues, partners, clients, families and communities whilst enjoying work life balance.	**Well-being and engagement**	• Develop and implement 'virtual' Well-being room • Continue to focus on managing sickness absence levels below the Welsh Government target • Explore ways to implement Robotic Process Automation to perform routine tasks in W&OD • Continuing to contribute to 'A Healthier Wales - Workforce Strategy for Health and Social Care'
	Diversity /Equality /Welsh Language	• Support the implementation of the Welsh Language Standards • Develop recruitment and development programmes to reduce gender pay gap, ensure sufficient flexibility to support diversity in the candidate pool and address inequality of outcomes in terms of career prospects
New ways of working Our world is changing exponentially; we have demonstrated that we can adapt to work very differently in challenging circumstances and will continue to build on this model in the next twelve months to optimise the opportunities that technology, innovation and digitalisation bring. Embracing difference and including everyone is a fundamental part of developing a future proof mind-set so we stay ahead of the game.	**Changing the shape of the workforce**	• Workforce planning - identify the talent needs for DHCW's future goals, and establishing a strategy to ensure the organisation has the right mix of talent, technologies and right mix of different employment models to reach these goals eg Architecture, Cloud, Data etc. • Navigating demographic shifts - the challenges of managing a five-generation workforce with changing expectations and needs, as well as the accelerated speed of market shifts (e.g., changes in user demand/expectations, organisation models) • Increase in Client Service workforce to support 7 day services

AREAS OF FOCUS

The Workforce and Organisational Development team played a key part in many different stages of the initial Covid-19 response. Since March 2020, all of our staff have been able to work remotely from their homes with a small number of key roles on a rota to work on site.

A key focus for workforce will be to ensure we recognise a more significant change is required to keep pace with business demands and ensure that we have the right skills and resources in place to deliver our plan. Recruitment will continue to be a major priority, led by our recruitment taskforce, as we increase our workforce significantly in both numbers and skills set over next 3 years. We will also engage expertise and resources through a number of other routes to create more agile and responsive capacity and to bring in specialist expertise as required to successfully roll out key initiatives and Digital Priorities Investment Fund projects such as Office 365, the Test, Trace, Protect (TTP) developments, E-Prescribing, and Cloud Strategy.

Workforce planning indicates in particular, an increase in the request for Software Developers, Project Managers and analysts.

We anticipate that this mixed resource model will increase our overall capacity by approximately 28% in 2022/23.

CURRENT WORKFORCE

DHCW currently employs 897.5 WTE (Dec 2021). Over the last 12 months the number of staff in post has increased by 155.5WTE. We anticipate that this will increase further to circa 1160 WTE by March 2023.

Our workforce profile reflects a relatively young mix with succession planning and talent management key aspects of our leadership development programme. We are focused in our recruitment and career pathways planning on equality and diversity to reflect the population in Wales.

DHCW Workforce

Benchmark against FEDIP

To be added

Workforce Gender & Age Profile
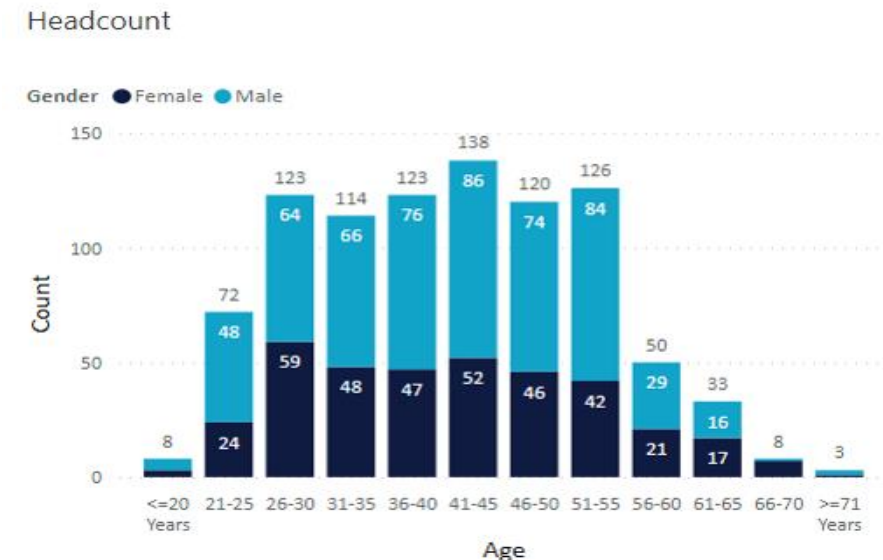
Workforce Growth

DHCW's recruitable workforce is projected to increase by over 40% in two years dominated by non recurrent digital development funding. This includes:

- Additional Digital Priorities Investment Fund (DPIF) priorities confirmed and funded such as ePrescribing and Medicines Management, Office 365 Centre of Excellence and Digital Services for Patient and the Public

- Underpinning support of COVID-19 Digital Response

- Formation of the SHA Board, Executive Team and Functions

Supporting the growth via the Recruitment Task Force

- Nearly 300 posts filled since March 2021

- Working with recruitment specialists (3 agencies contracted)

- Five Careers Fairs attended plus one virtual fair hosted by DHCW

- Procurement strategies to bring in external resource

DHCW Workforce Growth FTE 2021-2023
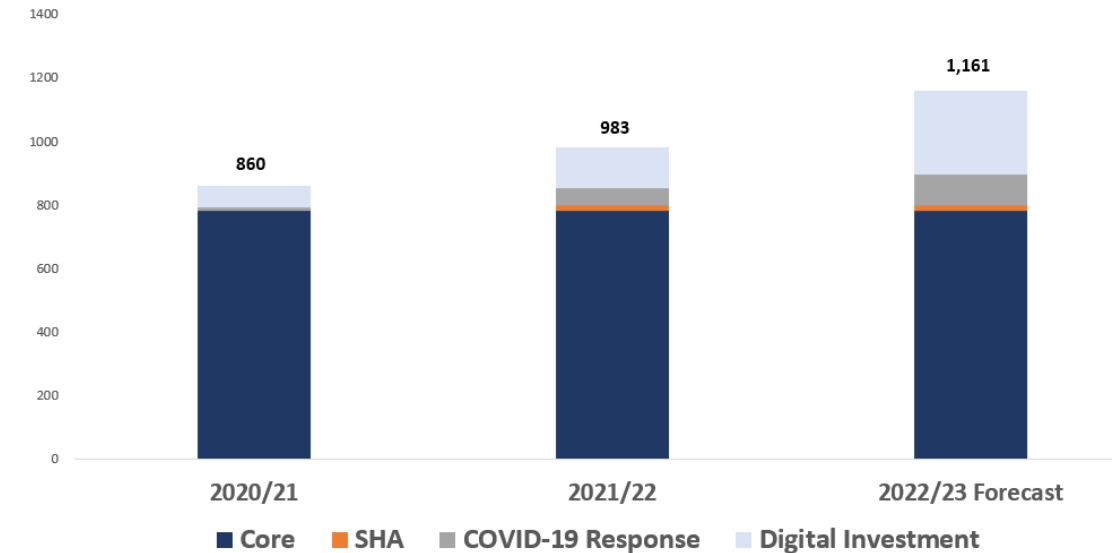
Whilst core workforce is relatively stable, with low turnover, supporting the requirement for DPIF schemes and COVID response we anticipate will require significant growth over 2-3 years.

Further drafting to follow

Welsh Language

Continue to embed organisation governance and leadership roles: Key leadership roles include Cyber Security and Data Governance

Enabler

- Build on the governance process implemented during year one of the Special Health Authority establishment to incorporate feedback from the baseline governance review and internal audit reports, as well as ensuring a fully established board.
- Ensure compliance with Standing Financial Instructions. Establishment of financial structures and functions to deliver and manage the financial allocations and requirements for statutory requirements. The role extends to supporting the investment pathway with digital business cases and benefits tracker
- Continue to progress the national functional responsibilities in Cyber following the formation of the Independent Cyber Resilience Unit during year one, with the national data Governance responsibilities which DHCW lead on.
- Learn lessons from the first year operating as a Special Health Authority ensuring resources are appropriately allocated as we move into year two to support the organisation and effective governance.

Strategic roadmap : Linking the work on the architecture and infrastructure to develop a technology roadmap that includes cloud and open architecture - a broader national systems roadmap linking the requirements of a Healthier Wales

Enabler

- To translate the Healthier Wales and population health digital response into a national digital roadmaps that will help to identify and influence digital investment priorities underpinned by specific product and service roadmaps
- To continue with work from year one in the Architecture and Infrastructure future requirements through the development of several strategies and related business cases, eg, Open Architecture, Cloud and Data.

Develop our Digital capability and capacity through our workforce development and planning but also our commercial relationships

Enabler

- The demands for digital continue to grow. To keep pace DHCW will need to implement a comprehensive digital workforce plan capitalising on its links with the Wales Institute of Digital Information (WIDI), commercial partners, and HEIW. We will develop as part of WIDI our research and innovation strategy
- With the growing dependency on the digital systems 24/7 the organisational support models need to adapt and provide appropriate support. The future workforce models will be at the forefront of next year's plans

EMBEDDING and DEVELOPING
The New Digital Organisation

DHCW & stakeholders

Strengthening Stakeholder Relationships : working collaboratively with all stakeholders to develop our digital roadmaps and consider our responsibilities in relation to socio economic development in Wales

Enabler

- Build on the strategic objectives and vision for the new Special Health Authority to develop the organisations long-term strategy, mission and vision considering the new expanded remit of the organisation as a Special Health Authority.
- Implement the approved stakeholder engagement strategy, by planning and supporting milestones and confirming approach to stakeholder engagement.
- Ensure that socio-economic considerations are at the heart of our procurement and resourcing decisions, including key priorities such as the development of a Decarbonisation Strategy and plan.

Welsh Language: Continue to develop our Welsh identity as a new statutory organisation through Board level commitment, dedicated resources and wider provision of Welsh services both internally and across the NHS Wales family

Enabler

- Build on our current provision of Welsh language training and build activities to promote the use of Welsh in work
- Work collaboratively with NHS Wales partners to consider the Welsh language in service development and deployment
- Increased focus internally on assuring Welsh language considerations as part of the design and development process
- Develop on the existing processes for learning from any reviews or feedback

Quality, Regulation and Service Improvement : DHCW will be a quality organisation adhering to relevant international quality standards. It will continue to strengthen this with a new structure, a quality management electronic system and proactive regulation focus

Enabler

- Quality and Regulatory Compliance will continue to lead and support the implementation and maintenance of a quality management system and the audit programme that underpins the ISO standard requirements.
- Increased Regulatory focus, in particular around new legislation and implementation of Software lifecycle to support Medical Devices Regulations
- Quality and Regulatory Compliance are integrated to meet the organisational requirements inline with the product development process.
- Produce and implement a document management strategy.
- A robust approach to organisational learning will ensure lessons learnt to deliver continuous service improvement. With a systematised and accessible approach to Integrated Organisational Performance

Appendix 1

Well-being and Future Generations Act (including Welsh Language)

A WALES OF VIBRANT CULTURE AND THRIVING WELSH LANGUAGE:

The Welsh Government's Cymraeg 2050 strategy describes an ambition to reach a target of 1 million Welsh speakers by the year 2050. A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

As an organisation we have a responsibility to create the right environment for new learners to acquire and use the language, and for fluent speakers to converse and conduct at least part of their day-to-day working life in Welsh, also being able to transact with colleagues and partners outside the organisation who wish to converse in Welsh. Additionally, there will be goodwill and a feeling of ownership regarding the language amongst those who do not speak it. We have appointed a Welsh Language Services Manager to lead in this area.

We will adopt the principle established in the Welsh Language Act 1993 that, in the conduct of public business in Wales, the Welsh and English languages should be treated on a basis of equality. We have developed a Welsh Language Scheme and are committed to provide a level of Welsh Language services equivalent to the Welsh Language Standards being adopted by similar public organisations in Wales.

We will continue to manage our responsibilities for use of the Welsh Language using our Welsh Language Action Plan to monitor progress and improvements.

THE IMMEDIATE FUTURE:

Activities being undertaken throughout the organisation to actively promote use of the Welsh Language include:

- Our new Welsh Language Services Manager will oversee the implementation of a Bilingual Skills Strategy across DHCW.

- We will continue to lead on all-Wales work to optimise the quality and quantity of Welsh Language services that we are able provide.

- Further development of our multi-disciplinary team, inclusive of Welsh speakers and representatives of all activities undertaken, to ensure compliance. The team is led by an Informatics Service Director, and includes a technical lead (both of whom speak Welsh as a first language), to ensure Welsh language requirements are considered in all existing and new developments.

- We will continue to refine our national systems to support NHS Wales organisations.

- We will continue to work with NHS Wales Shared Services Partnership for translation services.

- We have identified which roles require Welsh Language skills to be an essential requirement and are actively recruiting Welsh speakers.

- We have ongoing engagement with the Welsh Language Commissioner and Welsh Government.

- We will run Welsh lessons for all abilities (we are also exploring opportunities for intensive tutoring of those with intermediate skills to allow them to quickly progress to a level whereby they are confident to use the Welsh language during the working day).

We will continue to raise awareness of the Welsh Language by the publication of articles, newsletters and awareness sessions.

DHCW staff

20/20

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DIGITAL HEALTH AND CARE WALES
THE WELSH COMMUNITY CARE INFORMATION SYSTEM STATUS REPORT

Agenda Item	4.10

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Julie Francis, Head of Commercial Services
Presented By	Julie Francis, Head of Commercial Services

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to receive this report for **ASSURANCE**.	

Acronyms			
BCBC	Bridgend County Borough Council	CRM	Customer Relationship Management
DO	Deployment Order	IAA	Inter Authority Agreement
MSA	Master Services Agreement	WCCIS	Welsh Community Care Information System

1   SITUATION/BACKGROUND

Following review of the Audit Wales WCCIS report at the October DHCW Audit and Assurance Committee the Committee requested further information on the contractual arrangements for the programme.

In March 2015 Bridgend County Borough Council entered into a contractual agreement with CareWorks to enable the provision of the Welsh Community Care Information System (WCCIS) to all 7 Health Boards and 22 Local Authorities in Wales.

An Audit Wales report into WCCIS was published in October 2020, and Welsh Government have commissioned a Strategic Review of the WCCIS Programme which is currently underway with a report to be presented to the WCCIS Leadership Board on 14 January 2022.

This paper provides a summary of the current contractual status of the Welsh Community Care Information System and in particular the role of DHCW in its support and management, pending the outcome of the Review.

1.1   Programme Overview

Welsh Government policy has for many years pursued a strategy of more integrated working between Health and Social Care services, to support people to maintain independent healthier lives in the community. The policy ambition is to provide high quality people focused, local, integrated care: that is safe and effective; providing the right care at the right time in the right place, from the right person. This requires underpinning digital information solutions to support integration, sharing of information, and enable fundamental service transformation.

The Welsh Community Care Information System (WCCIS) Programme was established in 2015 as a major component of the policy implementation. It is a long-term national initiative to support the delivery and effective implementation of a 'Once for Wales' digital solution to enable this transformation and greater integration of community health and care services across Wales.

A competitive dialogue process with joint health and social care involvement was used as the procurement route to establish an all-Wales contractual framework for WCCIS. The procurement concluded successfully and a contract was awarded to CareWorks and executed in 2015. The contractual scope is for a fully managed system, *Care Director*. [1]This is a full case management system providing a single shared record for every service user, diary, and clinic management, waiting list and bed management functionality. There are areas of functionality which are currently outstanding which

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[1] The Audit Committee is required to note that the market for this solution is niche and extremely small.

is being managed via the governance mechanisms set out below. The key activity over the last 12 months has focused on the establishment of a new Customer Relationship Management (CRM) platform which underpins the solution and the preparation required for the Strategic Review.

The contract was made available to all 7 Health Boards and 22 Local Authorities in Wales and the solution is currently live in 17 organisations (15 Local Authorities and 2 Health Boards) with at least one organisation live in every Region and there are 13,500 frontline staff using the system. The Contracting Authority is Bridgend County Borough Council (further details are provided below). It is anticipated that during 2022 Swansea Bay Health Board, Betsi Cadwaladr and Aneurin Bevan Health Board's will recommence their deployments. It is acknowledged that this process will require detailed planning between the parties.

Given the complexity and ambitions of the programme it was essential that a robust governance process was established. The diagram below shows the governance structure of the WCCIS Programme.
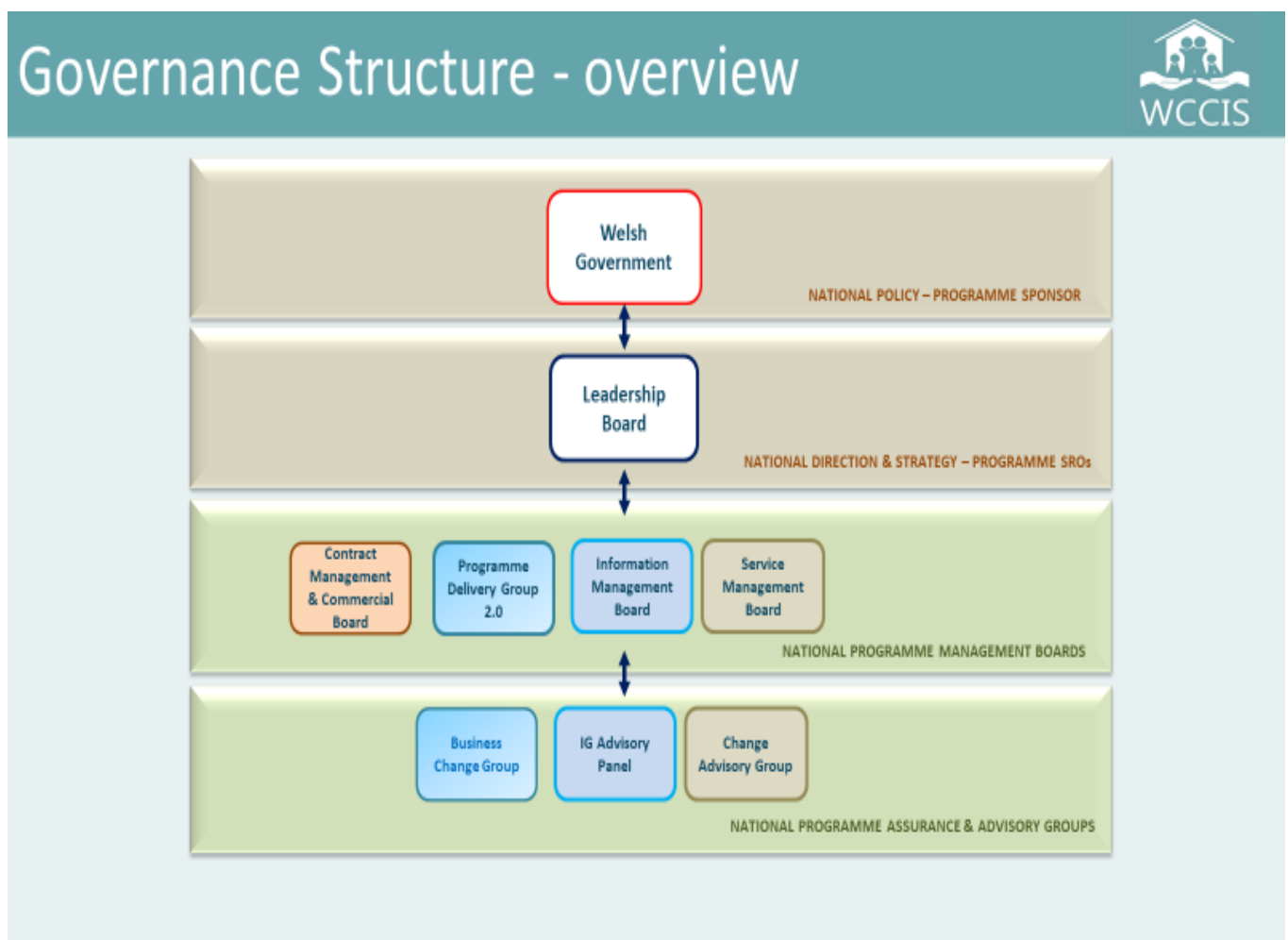
1.2   Contract Overview

Following specification of requirements and development and approval of the National full business case (FBC) in 2014/15, a competitive dialogue procurement was undertaken and the contract for the Welsh Community Care Information System was awarded to CareWorks in March 2015.   This

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Author: Julie Francis
Approver: Michelle Sell

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comprised a Master Services Agreement and the ability for each of the 7 Health Boards and 22 Local Authorities in Wales to contract for appropriate user licences and associated services for this national system, in line with locally led implementation plans, via a local Deployment Order. (An organisation's contract with the Contractor).

At the time of contract award, there was no supplier in the marketplace that could provide all the Authority requirements, but in order to future proof the system for developments over the lifetime of the contract, the supplier was required to commit to roadmap developments which were linked to the service charging mechanism.

1.2.1 Contractual Framework and Term

The Master Services Agreement and Deployment Order contract forms were selected on the basis of the following:

- Common set of requirements via the Master Services Agreement with some localised services
- complexity of implementation of national solution - contractual control and flexibility are maintained at a local level,
- Limits commercial and service risk to Contracting Authority and Authority Parties
- Local organisations are responsible for the deployment of their own services and obligations, resources & Implementation Plan
- Contractor needs to provide sufficient and capable resources to meet the implementation plan for each local deployment.
- Contractual breach is limited to the deployment order in which the breach occurred and not the entire service being provided across Wales. The organisation concerned would pursue damages from the contractor and vice versa.

1.2.2.2 Master Services Agreement and Deployment Order

The Master Services Agreement set out all the key terms and requirements under the agreement and each Health Board or Trust would then enter its own direct contractual relationship with the Contractor via its Deployment Order (as an Authority Party under the terms of the MSA) by calling down its requirements from the Master Services Agreement.

The initial term of the Master Services Agreement expires in March 2023 with the possibility to extend annually until March 2027. This enables organisations who "take up" the solution towards the end of the Master Services Agreement the ability to secure full benefits from the solution (see section below).

Within the context of the Master Service Agreement (MSA), each constituent organisation, Local Authorities, NHS Health Boards and Trusts, agrees an individual Deployment Order (DO) to call off from the contract. Although each individual organisation enters a direct contract with the supplier on signing their DO, it is in the context of the overall MSA and an all - Wales DO for the supply and installation of All-Wales Hardware Infrastructure and licenses. Deployment Orders are also designed to run for 8 years with the options to extend for 4 years in annual increments.

1.2.2.3 Lead Authority and Contractual and Commercial Advice

Bridgend County Borough Council (BCBC) acts as the Lead Authority via an Inter Authority Agreement (IAA) signed by all organisations with a DO. The Lead Authority is authorised to act on behalf of the WCCIS organisations to undertake the functions contained in the MSA and All – Wales DOs and to receive funding made available by Welsh Government via funding letters and to sign the letters on behalf of the WCCIS organisations. DHCW provide technical, contractual and commercial advice and support to BCBC and all organisations around the MSA and Deployment Orders but there is no current direct contractual agreement between the WCCIS Supplier and DHCW.

In 2019, Advanced Health and Care bought out CareWorks and the MSA for WCCIS. The Contract was novated to Advanced Health and Care on the same terms and conditions of contract. Since 2019, Advanced are responsible for the provision of the system and are bound by the terms of the MSA and its Deployment Orders.

1.3   Role of Digital Health & Care Wales

DHCW's Commercial Services Team provides specialist commercial and contractual advice predominantly at a national level and it also acts as the interface for securing appropriate legal scrutiny and advice where required. The approach to contract management is a "partnership" underpinned by the provisions and remedy position set out in the agreement and associated deployment orders. DHCW also employs the Programme Director and provide a team who support implementation and support under the direction of the Leadership Board.

1.4   Current Status

Following the Audit Wales report into WCCIS in October 2020, Welsh Government have commissioned a Strategic Review of the WCCIS Programme which is currently underway with a report to be presented to the Leadership Board on 14 January 2022.

To provide support and provide context for the Strategic Review, the DHCW Commercial Services Team conducted a series of interviews with representatives from across the Programme to understand what lessons could be learned and where these could be applied in future.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Lessons Learned – Contract Management

The WCCIS Programme is complex in its scope and ambition, there are a wide range of stakeholders from a variety of organisations, backgrounds and disciplines contributing to the overall delivery of the Programme. The user base is equally diverse and as such, governance around the delivery of the system (and the contractual mechanisms supporting delivery) can be particularly challenging. While this complexity was recognised as a necessary element of the Programme, given its objectives, the lessons learned exercise undertaken by the Commercial Services Team identified some themes where short-term improvements could be made ahead of the Strategic Review outcomes. It is envisaged that these improvements will be undertaken by the end of March 2022.

2.1.1 Theme 1 – Transparency and Communication

Many of the participants in the lessons learned exercise were unclear about what the terms of the MSA/DOs are and what was in or out of scope of the Agreement. In 2015 a CCIS Contract Guidance Document and supporting FAQs were developed to support the roll out of the contract, however there have been numerous personnel changes during the contract term and this document does not appear to have been widely shared. Participants also felt that the Contract and Commercial Group's membership did not reflect the make-up of the programme's stakeholders and that decisions made and issues discussed were not being effectively communicated via the Programme's communication channels.

2.1.2 Theme 2 – Clear Roles and Responsibilities

There was a view among participants in the lessons learned exercise that DHCW not being a party to the contract (as it is not Authority for the purpose of the MSA, nor does it hold a Deployment Order) has caused challenges for both participating organisations and the supplier as there are key dependencies for both sides that are not directly linked to the contract. A summary of the challenges includes:

1. A lack of clarity in respect of the role of Commercial Group and its component membership
2. Communication between the Commercial Group and Stakeholders across Wales
3. Understanding of the scope of the Contract

The proposed approach to dealing with these issues are set out in next steps below.

2.2 Next Steps

The WCCIS Contract Management and Commercial Group will review their terms of reference to ensure that the group's membership has the appropriate skills, knowledge and expertise to support the delivery of the WCCIS Programme though available contractual mechanisms as well as the ability to communicate contractual issues more effectively with stakeholders.

To support communication, the original guidance documentation will be updated and circulated to all relevant members of the Programme Team, this sets out key terms and clauses of the MSA and deployment orders and provide an overview of the duties and obligations of both the supplier and the participating organisations, to clarify contractual arrangements. This will be maintained and updated by the DHCW Commercial Services Team and reviewed periodically by the WCCIS Contract Management and Commercial Group. This will be underpinned by training, where necessary, for key staff working closely with the Supplier.

Following publication of the Strategic Review report, DHCW will work with Welsh Government and other Stakeholders to act on the recommendations made.

3 RECOMMENDATION

The Committee is being asked to receive this report for **ASSURANCE.**

Author: Julie Francis
Approver: Michelle Sell

4   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Effective Care
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
There are no new requirements in this document that would have an impact on the existing equality Impact Assessment (approved on 01/05/2019).	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL	No, there are no specific financial implication related to the activity outlined in this report

Author: Julie Francis
Approver: Michelle Sell

IMPLICATION/IMPACT	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Julie Francis
Approver: Michelle Sell

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DIGITAL HEALTH AND CARE WALES
HEALTH & CARE STANDARDS ASSESSMENT 2021/22

Agenda Item	4.11

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

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

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to receive the Health and Care Standards Annual Assessment for 2012/22 for **ASSURANCE**	
Acronyms	

DHCW	Digital Health & Care Wales	SHA	Special Health Authority
WCP	Welsh Clinical Portal	SOs	Standing Orders
SFIs	Standing Financial Instructions	IG	Information Governance
NIIAS	National Intelligent Integrated Audit Solution	WASPI	Wales Accord for Sharing of Personal Information
WCDR	Welsh Clinical Data Repository	DPO	Data Protection Officer

1   SITUATION/BACKGROUND

1.1   The Health and Care Standards Wales 2015 set out the requirements for the delivery of health care in Wales at every level and in every setting. The standards have been designed to fit the seven themes of the NHS Outcomes and Delivery Framework and establish a basis for improving the quality and safety of healthcare services, by providing a framework to identify strengths and areas for improvement.

1.2   The seven themes collectively describe how a service provides high quality, safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes. The seven themes are (supported by an overarching Governance, Leadership and Accountability Standard) are:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Our Staff

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Self-Assessment ratings are categorised as follows:

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

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

Governance, Leadership and Accountability		Score 2020/21	Corporate Score 2021/22
		5	3
Std 0 Governance		0 Governance	

Our Achievements:
- Successful launch of DHCW, with SOs/SFIs and essential Policies approved at the inaugural Board Meeting on 1 April 2021
- The establishment of a robust Planning and Performance Management functions, supported by a team led by the Chief Operating Officer and the organisation-wide Planning and Performance Management Group (PPMG)
- Delivering the business of the Board and associated Committees and Advisory Groups virtually
- Virtual and Hybrid Board Development Programme to embed and develop the new Board

Our Priorities and Aims 2022/23
- To implement a new structure as a result of re-organisation following appointment of two further Executive Director Roles and three Board level Director roles (**August 2022)**
- To provide a Programme of Board Development and Board Briefing Sessions throughout 2022/23 (March 2023)
- Implementation of the Risk and Board Assurance Framework Strategy including the new risk appetite across the organisation (May 2022)
- Development of the Governance Assurance Framework and implementation across the organisation (April 2022)

Staying healthy		Score 2020/21	Corporate Score 2021/22
		4	4
Std 1.1 Health Promotion		1 Staying Healthy	

Our Achievements:
- During Covid-19, continued to support staff working remotely and updated Covid-19 support pages
- Re-certification of BS76000 Valuing People Standard
- Corporate Health Standard Status Check

Our Priorities and Aims 2022/23
- Achievement of the new Healthy Working Wales Wellbeing Standard (December 2022)
- Implementation of new model of working by April 2022, to become a more attractive and flexible employer of choice (May 2022)

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Safe care	Score 2020/21	Corporate Score 2021/22
Std 2.1 Managing Risk and H&S	5	4
Std 2.2 Preventing Pressure Damage	N/A	N/A
Std 2.3 Falls Prevention	N/A	N/A
Std 2.4 Infection Prevention and Control	5	5
Std 2.5 Nutrition and Hydration	N/A	N/A
Std 2.6 Medicines Management	N/A	N/A
Std 2.7 Safeguarding	N/A	N/A
Std 2.8 Blood Management	N/A	N/A
Std 2.9 Medical Devices, Equipment and Systems	3	4

2.1 Managing Risk and Promoting Health & Safety
2.4 Infection Prevention and Control (IPC) and Decontamination
2.9 Medical Devices Equipment and Diagnostic Systems

Our Achievements:
- Development of a Risk and Board Assurance Framework for DHCW
- Development of an Organisation-wide Risk Appetite
- Appointment of a Water Safety Consultant and establishment of a DHCW Water Safety Group
- Maintained compliance of organisation led testing at all sites
- Put in place controls in our office in response to the Covid-19 Pandemic and Welsh Government Guidance to ensure that our offices remain Covid-19 secure enabling some on-site presence where required
- Formation of the Medical Devices and Alerts Group
- Development of a defined projects strategy and plan of implementation to ensure compliance with Medical Devices Regulations

Our Priorities and Aims 2022/23
- Undertake and publish Business Impact Analyses for all DHCW Teams (June 2022)
- Upgrade to new Datix Cloud (Risk and Incident Management System) as part of Once for Wales Programme (December 2022)
- Appoint Corporate Services Estates Officer for the North Wales region (April 2022)
- Plan testing of plant systems and equipment (April 2022)
- Review and confirm future Estate footprint (June 2022)
- Work across the organisation to integrate Medical Devices Regulations at departmental level and educating on cultural impact (Ongoing activity to March 2023 and beyond)

Effective care	Score 2020/21	Corporate Score 2021/22
Std 3.1 Safe and clinically Effective Care	5	5
Std 3.2 Communicating Effectively	5	3
Std 3.3 Quality Improvement, Research and	4	4

HCS Assessment   Page 4 of 8   Author: Julie Ash
                                                                   Approver: Chris Darling
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Innovation	4	4
Std 3.4 IG and Technology	4	4
Std 3.5 Record Keeping		

[3.1 Safe and Clinically Effective Care](#)
[3.2 Communicating Effectively](#)
[3.3 Quality Improvement, Research and Innovation](#)
[3.4 IG and Technology](#)
[3.5 Record Keeping](#)

Our Achievements:

- Robust National Informatics Assurance process and Clinical Risk Management processes has helped to deliver key pandemic response electronic systems
- In April 2021 we became a Special Health Authority, Digital Health and Care Wales. We worked to set up open and effective communications to enable the new Board to hold virtual Board Meetings with the ability for the Public to access the meetings
- We continued to provide communications through all our channels in the appropriate format and language
- Collaboration across healthcare and with academia and industry has been maintained
- Networked Data Labs Wales have published co-authored reports on Shielded Patients during Covid-19 and Children and Young People's access to Mental Health Services during Covid-19
- Creation of an IG Framework for Wales (supporting Primary and Secondary Care) – IG Toolkit, National Intelligent Integrated Audit Solution (NIIAS), Data Protection Officer (DPO) Service for GP, support for Wales Information Governance Board and Wales IG Management Advisory Group
- Maintaining the Wales Accord for Sharing of Personal Information (WASPI)
- Development of Welsh Clinical Portal (WCP) and its implementation has increased significantly over the last year

Our Priorities and Aims 2022/23

- Increase the inclusion of Clinical Professionals on the safe design and implementation of clinical systems in the areas of Mental Health, Maternity, Nursing and other specialist areas (April 2022)
- Raising awareness and understanding of the role and products of DHCW with Stakeholders, including NHS Staff, Patients and Public and also raising awareness of the Board and SHA Governance model (Ongoing activity)
- Build and grow the reputation of DHCW with all our Stakeholders and continue providing open, effective and accessible communications to NHS Staff, Patients and Public (Ongoing Activity)
- Strengthen research, improvement and innovation as part of the organisation's objectives (June 2022)
- Development and embedding of Data Strategy (September 2022)
- Maintain the IG Framework in support of the Covid-19 pandemic – to include the technical support for the Test, Trace and Protect WG Strategy – examples include roll-out of the Wales Immunisation System (WIS) and Track and Trace System (April 2022)
- Expending BS10008 Standard to bring in Welsh Clinical Data Repository (WCDR) (April 2022)

Dignified care	Score 2020/21	Corporate Score 2021/22
Std 4.1 Dignified Care	N/A	N/A

HCS Assessment   Page 5 of 8   Author: Julie Ash
                                                        Approver: Chris Darling
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5/8   435/451

Std 4.2 Patient Information	N/A	N/A
Not Applicable to DHCW		

Timely care	Score 2020/21	Corporate Score 2021/22
Std 5.1 Timely Access	N/A	N/A
Not Applicable to DHCW		

Individual care	Score 2020/21	Corporate Score 2021/22
Std 6.1 Promote Independence	N/A	N/A
Std 6.2 Peoples Rights	3	4
Std 6.3 Learning from Feedback	5	4

6.2 Peoples Rights
6.3 Listening and Learning from Feedback

Our Achievements:
- People and OD Strategy implemented which includes Diversity and Inclusion Workstream and aligned to Wellbeing of Future Generation Act (WBFGA) and maintenance of BS 76000 Standard
- Launch of Yammer to enable social groups to be formed
- Creation of a Shared Listening and Learning Framework to be overseen by the SHA Board
- Establishment of Patients and Public Assurance Group and Stakeholder Networks for Digital Services for Patients and the Public and user research activity has commenced

Our Priorities and Aims 2022/23
- Implementation of Diversity and Inclusion Forum and Strategy (June 2022)
- Delivery of Equality Training (April 2022)
- NHS App to be made available for the Patients and Public in Wales (May 2022)
- Review of the Shared Listening and Learning Framework (April 2022)
- Updating the Putting Things Right Regulations to include SHAs (December 2022)
- Strengthening the DHCW Incident and Learning Review Group's reach and embedding the learning across the organisation (March 2023)
- Further develop processes for recording and acting upon Stakeholder Feedback (June 2022)

Our staff	Score 2020/21	Corporate Score 2021/22
Std 7.1 Workforce	4	4

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7.1 Workforce

Our Achievements:
- Procurement of e-learning platform
- Apprentice recruitment and appointment of Finance and Management Graduate Trainees
- Delivery of Management Programmes and Workforce Planning Training

Our Priorities and Aims 2022/23
- To continue to progress e-learning platform and deliver an internal training programme
- To progress partnerships with academic institutions and increase number of placements and work experience opportunities in the organisation
- Workforce Planning

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3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Improvement actions identified from the self-assessment will be included within the DHCW Health & Care Standards improvement plan and monitored by the Risk Management Group with reports at mid and end year.

3.2   This assessment will be shared with the Digital Governance and Safety Committee to enable scrutiny of performance and plans for standards under its remit.

3.3   A comprehensive update report will be provided to the relevant DHCW Committee at the end of the period with the next annual submission.

4   RECOMMENDATION

The Committee is being asked to receive the Health and Care Standards Annual Assessment for 2012/22 for **ASSURANCE.**

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	Not applicable

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

DHCW QUALITY STANDARDS	ISO 9001
ISO 14001, BS 10008, BS 76000, ISO 20000	

HEALTH CARE STANDARD	Choose an item.
This report covers all Health and Care Standards applicable to DHCW	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:	
Choose an item.		Outcome:
Statement: EQIA not required		

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	3 December 2021	Approved
Management Board	16 December 2021	Approved

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The assessment considers if services are provided in a high quality and safe manner

LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Some standards require compliance with legislation such as Infection Control and Medical Devices

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 Standards consider equality, the safety of the workforce and workforce activity

SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES
COVID-19 INQUIRY UPDATE REPORT

Agenda Item	4.12

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary / Michelle Sell, Chief Operating Officer
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary / Michelle Sell, Chief Operating Officer

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to: **NOTE** the latest position on a UK inquiry into Covid-19 and note for **ASSURANCE** the work taking place to prepare for a UK wide Covid-19 Inquiry which will require input from DHCW.	

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

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

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

1.   SITUATION/BACKGROUND

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

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

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

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

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

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

2.   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   On the 15 December the Prime Minister appointed the Rt Hon Baroness Heather Hallett DBE as Chair of the forthcoming public inquiry into the Covid-19 pandemic.

2.2   The Inquiry, set to begin its work in spring 2022, will be established under the Inquiries Act 2005, with full powers, including the power to compel the production of documents and to summon witnesses to give evidence on oath. Additional panel members will be appointed in

Author: Chris Darling
Approver: Michelle Sell

early 2022 to make sure the Inquiry has access to the full range of expertise needed to complete its important work.

2.3   More information on its aims and remit (via Terms of Reference) will be known closer to the inquiry start date.

2.4   DHCW along with other Health Bodies in NHS Wales are working closely with NWSSP Legal and Risk Services and the Welsh NHS Confederation to prepare for the inquiry.

2.5   Digital Health and Care Wales (DHCW) have established a Working Group, chaired by the Chief Operating Officer, consisting of the following membership:
   ➢ Board Secretary
   ➢ Associate Director of Finance
   ➢ Head of Corporate Services
   ➢ Head of Commercial Services
   ➢ Head of Client Services
   ➢ Assistant Director of Planning
   ➢ Corporate Governance and Assurance Manager
   ➢ Programme Lead, Test,Trace,Protect (TTP)
   ➢ Head of Workforce and Organisational Development
   ➢ Deputy Director of Information Services
   ➢ Service Management Lead
   ➢ The Group invite representatives from other areas as and when required

DHCW are collating information relating to all actions and decisions taken during the pandemic both for outward facing services (digital developments to support management of the pandemic) and for those relating to its internal business such as safe working arrangements and governance processes.

A "Covid-19 Timeline" has been created setting out our responses to pandemic developments.

The role of Archivist for the organization has been identified and work is taking place to manage the storage of information on a SharePoint site.

DHCW have been offered and will be accepting legal advice and guidance from NHS Wales Shared Services Partnership Legal and Risk Services.

Work to ensure the SHA Board are fully briefed on the inquiry and requirements are progressing via a Board Briefing from NWSSP Lead and Risk Services.

The All-Wales Board Secretaries network, of which the DHCW Board Secretary is a member receive regular updates on the status of the inquiry.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The work to prepare for the Covid-19 inquiry is additional work for a number of DHCW staff.

3.2 The full scope and therefore implications for DHCW is not currently known, however preparation is taking place incorporating legal advice received to date.

4. RECOMMENDATION

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

5. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)		Outcome: N/A
Statement: This is a retrospective Inquiry, there is no impact on protected groups.		

Workforce EQIA page

Author: Chris Darling
Approver: Michelle Sell

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APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

Author: Chris Darling
Approver: Michelle Sell

DIGITAL HEALTH AND CARE WALES
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Agenda Item	4.13

Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 January 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary

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

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

1   SITUATION/BACKGROUND

1.1   DHCW along with other NHS Wales bodies are a member of the NHS Wales Shared Services Partnership Committee.

1.2   The Executive Director of Finance is the DHCW member on the Partnership Committee.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   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 4.13i via the NHS Wales Shared Services Partnership Committee Assurance Report.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   None.

4   RECOMMENDATION

The Committee is being asked to:
Note the NHS Wales Shared Services Partnership Committee Assurance Report.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All

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

DHCW QUALITY STANDARDS	N/A

Author: Chris Darling
Approver: Chris Darling

If more than one standard applies, please list below: Effective reporting and structure helps uphold all the quality standards.	

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

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

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME

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

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Margaret Foster, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 November 2021
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	

Decarbonisation Agenda

Chris Lewis, NWSSP, Specialist Estates, provided an update on the work being done within NWSSP, both internally and on behalf of NHS Wales, in terms of the decarbonisation agenda. The context is the global recognition of climate change, and the need to take action to minimise the extent of rising temperatures, as has been discussed recently by world leaders in the COP26 conference in Glasgow. The work that Chris and his team are doing is aligned to the Welsh Government agenda. There are a number of good examples where progress has been made in terms of improving the estate (e.g. through LED lighting and Solar Panels); reducing transport emissions through greater use of electric vehicles and the installation of charging points; and reducing waste, particularly in terms of single-use plastic. The Welsh Government target of 30% working from home should also contribute, although savings in commuting emissions might be partially offset by increased energy use in private homes. Procurement and the supply chain are also a big area of potential impact on NWSSP's carbon footprint, and one example of where a difference can be made is in changing the medical gases used by anaesthetists. How NHS Wales fits into the expected targets and associated timescales for Wales to be carbon-neutral were discussed by Committee Members.

The presentation generated informed discussion. Lisa Wise, who heads the Climate Change Team for Health and Social Care in Welsh Government stressed the need for the programme to include adaptation to a changing climate to ensure continued resilience. Others commented on whether the programme was sufficiently ambitious and on how NWSSP could support the rest of NHS Wales. It was also stressed that this is not just a responsibility that can be delegated to Estates, but one which needs to be picked up across whole organisations. The costs associated with addressing climate change are huge, and it was therefore important that organisations acted in a joined-up way, partnering with local authorities and other bodies where appropriate, to take advantage of UK wide

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initiatives and to avoid any unnecessary duplication. Obtaining a number of electric HGVs for the NWSSP fleet is one example of where UK-wide funding has been successfully accessed to date.

<u>Managing Director Update</u>

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

- A graphical representation highlighting how volumes of transactions have increased in recent years for Accounts Payable, Recruitment and Payroll functions and in particular over the previous 6 months. In recent months, the need for Health Boards and Trusts to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic is undoubtedly placing great strain on the NWSSP Recruitment and Payroll teams in particular. Pressures have been compounded through the need to further respond to one-off issues such as payment of the COVID bonus, overtime arrears for annual leave, and implementing the pay award. NWSSP staff have responded admirably to these challenges, but the level of current demand is difficult to sustain within existing resource and systems and additional resources are required. Internal measures are being implemented to increase staff available where possible but the issues arising from this level of unprecedented and unplanned demand have been added as a risk on the Corporate Risk Register.

Function	Activity	2012/13 Baseline	2021/22 Forecast	% Increase
Accounts Payable	Invoices Processed	1,368,590	2,024,935	48%
Recruitment	FTE's Advertised	7,720	39,462	411%
Payroll	Payslips Processed	1,311,130	1,670,006	27%

- Continued progress has been made on addressing the issues that have been raised following health and safety audits undertaken by NWSSP within the initial three laundries that transferred, and this has been regularly reported to the NWSSP Senior Leadership Group. Although not secured yet, and subject to planning and changes outside of NWSSP control, the following sites are the All-Wales Laundry "preferred sites" that will be subject to scrutiny and business case approval:

  - **South West Region**: Millstream Way – land at Millstream Way, Swansea Vale, Swansea; and

  - **North Wales**: Tir Llwyd Employment Parc - land at Tir Llwyd Employment Parc, Kinmel Bay, Rhyl

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- The major Oracle upgrade was carried out following the completion of a substantial testing programme and the system went live on 19 October, with all milestones achieved. There have been some issues with system stability and performance causing disruption since go-live which is to be initially expected for major upgrades. These now have now been addressed and the system is operating at pre-upgrade levels.

Items Requiring SSPC Approval/Endorsement

COVID-19 Inquiry Planning Update

The Committee was advised of the arrangements currently in place to prepare for the UK (and potentially Wales) COVID Public Inquiry. A task group has been established comprising a number of directors and the terms of reference for the group were shared with the Committee. Action Plans have been documented and additional resource is being recruited to help collate relevant evidence. There was some discussion on the large number of groups across NHS Wales who are responding to the likely needs of the Inquiry and the resultant need to minimise the potential for duplication. The Committee **ENDORSED** the approach.

Matrix House Business Case

An opportunity to purchase Matrix House in Swansea (NWSSP West Wales Regional Hub), which is currently occupied by NWSSP, PHW and WAST, as well as some private tenants, has arisen. All three NHS organisations have long leases remaining and are committed to utilising this building for the foreseeable future and in particular WAST have recently incurred significant capital expenditure to provide a comprehensive training centre at the site. The purchase of the property would generate revenue savings and is supported by both PHW and WAST. The Committee **APPROVED** the business case and endorsed NWSSP requesting capital funding from Welsh Government to facilitate the purchase of Matrix House.

SMTL Expansion

The Committee were presented with options for the expansion of the Surgical and Medical Testing Laboratory (SMTL) within IP5. SMTL were at the forefront of ensuring the efficacy of PPE equipment during the pandemic and generate substantial levels of income from both health bodies across the UK and the private sector. Expansion of the service within IP5 would reduce the need for certain types of equipment having to be sent to the US and Europe for specific testing. There were two options suggested for this expansion, a smaller expansion providing 325 square metres of additional space or a larger expansion delivering an additional 750 square metres. Funding for the smaller expansion has been agreed with Welsh Government and it was confirmed that the selection of this option does not preclude the larger expansion being undertaken in future. The Committee **ENDORSED** development of the smaller expansion at a cost of £572,600 including VAT.

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Revisions to Standing Orders

The Committee **ENDORSED** some minor amendments to the Standing Orders. These included the removal of the temporary increase in expenditure limits and the increase in tenure for the Chair, both of which resulting from the need to respond to the pandemic.

IMTP – Emerging Themes

The Committee were provided with the initial emerging themes from the NWSSP IMTP process. Individual meetings between each Committee member and the NWSSP Director of Planning, Performance and Informatics will be held over the coming weeks, with the IMTP being brought back to the Committee in January for formal approval. The Committee **ENDORSED** the approach.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.

Finance Report – The Committee reviewed the finance report and noted the additional savings that had been generated during the year to date. £2m of non-recurrent re-investments have been agreed within NWSSP to accelerate benefits and efficiencies and an additional £1.25m distribution confirmed to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC. The financial position will be continually reviewed over the coming months to inform any further funding and/or distributions. £4.5m of capital funding has been confirmed against the £10.5m included in the IMTP. £1.02m has been spent to date with plans in place to fully utilise the funding within the financial year. The outcome is awaited of the additional capital funding request of £11.5m to Welsh Government. Welsh Risk Pool expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and cases are continually reviewed to identify if additional expenditure can be incurred in 2021/22 to ease pressure on the risk share agreement in future years.

Audit Wales – Copies of the Audit Wales NWSSP Management Letter and the review of Hosted Systems were provided to the Committee for information. Both provide positive assurance over the systems operated by NWSSP on behalf of NHS Wales which account for approximately 95% of total NHS expenditure .

People & OD Update – In-month sickness levels remain very low at 2.51% with the cumulative figure for the last 12 months at 2.92%. Headcount continues to grow with 4408 staff in post, and 1165 new starters in the last 12 months. Most of these relate to the Single Lead Employer, but significant numbers have also been recruited or transferred relating to new services such as the Laundry,

Medical Examiner and TMU Services. Statutory and Mandatory training compliance has improved to 85.5%, but there is still room for improvement with completion of PADRs which are at 65%.

Corporate Risk Register – there are currently no red risks on the register, as good progress is being made with the replacement of the NHAIS system which has seen the risk down-graded to amber. A new risk has been added relating to the impact of the significant pressures from increased activity being experienced within Recruitment and Payroll services.

Papers for Information
The following items were provided for information only: - Wales Infected Blood Support Services Annual Report;   - Quality and Safety Assurance Report;   - Audit Committee Highlight Report;   - Audit Committee Annual Report;   - Counter Fraud Annual Report; and   - Finance Monitoring Returns (Months 6 & 7).
AOB
The meeting was the last chaired by Margaret Foster, who retires as the NWSSP Chair at the end of November. Margaret has held the post for nine years and has overseen a substantial growth in the size, range, and complexity of the services provided by NWSSP. The Committee paid tribute to Margaret and provided her with a small gift to acknowledge her efforts and contribution. Professor Tracy Myhill commences as the new NWSSP Chair with effect from 1 December. Tracy was appointed following a very robust recruitment process that attracted some excellent candidates.
Matters requiring Board/Committee level consideration and/or approval
The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.
Matters referred to other Committees
N/A

Date of next meeting	20 January 2022

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