Pwyllgor Archwilio a Sicrwydd Lechyd a Gofal Digidol Cynni

Tue 03 May 2022, 09:00 - 13:00

Agenda

09:00 - 09:00
0 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a chyflwyniadau

I'w Nodi *Cadeirydd*

1.2 Ymddiheuriadau am absenoldeb

I'w Nodi *Cadeirwydd*

1.3 Datganiadau o Fuddiannau

I'w Nodi *Cadeirwydd*

09:00 - 09:10
10 min

2. BUSNES Y CYFARFOD

2.1 Cofnodion cyfarfod 18 Ionawr 2022 heb eu cadarnhau - Cyhoeddus

I'w Cymeradwyo *Cadeirwydd*

2.1 08032022-JR-AAMinutes-en-cy-C.pdf (17 pages)

2.2 Cofnodion cyfarfod 18 Ionawr 2022 heb eu cadarnhau - Preifat talfyredig

I'w Cymeradwyo *Cadeirwydd*

2.2 09032022-JR-DHCW Meeting-en-cy-C.pdf (4 pages)

2.3 Cofnodion Gweithredu

I'w Nodi *Cadeirydd*

2.3 Action log.pdf (1 pages)

2.4 Blaengynllun Gwaith

I'w Nodi *Ysgrifennydd y Bwrdd*

2.4 Forward WorkPlan Report.pdf (4 pages)
2.4i Appendix A Audit & Assurance Committee Forward Workplan v7.pdf (3 pages)

09:10 - 11:00
110 min

3. ARCHWILIO AC ATAL TWYLL

3.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Trafod *Archwilio Mewnol PCGC*

3.1 Internal Audit Progress Report.pdf (4 pages)
3.1i Appendix A DHCW 2122 - Internal Audit Update Report - May 2022.pdf (4 pages)

3.2 Adroddiadau Adolygiad Archwilio Mewnol

Ar gyfer Sicrwydd *Archwilio Mewnol PCGC*

3.2 Internal Audit Reports.pdf (4 pages)

3.2i Symud Prosiect y Ganolfan Ddata

Ar gyfer Sicrwydd *Archwilio Mewnol PCGC*

3.2i Appendix A DHCW-2122-07 Data Centre Move final Internal Audit Report.pdf (13 pages)

3.2ii Llywodraethu Rhan Dau

Ar gyfer Sicrwydd *Archwilio Mewnol PCGC*

3.2ii Appendix B DHCW 2122-01 Gen Gov Part 2 FINAL Audit Report.pdf (17 pages)

3.2iii Datblygu Systemau

Ar gyfer Sicrwydd *Archwilio Mewnol PCGC*

3.2iii Appendix C DHCW-2122-10 system development final IA Report v2.pdf (18 pages)

3.2iv Gwybodaeth Ariannol Graidd

Ar gyfer Sicrwydd *Archwilio Mewnol PCGC*

3.2iv Appendix D DHCW 2122-05-Final Internal Audit Report-Financial Systems.pdf (24 pages)

3.3 Cynllun Archwilio Mewnol 2022/23

I'w Cymeradwyo *Archwilio Mewnol PCGC*

3.3 Internal Audit Plan.pdf (3 pages)
3.3i Appendix A DHCW_2022-23_Draft Internal Audit Plan_for Audit Commitee Approval.pdf (26 pages)

3.4 Archwiliad Mewnol Trosolwg DPA

I'w Trafod *Archwilio Mewnol PCGC*

3.4 KPI Overview.pdf (3 pages)
3.4i Appendix A The use of KPIs in Audit.pdf (2 pages)

3.5 Diweddariad Pwyllgor Archwilio Cymru

Ar gyfer Sicrwydd *Archwilio Cymru*

3.5 Audit Wales Update Cover Report May 2022).pdf (4 pages)
3.5i Appendix A Audit Wales Progress update.pdf (8 pages)

3.6 Cynllun Archwilio 2022 Archwilio Cymru

I'w Cymeradwyo *Archwilio Cymru*

3.6 Audit Wales 2022 Audit Plan Cover Report.pdf (4 pages)
3.6i DHCW 2022 Audit Plan.pdf (14 pages)

3.7 Adolygiad o Themâu Adroddiad Archwilio Iechyd a Gofal Digidol Cymru

I'w Nodi *Ysgrifennydd y Bwrdd*

3.7 DHCW Audit Themes 202122.pdf (7 pages)
3.7i Appendix A DHCW Audit Themes.pdf (3 pages)

3.8 Cofnodion Gweithredu Archwilio

I'w Nodi *Pennaeth Gwasanaethau Corfforaethol*

3.8 Audit Action Log- v1.0.pdf (4 pages)

3.8i Appendix A DHCW Audit Action Log Apr 22.pdf (4 pages)

3.9 Adroddiad Diweddaru Atal Twyll Lleol

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

3.9 Local Counter Fraud Update Cover Report.pdf (3 pages)
3.9i Appendix A Audit Committee LCFS Update AMENDED.pdf (4 pages)

Egwyl

11:00 - 12:55
115 min

4. ADRODDIADAU LLYWODRAETHU

4.1 Diweddariad ar yr Adroddiad Blynyddol a Statws Cyfrifon

I'Nodi *Cyfarwyddwr Gweithredol Cyllid*

4.1 Finance Brief 3rd May Final F-02.pdf (6 pages)
4.1i Appendix A - Annual Accounts Timetable.pdf (1 pages)

4.2 Adroddiad Rheoli Risg gan gynnwys y Gofrestr Risg Gorfforaethol

I'w Trafod *Ysgrifennydd y Bwrdd*

- Sicrwydd gan y LIDD dros Risgiau Seiber

4.2 Risk Management Report.pdf (5 pages)
4.2i Appendix A DHCW Corporate Risk Register.pdf (8 pages)
4.2ii Appendix B DHCW Risk and BAF Milestone Plan V6.pdf (2 pages)

4.3 Cydymffurfio â Safonau'r Gymraeg

Ar gyfer Sicrwydd *Ysgrifennydd y Bwrdd*

4.3 Welsh Language Compliance Report.pdf (7 pages)
4.3i Appendix A Welsh Language Compliance Action Plan.pdf (16 pages)

4.4 Datganiadau o Fuddiannau, Anrhegion a Lletygarwch

I'Nodi *Ysgrifennydd y Bwrdd*

4.4 Declarations of Interests, Gifts and Hospitalities Report 03 05.pdf (5 pages)
4.4i Appendix A Declarations of Interest Register 21_22.pdf (11 pages)
4.4ii Appendix B Declarations of Interest Register 22_23.pdf (2 pages)
4.4iii Appendix C DHCW Gifts & Hospitality Declarations v1-0.pdf (1 pages)
4.4iv Appendix D Standards of Behaviour Framework Summary.pdf (2 pages)

4.5 Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

4.5 High Value Purchase Orders Final F-01.pdf (5 pages)
4.5i Appendix A - High Value Purchase Orders Tracker May 3rd.pdf (2 pages)
4.5ii Appendix B - Cumulative High Value Transactions Tracker May 3rd.pdf (2 pages)

4.6 Diweddariad am Golledion a Thaliadau Arbennig

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

4.6 Losses and Special Payments 3rd May Final F-01.pdf (6 pages)

4.7 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

I'w Nodi *Pennaeth Gwasanaethau Masnachol*

4.7 Procurement and Scheme of Delegation Compliance Report.pdf (4 pages)
4.7i Appendix A DHCW Single Tender single quotation and change notice activityMay22.pdf (5 pages)

4.8 Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

4.8 DHCW Quality and Regulatory Update Report 03 May 2022.pdf (5 pages)

4.9 Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol

I'w Nodi *Ysgrifennydd y Bwrdd*

4.9 Baseline Governance Review Action Plan Report.pdf (4 pages)
4.9i Appendix A Baseline Governance Review Action Plan v2.pdf (3 pages)

4.10 Adroddiad Ystadau a Chydymffurfiaeth

I'w Nodi *Pennaeth Gwasanaethau Corfforaethol*

4.10 Estates Environmental HS Report-v1.0.pdf (7 pages)
4.10i External Estates Compliance Report - March 2022.pdf (20 pages)

4.11 Gweithdrefn Weithredu Safonol Ymestyn y Contract

I'w Nodi *Pennaeth Gwasanaethau Masnachol*

4.11 Contract Extension AA Committee Report Cover Sheet May 2022.pdf (4 pages)
4.11i Process Flow Chart Template Contract Extensions v1 April 22 (003).pdf (10 pages)

4.12 Adroddiad Diweddaru Ymchwiliad COVID-19

I'w Nodi *Ysgrifennydd y Bwrdd*

4.13 Adroddiad Cydymffurfio'r Rheolau Sefydlog

Ar gyfer Sicrwydd *Ysgrifennydd y Bwrdd*

4.13 Standing Orders Annual Review Report.pdf (5 pages)
4.13i Appendix A Standing Order Compliance Overview 21_22.pdf (4 pages)

4.14 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

4.14 Audit and Assurance NWSSP Assurance Reports.pdf (3 pages)
4.14i SSPC Assurance Report 24 March 2022.pdf (5 pages)

4.15 Adroddiad Cryno Cadeirydd y Pwyllgor Archwilio

Ar gyfer Sicrwydd *Cadeirydd*

4.15 ARAC Update re AWACC 09.02.2022_.pdf (5 pages)

12:55 - 13:00
5 min

5. MATERION I GLOI

5.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w trafod *Cadeirydd*

5.2 Unrhyw Faterion Brys eraill

I'w trafod *Cadeirydd*

5.3 Dyddiad y cyfarfod nesaf:

I'w Nodi *Cadeirydd*

- 24 Mai 2022 (adolygiad o gyfrifon)
- 14 Mehefin 2022 cyfrifon archwiliedig
- 5 Gorffennaf 2022

Pwyllgor Archwilio a Sicrwydd - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

09:00 – 12:30 18/01/2022

MS 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
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	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
Presennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Stephen Chaney	STC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Simon Cookson	SC	Cyfarwyddwr Archwilio a Sicrwydd	Archwilio Mewnol PCGC
Mark Cox	MC	Dirprwy Gyfarwyddwr Cyllid	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Gareth Evans (eitem 3.2)	GE	Rheolwr Cymwysiadau Diagnostig	Iechyd a Gofal Digidol Cymru
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	Iechyd a Gofal Digidol Cymru

Sophie Fuller	SF	Rheolwr Llywodraethu a Sicrwydd	Iechyd a Gofal Digidol Cymru
Darren Griffiths	DG	Rheolwr Archwilio (Perfformiad)	Archwilio Cymru
Carwyn Lloyd-Jones	CL-J	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru
Mark Jones	MJ	Rheolwr Archwilio	Archwilio Cymru
Konrad Kujawinski	KK	Pennaeth Sicrwydd Ansawdd a Chydymffurfiaeth Rheoleiddio	Iechyd a Gofal Digidol Cymru
Martyn Lewis	ML	Rheolwr Archwilio TG	Archwilio Mewnol PCGC
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Shikala Mansfield (eitemau 3.6 a 4.2iii)	SM	Pennaeth y Gweithlu a Datblygu Sefydliadol	Iechyd a Gofal Digidol Cymru
Nigel Price	NP	Arbenigwr Atal Twyll Lleol	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Ymddiheuriadau			
Dave Thomas	DT	Cyfarwyddwr Archwilio	Archwilio 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
DBA	Gweinyddu Cronfeydd Data	WRIS	System Gwybodaeth Radioleg Cymru
WCCIS	System Wybodaeth Gofal Cymunedol		

	Cymru		

Rhif yr Eitem	Eitem	Canlyniad	Cam gweithredu
1	**MATERION RHAGARWEINIOL**		
1.1	**Croeso a Chyflwyniadau** Croesawodd y Cadeirydd bawb i'r Pwyllgor Archwilio a Sicrwydd. Rhoddwyd croeso arbennig i Gareth Evans oedd yn bresennol i ateb cwestiynau ar eitem 3.2a a Shikala Mansfield a oedd yn cyflwyno'r eitem ymateb y rheolwyr 3.6 ac eitem 4.2ii. Cadarnhaodd y Cadeirydd ei bod eisoes wedi cyfarfod â'r Archwiliad Mewnol ac Allanol i ystyried y papurau a diolchodd iddynt am eu hamser. Dywedodd y Cadeirydd fod James Quance Pennaeth Archwilio Mewnol (PCGC) wedi derbyn swydd secondiad ym Mwrdd Iechyd Addysgu Powys yn ddiweddar ac yn ystod y cyfnod hwn byddai Simon Cookson, Cyfarwyddwr Archwilio a Sicrwydd yn ymgymryd â rôl James yn y Pwyllgor.	Nodwyd	Dim
1.2	**Ymddiheuriadau absenoldeb** Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.	Nodwyd	Dim
1.3	**Datganiadau o Fuddiannau** Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.	Nodwyd	
2	**BUSNES Y CYFARFOD**		
2.1	**Cofnodion cyfarfod 5 Hydref 2021 sydd eto i'w cadarnhau - Cyhoeddus** **Penderfynodd** y Pwyllgor: **Gymeradwyo'r** cofnodion fel cofnod gwir a chywir.	Cymeradwywyd	Dim
2.2	**Cofnodion cyfarfod 5 Hydref 2021 sydd eto i'w cadarnhau - Preifat** **Penderfynodd y Pwyllgor:** **GYMERADWYO'R** cofnodion fel cofnod gwir a chywir ac y dylid eu gwneud yn gyhoeddus.	Cymeradwywyd	Dim i'w nodi
2.3	**Cofnodion Gweithredu** Dywedodd y Cadeirydd wrth y Pwyllgor y cafwyd 13 cam gweithredu o gyfarfod diwethaf y pwyllgor, yr oedd 10 ohonynt wedi'u cwblhau a'r camau gweithredu wedi'u nodi yn y	Nodwyd	Dim i'w nodi

	Cofnodion Gweithredu. Roedd tri cham pellach ar y gweill a byddent yn cael eu hadrodd i'r cyfarfod ym mis Ebrill. **Penderfynodd** y Pwyllgor: **NODI'R** cynnydd da a wnaed o ran y cofnod gweithredu.		
2.4	**Cylch Gwaith Blynyddol Busnes y Pwyllgor 2022/23 a Blaengynllun Gwaith** Tynnodd Chris Darling, Ysgrifennydd y Bwrdd (CD) sylw'r Pwyllgor at y newidiadau yn y cylch gwaith busnes ar gyfer 2022/23. Ychwanegwyd yr Adroddiadau Blynyddol nad oedd yn ofynnol yn 2021/22, ynghyd â chyfarfod Pwyllgor ychwanegol i ddarparu ar gyfer hyn ac adolygiad yr Uned Seibergadernid. Nododd y Pwyllgor yr ychwanegiadau canlynol i'r Blaengynllun gwaith ar gyfer cyfarfod y Pwyllgor fis Ebrill: - • Adroddiad System Wybodaeth Gofal Cymunedol Cymru (WCCIS) gan Archwilio Cymru • Yr adroddiadau llywodraethu blynyddol a'r wybodaeth ddiweddaraf • Rhaglen Archwilio Mewnol 2022/23 **Penderfynodd** y Pwyllgor: **GYMERADWYO** Cylch Busnes Blynyddol y Pwyllgor ar gyfer 2022/23 a **NODI** Blaengynllun Gwaith y Pwyllgor.	Nodwyd	Dim i'w nodi
2.5	**Arolwg Effeithiolrwydd Blynyddol y Pwyllgor** Cyflwynodd y Cadeirydd adroddiad Arolwg Effeithiolrwydd Blynyddol y Pwyllgor gan dynnu sylw at rai pwyntiau allweddol o'r adroddiad: • Ystyriwyd bod yr awyrgylch yn ffafriol i ddadl agored a chynhyrchiol, gydag ymddygiad cwrtais a phroffesiynol. Roedd amgylchedd agored heb unrhyw ddigwyddiadau annisgwyl wedi'i greu lle cefnogwyd yr her 'cyfaill beirniadol'. • Barnwyd bod y defnydd o'r Gymraeg ar y lefel gywir ar hyn o bryd, ond byddai croeso i ddefnydd ychwanegol o'r Gymraeg. • Cafwyd adborth bod natur rithiol y cyfarfodydd yn effeithiol. Diolchodd y Cadeirydd i'r Aelodau am roi o'u hamser i roi adborth ac i'r tîm Llywodraethu Corfforaethol am eu cefnogaeth. **Penderfynodd** y Pwyllgor: **NODI** Arolwg Effeithiolrwydd Blynyddol y Pwyllgor.	Nodwyd	Dim i'w nodi

2.6	**Adolygiad Blynyddol o Gylch Gorchwyl y Pwyllgor** Cadarnhaodd CD fod adolygiad o'r Cylch Gorchwyl wedi'i gynnal gan dynnu sylw at un newid i'w wneud: • Cyfeiriwyd yn benodol at Gadernid Seiberddiogelwch gyda sicrwydd yn cael ei roi drwy'r Pwyllgor. Ychwanegodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (COL) fel rhan o ofynion yr adroddiad ei fod yn cyfeirio at gyfrifoldebau risgiau clinigol ac anghlinigol a allai fod angen eglurhad ar y rhaniad a'r berthynas â phwyllgorau eraill. **CAM GWEITHREDU 18012022-01** Byddai COL yn cysylltu â CD y tu allan i'r cyfarfod i egluro'r cyfrifoldebau risgiau clinigol ac anghlinigol a sut y bydd yr agenda'n deillio o hyn. **Penderfynodd** y Pwyllgor: **GYMERADWYO** Adolygiad Blynyddol Cylch Gorchwyl y Pwyllgor.	Cymeradwywyd	**CAM GWEITHREDU:** COL i roi eglurhad ar y cyfrifoldebau risgiau clinigol ac anghlinigol.
3	**ARCHWILIO AC ATAL TWYLL**		
3.1	**Adroddiad Cynnydd yr Archwiliad Mewnol** Darparodd Simon Cookson, Cyfarwyddwr Archwilio a Sicrwydd, drosolwg byr o chwe adroddiad Archwilio Mewnol, gan gyfeirio at y tri adolygiad archwilio a oedd ar yr agenda a oedd wedi derbyn sgorau sicrwydd cryf. Cadarnhaodd SC, mewn perthynas â'r tri phwynt penodol y cyfeiriwyd atynt yn yr arolwg Effeithiolrwydd ar Archwilio Mewnol, y byddai'n hapus i ddarparu ymateb llafar ac ysgrifenedig i'r materion hyn mewn cyfarfodydd yn y dyfodol. Rhoddodd SC yr wybodaeth ddiweddaraf o'r adroddiad cynnydd gan dynnu sylw at y pwyntiau allweddol canlynol: - • Roedd pump o'r 13 adolygiad sylweddol bellach wedi'u cwblhau gyda mwyafrif y gweddill yn waith ar ei hanner ac o ran y systemau ariannol craidd a'r meysydd llywodraethu allweddol eraill roedd y rhain yn agos at gael eu cwblhau. Y targed oedd cyflwyno'r holl waith a oedd yn weddill i gyfarfod y Pwyllgor fis Ebrill. Byddai adolygiad y Ganolfan Ddata yn dechrau'r wythnos nesaf a bwriedir cynnal adolygiad y Gyfarwyddiaeth Wasanaeth yn ddiweddarach fis Chwefror. Bwriadwyd derbyn hwn yng nghyfarfod mis Ebrill ynghyd â'r cynllun archwilio ar gyfer 2022/23. • Roedd y gwaith ar gyflogres PCGC yn datblygu'n dda a byddai'n cael ei gyflwyno maes o law. Cadarnhaodd SC y byddai dull gweithredu mwy graddol i gynllun	Nodwyd er Sicrwydd	Dim i'w nodi

	2022/23 a diolchodd i'r Pwyllgor am eu hamynedd a'u cefnogaeth yn y cyd-destun hwn. Hysbyswyd y Pwyllgor bod y tri Chrynodeb Cymru Gyfan wedi'u cynhyrchu i roi sicrwydd ynghylch Ystadau i'r Byrddau Iechyd a'r Ymddiriedolaethau. Nodwyd bod rhai o'r adolygiadau unigol wedi derbyn sicrwydd cyfyngedig. Cadarnhaodd SC y byddai'n sicrhau bod staff ar gael i unrhyw aelodau o'r Pwyllgor a hoffai siarad ymhellach ar y mater hwn. **Penderfynodd** y Pwyllgor: **NODI'R** diweddariad Archwilio Mewnol ar gyfer sicrwydd.		
3.2	**Adroddiadau Adolygiad Archwilio Mewnol** **Gwasanaeth Gwybodaeth Radioleg Cymru (WRIS)** Darparodd Martyn Lewis (ML) , Partneriaeth Cydwasanaethau GIG Cymru yr uchafbwyntiau allweddol yn yr adroddiad. Roedd yr adolygiad wedi cael sgôr Sicrwydd **Rhesymol**. Holodd David Selway, Aelod Annibynnol, ai diffyg staff i gyflawni'r tasgau hyn oedd yn gyfrifol am ddiffyg sgiliau Gweinyddu Cronfeydd Data ac a oedd hyn yn peri risg i Iechyd a Gofal Digidol Cymru. Mewn ymateb, cadarnhaodd ML fod angen dull cyson ar draws GIG Cymru, fodd bynnag, o ran y risgiau, deliwyd â'r newidiadau mwyaf arwyddocaol ond roedd achosion lle'r oedd boddhad defnyddwyr wedi lleihau dros amser. Mewn ymateb i'r cwestiwn a oedd unrhyw gynlluniau i ôl-lenwi'r Gweinyddu Cronfeydd Data neu ddatblygu adnodd, hysbyswyd y Pwyllgor fod penderfyniad wedi'i wneud i gaffael cynnyrch masnachol newydd gyda System Gwybodaeth Radioleg Cymru ar fin dirwyn i ben, felly ei bod yn annhebygol y byddai swm sylweddol o adnoddau ar gael. Dywedodd Ruth Glazzard, Is-Gadeirydd, ei bod yn siomedig bod canfyddiad cyfyngedig ynghylch unrhyw beth yn ymwneud â boddhad defnyddwyr a dylid nodi pwysigrwydd mewnbwn defnyddwyr ar gyfer prosiectau yn y dyfodol. **Caffael System Meddygon Teulu** Derbyniodd y Pwyllgor yr adolygiad archwilio Caffael System Meddygon Teulu a oedd wedi cael sgôr Sicrwydd **Cadarn**. Tynnodd ML sylw at y ffaith bod yr amcanion cyffredinol a'r prosesau llywodraethu ar waith. Nodwyd un mater, sef nad oedd adolygiad rheolaidd o'r gofrestr risg. Roedd y Pwyllgor yn falch o nodi'r adroddiad cadarnhaol. **Trefniadau Llywodraethu (Rhan 1)** Cyflwynodd Stephen Chaney, Dirprwy Bennaeth Archwilio	Ar gyfer Sicrwydd	Dim i'w nodi

	Mewnol (STC) yr adolygiad o Drefniadau Llywodraethu a oedd wedi edrych ar gyfnod cyfyngedig ers mis Ebrill 2021 pan sefydlwyd Iechyd a Gofal Digidol Cymru. Roedd yr adolygiad wedi nodi bod cynnydd da yn cael ei wneud gyda strwythur fframwaith da a risg yn cael ei adrodd yn weithredol ar lefel uwch. Ymatebodd CD ar ddyddiadau targed o ran yr argymhelliad cyntaf a dywedodd fod hyn wedi'i gwblhau. Darparwyd statws y ddau argymhelliad; y bwriad oedd y byddai Adolygiad y Rheolau Sefydlog yn cael ei gyflwyno i'r Bwrdd Awdurdod Iechyd Arbennig fis Mawrth. Dywedodd CD fod angen adolygu'r ail argymhelliad ar y gwaith risg yn gyson. Diolchodd RG i CD am y gwaith a wnaed y llynedd i gael Iechyd a Gofal Digidol Cymru i'w sefyllfa bresennol, a gellid canolbwyntio wrth symud ymlaen i weld a oedd unrhyw beth yn y model gweithredol a welwyd a fyddai'n nodi y dylai'r Rheolau Sefydlog i ddarparu ar gyfer hynny. Sicrhawyd y Pwyllgor bod yr archwiliad wedi adolygu'r ddogfen Rheolau Sefydlog yn drylwyr a'i phrofi yn erbyn pob un o'r Rheolau Sefydlog. Rhoddodd SC sicrwydd i'r Pwyllgor nad oedd y gwaith a wnaed hyd yma ar y trefniadau llywodraethu wedi codi unrhyw feysydd sy'n peri pryder a bod yr holl brosesau ar waith. Cadarnhaodd CD y byddai'n adolygu'r Cynllun Dirprwyo i uwch swyddogion pan fyddai'r tîm Gweithredol wedi'i recriwtio'n llawn. Cafodd yr adolygiad archwilio sgôr Sicrwydd **Cadarn**. **Penderfynodd** y Pwyllgor: **DDERBYN** y tri adroddiad am **SICRWYDD**.		
3.3	**Crynodebau Cymru Gyfan – Sicrwydd Ystadau** Nododd y Pwyllgor y tri Chrynodeb Cymru Gyfan. Cadarnhaodd SC nad oedd Iechyd a Gofal Digidol Cymru wedi'u cynnwys yn yr archwiliadau gan eu bod wedi'u cynnal dros y 12-18 mis diwethaf. Byddai'r maes hwn o waith yn cael ei nodi gydag Iechyd a Gofal Digidol Cymru ac archwilio mewnol. Diolchodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol (JA) i Archwilio Mewnol am y cyfle i weld yr adroddiadau gan gadarnhau ei bod wedi cyfarfod â'r tîm i'w hadolygu. Cytunwyd bod gan Iechyd a Gofal Digidol Cymru brosesau cadarn ar waith yn y rhan fwyaf o'r meysydd a restrir ac eithrio rhai agweddau ar reoli contractwyr a gellid dysgu er mwyn gwella'r maes gwaith hwn. **Penderfynodd** y Pwyllgor: **NODI'R** yr adroddiadau am **SICRWYDD**.	Ar gyfer Sicrwydd	Dim i'w nodi

3.4	**Diweddariad Pwyllgor Archwilio Cymru** **Dan arweiniad Darren Griffiths, Rheolwr Archwilio, Archwilio Cymru** Ymunodd Mark Jones (MJ), Rheolwr Archwilio Cymru, â Darren Griffiths, Rheolwr Archwilio Cymru (DG) a gyflwynodd ddiweddariad byr ar y gwaith archwilio ariannol:- • roedd gan Iechyd a Gofal Digidol Cymru set o ddatganiadau ariannol 15 mis hyd at 31 Mawrth 2022. • Roedd tîm Archwilio Felindre yn archwilio'r fantolen a drosglwyddwyd o Wasanaeth Gwybodeg GIG Cymru. • Roedd disgwyl i'r gwaith cynllunio a phrofi Archwilio ddechrau fis Chwefror, ond roedd peth gwaith wedi dechrau fis Ionawr 2022. • Roedd Llywodraeth Cymru wedi pennu dyddiad cau ar gyfer cyfrifon 2021/22 sef 29 Ebrill 2022 a'r dyddiad cau ar gyfer cyflwyno'r dogfennau archwiliedig i Lywodraeth Cymru erbyn 15 Mehefin 2022. • Mae cyfarfodydd yn cael eu trefnu fis Mai a mis Mehefin i ddarparu ar gyfer hyn. **Penderfynodd** y Pwyllgor: **NODI** er **SICRWYDD** gynnwys yr adroddiad.	Nodwyd	Dim i'w nodi
3.5	**Adolygiad Llywodraethu Sylfaenol Archwilio Cymru** Hysbyswyd y Pwyllgor bod Archwilio Cymru fel arfer yn cynnal adolygiad Asesu Strwythuredig ond cytunwyd, gan mai hwn oedd y darn cyntaf o waith archwilio perfformiad ar gyfer Iechyd a Gofal Digidol, y byddai adolygiad Llywodraethu Sylfaenol yn cael ei gynnal. Atgoffwyd y Pwyllgor bod yr adolygiad Llywodraethu Sylfaenol wedi'i drafod ar ddiwrnod Datblygu'r Bwrdd yn ddiweddar a nodwyd mai'r farn gyffredinol oedd bod Iechyd a Gofal Digidol Cymru yn gwneud cynnydd da. Darparodd DG y canfyddiadau allweddol o fewn yr adolygiad: - • Canolbwyntiwyd ar drefniadau arwain a llywodraethu, trefniadau cynllunio a threfniadau ar gyfer rheoli adnoddau. • Roedd y gwaith ar ffurf adolygu dogfennau perthnasol, arsylwadau mewn gwahanol gyfarfodydd o'r Bwrdd a'r Pwyllgor a thrafodaeth strwythuredig gyda swyddogion perthnasol ac Aelodau Annibynnol. • Ni cheisiwyd unrhyw adborth gan bartneriaid allanol, roedd yr adolygiad yn seiliedig ar ddogfennaeth fewnol,	Ar gyfer Sicrwydd	**Cam Gweithredu:** CD i ddatblygu cynllun gweithredu i fesur cyfleoedd ar gyfer arloesi a gwella.

	trafodaethau ac arsylwi yn unig. • Sefydlwyd Iechyd a Gofal Digidol Cymru mewn amgylchiadau gweithredu heriol yng nghanol Covid ac mae wedi gweithredu yn rhithiol o'r diwrnod cyntaf. Felly, mae'r cynnydd wedi bod yn gadarnhaol ac yn galonogol. • Gwelwyd bod prosesau llywodraethu cadarn ar waith. • Roedd cynlluniau cadarn ar waith yn y Cynllun Blynyddol. • Nodwyd dull ystwyth tuag at wariant rhaglenni. Diolchodd DG i CD a'i dîm am gydlynu'r rhaglen. Roedd y Cadeirydd yn falch o nodi'r adroddiad hynod gadarnhaol a diolchodd i'w gydweithwyr am y gwaith a wnaed i gychwyn y sefydliad. Cytunodd CD ei fod yn adroddiad calonogol ac ychwanegodd y byddai'n cymryd rhai o'r cyfleoedd a'r pwyntiau a wnaed drwy'r argymhellion at ddibenion mewnol i olrhain a monitro yn erbyn yr argymhellion anffurfiol. **CAM GWEITHREDU 18012022-02:** CD i ddatblygu cynllun gweithredu i fesur cyfleoedd ar gyfer arloesi a gwella. **Penderfynodd** y Pwyllgor: **DDERBYN** adroddiad Adolygiad Llywodraethu Sylfaenol Archwilio Cymru ar gyfer **SICRWYDD**		
3.6	**Llesiant staff y GIG Drwy Covid: Gofalu am y Gofalwyr** **Ymateb y Rheolwyr** Rhoddodd Shikala Mansfield, Pennaeth y Gweithlu a Datblygu Sefydliadol (SM) gefndir yr ymateb rheoli a ddilynodd adolygiad fis Hydref 2021 'Gofalu am y Gofalwyr'. Gofynnwyd i gyrff y GIG ymateb i'r chwe argymhelliad a gynhwyswyd yn yr adroddiad. Cadarnhaodd SM nad oedd unrhyw ymdeimlad o flinder oherwydd gweithio gartref na thimau'n teimlo'n ynysig, fodd bynnag roedd y mwyafrif o aelodau'r staff yn edrych ymlaen at ddull mwy hybrid h.y. gweithio o'r swyddfa (cydymffurfio â threfniadau) a gweithio gartref. Roedd Iechyd a Gofal Digidol Cymru yn ystyried dod â gweithio hybrid a gweithio o bell yn safonol. Rhoddwyd sicrwydd i'r Pwyllgor, pan gyflwynwyd gweithio o bell gyntaf, fod Iechyd a Gofal Digidol Cymru wedi sicrhau bod asesiadau risg yn cael eu cwblhau a bod offer ar gael yn rhwydd. **Penderfynodd** y Pwyllgor:	Ar gyfer Sicrwydd	Dim i'w nodi

	DDERBYN Llesiant Staff y GIG Trwy Covid: Ymateb rheolwyr Gofalu am y Gofalwyr ar gyfer **SICRWYDD**		
3.7	**Traciwr Camau Gweithredu Archwilio** Cadarnhaodd JA fod cynnydd da wedi'i wneud ar y Traciwr Camau Gweithredu Archwilio. Adolygwyd pedwar cam gweithredu yn y cyfarfod diwethaf pan gaewyd un gan adael cyfanswm o dri cham gweithredu ar agor. Derbyniodd y Pwyllgor dri adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 19 o argymhellion newydd. Mae'r rhain, ynghyd ag un cam gweithredu blaenorol gan Archwilio Cymru a ailgyflwynwyd, wedi'u hychwanegu at y log sydd bellach yn cynnwys cyfanswm o 23 o gamau gweithredu ar agor. Roedd JA yn falch o nodi bod 17 o'r 23 bellach wedi'u cwblhau a chwech ar darged erbyn y dyddiad disgwyliedig. Rhoddwyd hysbysiad i Archwilio Cymru pan gwblhawyd y camau gweithredu yn unol â'r cais o'r cyfarfod diwethaf. Rhoddwyd sicrwydd i'r Pwyllgor fod y diweddariad ar y Strategaeth Ddata i'w gyflwyno i Fwrdd Awdurdod Iechyd Arbennig yr wythnos nesaf i'w adolygu. Penderfynodd y Pwyllgor**:** **NODI'R** camau gweithredu oedd yn weddill a'r gwaith arfaethedig i gau'r camau gweithredu.	Nodwyd	Dim i'w nodi
3.8	**Adroddiad Diweddaru Atal Twyll Lleol** Rhoddodd Nigel Price, Swyddog Atal Twyll – Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yr wybodaeth ddiweddaraf am weithgarwch Gwrth-dwyll hyd at y cyfnod 31 Rhagfyr 2021. Crynhodd NP y pwyntiau allweddol: • Ni chynhaliwyd unrhyw ymchwiliadau ar gyfer Iechyd a Gofal Digidol Cymru. • Roedd yr adborth o'r cyflwyniadau Atal Twyll wedi nodi bod 90% o'r rhai oedd yn bresennol yn fwy cyfforddus gyda'u gwybodaeth Atal Twyll. • Roedd Asesiad Risg ar wiriadau cyn cyflogaeth ymgeiswyr posibl gan asiantaethau wedi'i gynnal. Datgelodd y canlyniadau fod Iechyd a Gofal Digidol Cymru yn cynnal eu gwiriadau dilysu eu hunain ar staff asiantaeth. • Yn dilyn recriwtio ymchwilydd achrededig newydd a hysbysebu am Bennaeth Atal Twyll, y gobaith oedd y byddai cyflenwad llawn o adnoddau erbyn y flwyddyn ariannol newydd.	Nodwyd	**Cam Gweithredu:** Y Pennaeth Atal Twyll i gwrdd â'r Cadeirydd a'r Cyfarwyddwr Gweithredol Cyllid i drafod dyraniad amser yr adran Atal Twyll a gweithredu cynllun o feysydd ffocws a aseswyd o ran risg.

	Awgrymodd y Pwyllgor y gallai Iechyd a Gofal Digidol Cymru gynorthwyo i leihau faint o amser y mae Atal Twyll yn treulio yn mynychu cyfarfodydd ac ati er mwyn caniatáu mwy o amser ar y rhaglen addysg Atal Twyll. Cytunwyd y dylid neilltuo amser gyda'r Pennaeth Atal Twyll newydd a'r Cyfarwyddwr Gweithredol Cyllid i drafod ailstrwythuro'r gwaith. Ychwanegodd COL y byddai'n werth ystyried cynllun fel y gwnaed ar gyfer y sefydliadau allanol eraill a fydd yn canolbwyntio ar feysydd risg allweddol ac adrodd yn ôl i'r Pwyllgor. **CAM GWEITHREDU:18012022-03** Y Pennaeth Atal Twyll i gwrdd â'r Cadeirydd a'r Cyfarwyddwr Gweithredol Cyllid i drafod dyraniad amser yr adran Atal Twyll a gweithredu cynllun o feysydd ffocws a aseswyd o ran risg. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Diweddaru Atal Twyll Lleol		
	Egwyl		
4	**ADRODDIADAU CORFFORAETHOL**		
4.1	**Fframwaith Sicrwydd Llywodraethu** Derbyniodd y Pwyllgor y Fframwaith Sicrwydd Llywodraethu a oedd yn nodi'r strwythur llywodraethu a'r broses gwneud penderfyniadau sy'n berthnasol i Iechyd a Gofal Digidol Cymru i helpu i gyflawni amcanion strategol Iechyd a Gofal Digidol Cymru. Darparodd CD grynodeb manwl o'r adroddiad gan amlygu y byddai'r fframwaith yn cael ei gyhoeddi i'r cyhoedd pe bai'n cael ei gymeradwyo i'w galluogi nhw i adolygu a deall y ffordd y mae Iechyd a Gofal Digidol Cymru yn gweithredu fel sefydliad. Diolchodd y Pwyllgor i CD am yr adroddiad clir a chynhwysfawr. **Penderfynodd** y Pwyllgor: **ARNODI'R** Fframwaith Sicrwydd Llywodraethu i'w gyflwyno i'r Bwrdd i'w **GYMERADWYO.**	Cymeradwywyd	Dim i'w nodi
4.2	**Rheoli Risg gan gynnwys y Gofrestr Risgiau Corfforaethol** Tynnodd CD sylw'r Pwyllgor at y sefyllfa proffil risg bresennol: - • Roedd 23 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, roedd 18 o'r risgiau i'w hadolygu'n	Cymeradwywyd	Dim i'w nodi

gyhoeddus ac adolygwyd pump a oedd yn ymwneud â risgiau seiberddiogelwch yn y sesiwn breifat.

- Newidiadau yn y sgôr risg. Mae tri o bob pedwar risg lle mae'r sgoriau risg wedi newid wedi gostwng a rhagwelwyd y byddai rhai o'r risgiau hyn yn cael eu dileu o'r Gofrestr Risgiau Corfforaethol.
- Ychwanegwyd pedwar risg newydd at y gofrestr risg ers y cyfarfod diwethaf. Rhoddwyd manylion am y pedwar risg a rhoddwyd sicrwydd i'r Pwyllgor ar y ddwy risg yn ymwneud â System Imiwneiddio Cymru.

Rheoli Risg a Chynllun Cerrig Milltir Fframwaith Sicrwydd y Bwrdd

Nododd y Pwyllgor yr hyfforddiant a oedd wedi'i gynllunio ar gyfer mis Chwefror a mis Mawrth o ran rheoli risg ar draws y sefydliad, a bod gwaith wedi'i wneud hefyd gyda'r Cyfarwyddwr Gweithredol Cyllid a'i thîm i ymgorffori rheoli problemau yn y sesiynau hyn.

Adroddiad Sicrwydd y Bwrdd

Cyflwynodd CD ddrafft cyntaf Adroddiad Sicrwydd y Bwrdd a dywedodd ei fod yn awyddus i gael adborth ar y sleid olaf cyn gynted â phosibl neu os hoffai unrhyw aelod wirfoddoli i fod yn 'ffrind beirniadol' i gynorthwyo gyda'r mapio sicrwydd.

Risgiau a neilltuwyd i'r pwyllgor hwn

Rhoddodd CD wybod am y pum risg a neilltuwyd i'r Pwyllgor hwn. Cafwyd diweddariadau gan yr arweinydd ar gyfer pob risg: -

- DHCW0207 (COL) – Strategaeth Rheoli Dogfennau, roedd y tîm prosiect Rheoli Dogfennau yn gweithio i ddatblygu hyn a sefydlu canllawiau a gweithdrefnau i gyd-fynd â'r sefydliad newydd.
- DHCW0272 (COL) – Polisi Taliadau Gwasanaethau Cyhoeddus, roedd gostyngiad mewn prosesu gan PCGC oherwydd mater sganio a oedd bellach wedi'i ddatrys.
- DHCW0208 (SF) – Cydymffurfiaeth â'r Gymraeg, mae Grŵp Cymraeg yn parhau i gyfarfod yn fisol. Mae pob safon yn cael ei mesur yn erbyn y cynllun gweithredu ac yn cael sgôr 'rag' gan arwain at ddim un coch, pedair ambr a'r gweddill naill ai'n wyrdd neu ddim yn berthnasol. Mae gwaith yn parhau ar y system dewis y Gymraeg a oedd yn cael ei phrofi ac a fyddai'n fyw yn fuan. Roedd Eleri Jenkins wedi ymuno â Iechyd a Gofal Digidol Cymru fel Rheolwr Gwasanaethau'r Gymraeg newydd a bydd hi'n cynnal adolygiad cydymffurfio llawn. Bydd y gwaith hwn wedyn yn cael ei fapio ar draws y Rhestr Sicrwydd Archwilio a fydd yn cynorthwyo'n barhaus y gallu i brofi cadernid y

	systemau. • DHCW0259 – Swyddi Gwag staff gweler 4.2ii – cadarnhaodd SM y twf cyflym o flwyddyn 1 (21%) i flwyddyn 2 (29%) a'r llwybr am i fyny. Roedd trosiant y diwydiant technoleg/digidol yn isel ar 5%. Roedd 264 o swyddi gwag hysbys yn dilyn y cynllunio gweithlu a wnaed, er ei bod yn annhebygol mai dyma'r nifer terfynol, oherwydd cychwynnwyd prosiectau nad oeddent wedi'u hariannu eto a daeth swyddi pellach ar gael. Byddai'r swyddi gwag hynny'n cael eu mapio, a chynllun yn cael ei lunio i adolygu'r ffordd orau o ddenu, ymgysylltu a recriwtio i'r swyddi hyn. Tynnodd SM sylw pellach at y cynlluniau sy'n cael eu rhoi ar waith i sicrhau bod Iechyd a Gofal Digidol Cymru yn hysbys i'r cyhoedd a'i rôl o fewn y GIG. Cynlluniwyd hyfforddiant Gwerthuso Swyddi ar gyfer mis Chwefror a fydd yn galluogi unigolion hyfforddedig i werthuso swyddi yn fewnol heb fod angen dibynnu ar Fyrddau Iechyd ac Ymddiriedolaethau eraill. **Penderfynodd** y Pwyllgor: **NODI'R** Rheoli Risg gan gynnwys y Gofrestr Risgiau Corfforaethol		
4.3	**Datganiadau o Fuddiannau, Anrhegion a Lletygarwch** Dywedodd Sophie Fuller (SF), Rheolwr Llywodraethu Corfforaethol a Sicrwydd yng nghyfarfod diwethaf y Pwyllgor fod yr holl ddatganiadau o ddiddordeb wedi'u cofnodi ar gyfer Aelodau'r Bwrdd a'u cyhoeddi. Roedd cynnydd sylweddol wedi'i wneud ers y cyfarfod diwethaf gyda 169 o'r 208 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 Ymddygiad trwy gylchlythyr y staff. Tynnodd SF sylw'r Pwyllgor at bum datganiad o roddion, lletygarwch ac honoraria, cafodd pedwar ohonynt eu derbyn a'u cymeradwyo gan y Prif Weithredwr ac fe wrthodwyd un ohonynt. Cadarnhaodd SF fod gwaith yn mynd rhagddo ar wreiddio cyfrifoldebau aelodau staff i adrodd ar unrhyw Ddatganiadau o Fuddiannau drwy hyfforddiant yn y rhaglen gynefino gorfforaethol a diweddariadau rheolaidd. **Penderfynodd** y Pwyllgor: **DDERBYN** Adroddiad Datganiadau Buddiannau, Rhoddion a	Sicrwydd	Dim i'w nodi

	Lletygarwch ar gyfer **SICRWYDD** .		
4.4	**Adroddiad Archeb Prynu Gwerth Uchel** Dywedodd Mark Cox, Dirprwy Gyfarwyddwr Cyllid wrth y Pwyllgor fod yr adroddiad yn cyflwyno archebion a gynhyrchodd dros £750k ers cyfarfod diwethaf y Pwyllgor. Roedd yr adroddiad hefyd yn cynnwys ychwanegu log o'r trafodion gwerth uchel cronnol yn ôl y gofyn yng nghyfarfod diwethaf y Pwyllgor. Croesawyd y cofnod trafodion cronnol gan Aelodau'r Pwyllgor. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Archebion Prynu Gwerth Uchel.	Nodwyd	Dim i'w nodi
4.5	**Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo** Rhoddodd Julie Francis, Pennaeth y Gwasanaethau Masnachol (JF) drosolwg o'r Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo. Roedd 5 STA a 2 CCN: • Roedd dau STA yn gysylltiedig â gwaith yn ymwneud â Covid ac roedd 2 hysbysiad newid ar gyfer Covid hefyd. • Contract Caffael y Gweithlu a Datblygiad Sefydliadol – Roedd Adolygiad o'r Gweithlu wedi'i ddyfarnu i Ffederasiwn Gweithwyr Gwybodeg Proffesiynol mewn Iechyd a Gofal Cymdeithasol am £65,000 • Dyfarnwyd contract gwerth £47,000 i Gartner UK ar gyfer ymchwil arbenigol • TTP – Ynghylch Gwasanaeth Imiwneiddio Cymru, dyfarnwyd contract am £62,400 i Antidemon Software. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo	Nodwyd	Dim i'w nodi
4.6	**Cynllun Cyflenwi Strategol Datgarboneiddio** Cadarnhaodd JA fod Cylchlythyr Iechyd Cymru wedi'i dderbyn a oedd yn amlinellu 46 o ymrwymiadau ar gyfer cyflawni (a fydd yn cael eu hasesu yn 2025 a 2030) ac o'r rhain roedd cynllun wedi'i ddatblygu i ganolbwyntio ar y camau gweithredu hynny sy'n berthnasol i Iechyd a Gofal Digidol Cymru. Derbyniodd y Pwyllgor gyflwyniad a oedd yn canolbwyntio ar y camau gweithredu ac a amlygodd y canlynol: • Byddai ffocws ar arferion gweithredol ac adeiladau e.e. y canolfannau data. • Byddai adolygiadau o systemau rheoli adeiladau yn cael	Nodwyd	Dim i'w nodi

	eu cynnal a bydd Iechyd a Gofal Digidol Cymru yn gweithio gyda PCGC a darparwyr canolfannau data. • Bydd Iechyd a Gofal Digidol Cymru yn gweithio gyda PCGC i ddatblygu strategaethau Caffael carbon isel. • Roedd gwaith wedi'i wneud ar yr ôl troed carbon a adawyd gan gar, drwy osod gwefrwyr cerbydau trydan, arolygon teithio staff a llai o filltiroedd. • Targed i leihau allyriadau o 16% erbyn 2025 a 34% pellach erbyn 2030. Derbyniodd y Pwyllgor sicrwydd y byddai camau gweithredu a nodwyd yn y cynllun yn cael eu hariannu'n bennaf o gyllideb Iechyd a Gofal Digidol Cymru ac ni ragwelwyd bod diffyg cyllid yn risg fawr. Bu'r Pwyllgor yn trafod cyfrifoldeb Iechyd a Gofal Digidol Cymru i staff sy'n gweithio gartref i'w helpu i ddatblygu amgylchedd gweithio gartref mwy carbon niwtral. **Penderfynodd** y Pwyllgor: **NODI'R** Cynllun Cyflenwi Strategol Datgarboneiddio		
4.7	**Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio** Rhoddodd Konrad Kujawinski, Pennaeth Ansawdd a Rheoleiddio uchafbwyntiau allweddol yr adroddiad: • Cynhaliwyd pedwar archwiliad Ansawdd allanol gan y Sefydliad Rhyngwladol er Safoni (ISO) yn ystod y cyfnod, heb unrhyw gydymffurfiaeth newydd a nifer o hen gydymffurfiadau caeedig. Mae hyn yn rhoi tystiolaeth bod ansawdd yn cael ei fabwysiadu ar draws y sefydliad; • Amcanion Cynllun Tymor Canolig Integredig; • Gwelliannau i'r porth gydag iPassport, archwilio mewnol a dyfeisiau meddygol; • Byddai'r uned Seibergadernid yn cyflwyno Cynllun Blynyddol i'w adolygu a fyddai'n cael ei gyflwyno i Lywodraeth Cymru i'w gymeradwyo; a • Monitro perfformiad yn barhaus – roedd y sefydliad yn perfformio'n dda. Derbyniodd y Pwyllgor y Cynllun Blynyddol a gafodd ei rannu'n nifer o adrannau. Adolygodd y Pwyllgor y dull a ddefnyddiwyd a nododd sut yr oedd yn gysylltiedig â'r amcan strategol, sef darparu gwasanaethau digidol o ansawdd uchel. Tynnodd KK sylw'r Pwyllgor at adran 3 yr adroddiad a oedd yn amlinellu amcanion y sefydliad ar gyfer ansawdd a rheoleiddio	Cymeradwywyd	Dim i'w nodi

	yn 2022/23. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Ansawdd a Chydymffurfiaeth Rheoleiddio a **CHYMERADWYO'R** Cynllun Blynyddol Ansawdd a Rheoleiddio ar gyfer y flwyddyn i ddod.		
4.8	**Adrannau'r Cynllun Tymor Canolig Integredig** Adolygodd y Pwyllgor Adrannau'r Cynllun Tymor Canolig Integredig ac oherwydd amser, gofynnodd y Cadeirydd i unrhyw adborth gael ei ddarparu'n uniongyrchol i MS **Penderfynodd** y Pwyllgor: **ROI** unrhyw sylwadau neu adborth i'r Prif Swyddog Gweithredol.	Nodwyd	Dim i'w nodi
4.9	**Diweddariad am Golledion a Thaliadau Arbennig** Dywedodd MC wrth y Pwyllgor nad oedd unrhyw golledion a thaliadau arbennig i'w hadrodd. **Penderfynodd** y Pwyllgor: **NODI'R** adroddiad.	Nodwyd	Dim i'w nodi
4.10	**Statws System Wybodaeth Gofal Cymunedol Cymru (WCCIS)** Cyflwynodd JF yr adroddiad a gynhyrchwyd yn dilyn cais am ragor o wybodaeth yn Mhwyllgor mis Hydref. Darparodd JF grynodeb manwl o'r adroddiad a chadarnhaodd fod Llywodraeth Cymru wedi comisiynu Adolygiad Strategol o Raglen System Wybodaeth Gofal Cymunedol Cymru, bod yr adolygiad ar y gweill ar hyn o bryd a'i fod wedi'i gyflwyno i'r Bwrdd Arweinyddiaeth. Croesawodd y Pwyllgor yr wybodaeth ddiweddaraf ac edrychodd ymlaen at dderbyn canlyniad yr adolygiad yn y cyfarfod nesaf. **Penderfynodd y Pwyllgor:** **NODI** Statws System Gwybodaeth Gofal Cymunedol Cymru ar gyfer **SICRWYDD**.	Ar gyfer Sicrwydd	Dim i'w nodi
4.11	**Adroddiad Asesu Blynyddol Safonau Iechyd a Gofal** Derbyniodd y Pwyllgor Adroddiad Asesu Blynyddol Safonau Iechyd a Gofal a oedd yn crynhoi'r saith thema a sut y maent, ar y cyd, yn disgrifio'r ffordd y mae gwasanaeth yn darparu gofal diogel a dibynadwy o ansawdd uchel. Roedd arweinwyr wedi'u nodi ar gyfer pob un o'r safonau ac roedd lefelau amrywiol o asesiadau i'w cynnal.	Ar gyfer Sicrwydd	Dim i'w nodi

	Dywedwyd wrth y Pwyllgor y byddai'r Grŵp Rheoli Risg yn cynnal asesiad cynnydd canol blwyddyn a diwedd blwyddyn. **Penderfynodd** y Pwyllgor: **DDERBYN** Asesiad Blynyddol y Safonau Iechyd a Gofal ar gyfer **SICRWYDD**.		
4.12	**Adroddiad Diweddaru Ymchwiliad COVID-19** Cafodd y Pwyllgor ddiweddariad byr am y sefyllfa ddiweddaraf mewn perthynas ag ymchwiliad y DU a'r gwaith sy'n cael ei wneud i baratoi ar gyfer hyn. Nododd y Pwyllgor hefyd fod Briffio'r Bwrdd defnyddiol ar yr Ymchwiliad i COVID-19 wedi'i gynnal fis Ionawr 2022. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Diweddaru Ymchwiliad COVID-19 ar gyfer **SICRWYDD**.	Ar gyfer Sicrwydd	Dim i'w nodi
4.13	**Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru** Cyflwynodd CD yr adroddiad er gwybodaeth i Aelodau'r Pwyllgor a chadarnhaodd y byddai'r Cyfarwyddwr Gweithredol Cyllid yn mynychu Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru ar ran Iechyd a Gofal Digidol Cymru. **Penderfynodd** y Pwyllgor: **NODI** Adroddiad Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru	Ar gyfer Sicrwydd	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** Ni chodwyd unrhyw fusnes brys arall.	Nodwyd	Dim i'w nodi
5.3	**Dyddiad ac amser y cyfarfod nesaf:** Dydd Mawrth 3 Mai 2022 Daeth y cyfarfod i ben am 12.25pm	Nodwyd	Dim i'w nodi

a

Pwyllgor Archwilio a Sicrwydd - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

12:30 – 12:45 18/01/22

Galwad Teams

Cadeirydd	Marian Wyn Jones

Yn bresennol:		Teitl	Sefydliad
Marian Jones	MJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
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
Presennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Simon Cookson	SC	Pennaeth Archwilio Mewnol Dros Dro	Archwilio Mewnol PCGC
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Darren Griffiths	DG	Rheolwr Archwilio - Perfformiad	Archwilio Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu Corfforaethol a Sicrwydd	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru

Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Ymddiheuriadau		Teitl	Sefydliad

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod Iechyd Arbennig		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	**MATERION RHAGARWEINIOL**		
1.1	**Croeso a chyflwyniadau** Croesawodd y Cadeirydd bawb i gyfarfod y Pwyllgor preifat yn ddwyieithog	Nodwyd	Dim
1.2	**Ymddiheuriadau am absenoldeb** Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.	Nodwyd	Dim
1.3	**Datganiadau o Fuddiannau** Ni dderbyniwyd unrhyw Ddatganiadau o Fuddiannau.	Nodwyd	Dim
1.4	**Cofnodion Heb eu Cadarnhau o'r Cyfarfod Pwyllgor Preifat diwethaf** Adolygwyd y cofnodion er mwyn cywirdeb, ni dderbyniwyd unrhyw welliannau. **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** cofnodion fel cofnod cywir o drafodaeth.	Cymeradwywyd	Dim
2	**Archwilio ac Atal Twyll**		
2.1	**Cofnodion Gweithredu Archwilio – Seiberddiogelwch** Rhoddodd Julie Ash (JA), Pennaeth Gwasanaethau	Sicrwydd	Dim

	Corfforaethol ddiweddariad ar statws presennol y Cofnodion Gweithredu Archwilio mewn perthynas â'r camau sy'n gysylltiedig â Seiberddiogelwch fel a ganlyn: • Yn y Pwyllgor diwethaf, roedd un cam gweithredu agored. Ni fu unrhyw newid ac roedd y statws yn parhau ar y trywydd iawn. Ychwanegodd Carwyn Lloyd Jones (CLJ), Cyfarwyddwr TGCh fod ei dîm yn gweithio ar yr un cam gweithredu a'u bod yn ceisio ei gwblhau erbyn canol mis Chwefror, er iddo ddweud y gallai hyn ymestyn i fis Mawrth 2022 oherwydd gwyliau hanner tymor. **Penderfynodd** y Pwyllgor: **DDERBYN** y Cofnodion Gweithredu Archwilio: Risgiau Seiber ar gyfer **SICRWYDD.**		
3	**Adroddiadau Corfforaethol**		
3.1	**Cofrestr Risg Corfforaethol - Risgiau Seiberddiogelwch** Dywedodd Chris Darling, Ysgrifennydd y Bwrdd, fod pum risg yn ymwneud â Seiberddiogelwch. Roedd un ohonynt yn risg newydd a ychwanegwyd ers y cyfarfod diwethaf. Roedd y Pwyllgor Llywodraethu a Diogelwch Digidol sydd â goruchwyliaeth a chyfrifoldeb am y risgiau seiber wedi craffu arnynt. Cadarnhaodd CD fod y map gwres yn yr adroddiad yn gipolwg ar y sefyllfa o ran risg seiber. Rhoddodd CLJ drosolwg o bob un o'r risgiau a rhoddodd ddiweddariad ar y camau lliniaru sy'n cael eu cymryd. Trafododd y Pwyllgor y risgiau sy'n cael eu hadolygu gan y Pwyllgor Llywodraethu a Diogelwch Digidol (DG&S) a'r Pwyllgor Archwilio a Sicrwydd ac os oedd angen cael y dyblygu hwn o ystyried bod yr Aelod Annibynnol, David Selway (Is-gadeirydd DG&S) yn eistedd ar y ddau Bwyllgor a llwyddodd i uwchgyfeirio unrhyw faterion yr oedd angen craffu pellach arnynt/mynd at wraidd y materion i'r Pwyllgor Archwilio a Sicrwydd drwy eithriad. Cytunodd y Pwyllgor y dylid ystyried pa mor aml y daethpwyd â'r risgiau i'r Pwyllgor hwn a'r ffordd orau o osgoi dyblygu ymdrech ac adnoddau. CD i drefnu cyfarfod i drafod hwn ymhellach cyn cyfarfod nesaf y Pwyllgor Archwilio a Sicrwydd. **Penderfynodd** y Pwyllgor: **NODI'R** cynnydd a wnaed ar y Gofrestr Risg Gorfforaethol.	Nodwyd.	CAM GWEITHREDU: CD i drefnu cyfarfod i drafod adrodd am risgiau Seiber i'r Pwyllgor Archwilio a Sicrwydd er mwyn osgoi dyblygu gyda'r Pwyllgor Cyfarwyddiaeth Gyffredinol.
4	**Materion i Gloi**		

4.1	**Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd** Nododd aelodau'r Pwyllgor yr eitemau a dderbyniwyd yn y sesiwn breifat i'w cynnwys yn yr adroddiad i'r Bwrdd.	Trafodwyd	Dim
4.2	**Unrhyw Faterion Brys Eraill**	Nodwyd	Dim
4.3	**Dyddiad ac Amser y Cyfarfod Nesaf:** 3 Mai 2022 Daeth y cyfarfod i ben am 13:00.	Nodwyd	Dim

Action Log - 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-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 - Information Services)	30/12/2021	Will be brought to the July 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 - Information Services)	30/12/2021	Will be brought to the April Committee. Update for April: work has been undertaken on setting a new milestone on R&I KPI's but not a timeline on the broader ISD KPI.	Underway		20/06/2022	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
20220118-A01	18/01/2022	Clarification to be provided on the clinical and non-clinical risk responsibilities	Claire Osmundsen-Little (DHCW - Director of Finance)	14/03/2022	DC & COL discussed and confirmed A&A will have oversight of the risk management process for all risks, however, the detailed risk mitigation relating to the clinical risks would generally be scrutinised through the DG&S Committee.	Complete			Public
20220118-A02	18/01/2022	Develop an action plan to measure opportunities for innovation and improvement.	Chris Darling (DHCW - Board Secretary)	14/03/2022	Action plan developed and is being tracked via Management Board and Audit and Assurance Committee.	Complete			Public
20220118-A03	18/01/2022	The Head of Counter Fraud to meet with the Chair and the Executive Director of Finance to discuss the Counter Fraud's time allocation and the implementation of a plan of risk assessed areas of focus	Claire Osmundsen-Little (DHCW - Director of Finance)	14/03/2022	Exec Director of Finance met with Gareth Lavington on 19/04/22 and agreed the forward plan.	Complete			Public
20220118-A01	18/01/2022	CD to arrange a meeting to discuss reporting of Cyber Risks to the A&A committee to avoid duplication with the DG&S Committee	Chris Darling (DHCW - Board Secretary)	03/03/2022	Meeting to discuss Cyber Risks took place 10/03/22	Complete			Private

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN AND HORIZON SCANNING

Agenda Item	2.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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 Noting
Recommendation	
The Audit and Assurance Committee is being asked to: NOTE the contents of the report.	

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

1 SITUATION/BACKGROUND

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

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Forward Work-plan has been updated to include the:

- Cyber Resilience Uni
- Welsh Community Care Information System (WCCIS) follow up report
- Quality & Regulatory Annual Review.

2.2 The Board has requested additional horizon scanning is undertaken across all Committees to ensure appropriate governance process is followed and the Board is receiving the appropriate levels of assurance from the Committee activity. The Corporate Governance team will support the Executive Director of Finance as Executive lead for the Committee to identify items for the forward workplan on a continued basis.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please see attached the updated forward workplan at item 2.4i Appendix A.

4 RECOMMENDATION

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny.

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, 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
Audit and Assurance Committee	May 2021	Initial workplan 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

Digital Health and Care Wales Audit and Assurance Committee Work Programme

Meeting Date	Standing Items	Governance	Finance	Internal Audit	External Audit	Additional Items
3rd May	• 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 • Cyber Resilience Unit	• Risk and Board Assurance Report • Declarations of Interest, Gifts and Hospitalities Report • Covid Inquiry • Cyber Resilience Unit Plan • Baseline Governance Review Action Plan Report • Standing Operating Procedure (SOP) • NCSC message • Workforce Settlement • SO Compliance report	• 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 • Internal Audit KPI Overview	• 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
5th July	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee	• Risk and Board Assurance Report • Declarations of Interest, Gifts and Hospitalities Report • Covid Inquiry • Governance Assurance Framework review report • Cyber Resilience Unit	• Losses and special payments report • Procurements and scheme of delegation report	• Internal Audit Progress Report • Internal Audit reviews • Research & Development	• 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 • Quality & Regulatory Annual Review • Estates Report

	• Forward Work Programme • Committee Highlight Report to Board • Audit Tracker • Cyber Resilience Unit					
18th October	• 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 • Cyber Resilience Unit	• 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
14th February	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme	• Governance Assurance Framework review report • Standing Orders Annual compliance 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 • DHCW Audit Report Themes Review	• Local Counter Fraud Update Report • Quality and Regulatory Compliance Report • Estates Report

	• Committee Highlight Report to Board • Audit Tracker • Cyber Resilience Unit					

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	3 May 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Simon Cookson, Head of Internal Audit
Presented By	Simon Cookson, Head of Internal Audit

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is asked to: **DISCUSS** the Internal Audit Progress Report.	

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IA	Internal Audit		

1 SITUATION/BACKGROUND

1.1 The Internal Audit Update Report 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 Internal Audit Update 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 The full Internal Audit Update Report is included at 3.1i Appendix A.

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:
DISCUSS the Internal Audit Progress Report.

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: 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
Chris Darling	April 2022	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 IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Internal Audit Progress Report

Audit Committee

May 2022

Digital Health and Care Wales

NWSSP Audit and Assurance Services

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

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2. Progress against the 2021/22 Internal Audit Plan *3*

3. Other Activity *3*

4. Recommendation *3*

Appendix A: Progress against 2021/22 Internal Audit Plan *4*

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 May 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.

Three individual audits were reported as one (Governance Arrangements Part Two, as indicated in Appendix A), which has resulted in 11 final audit reports for the 2021/22 audit year. Of these, nine have been report as final, one is still reported as draft and one is still in progress.

There has been no requirement to undertake follow-up audit work during this audit year, but we are expecting to utilise the time allocated for this work within next year's Internal Audit Plan – i.e. the time set aside for follow-up work for 2021/22 and 2022/23 will be amalgamated to follow-up on audit recommendations raised during this audit year.

Detailed progress in respect of each of the reviews in the 2021/22 Internal Audit Plan is summarised in Appendix A.

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;
- 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 (Part One)	Final	Substantial	2 Medium Priority, 1 Low Priority	January
System Development	Final	Reasonable	3 Medium Priority, 1 Low Priority	May
Workforce Review	Draft	Reasonable	2 Medium Priority, 1 Low Priority	July
Core Financial Systems	Final	Reasonable	5 Medium Priority	May
Assurance & Risk Management	Final – (Governance Arrangements Part Two)	Reasonable	2 Medium Priority, 2 Low Priority	May
Strategic Planning				
Performance Management				
Directorate/Service Review	Work in progress			July
Data Centre	Final	Substantial	No recommendations	May
Follow-up	Not required	N/A	N/A	N/A
Reviews at other bodies (undertaken within NWSSP Plan)				
Purchase to Pay	Final	Reasonable	1 High Priority, 2 Medium Priority, 3 Low Priority	May
Payroll	Draft	Reasonable	Not yet finalised	June

[1] May be subject to change

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

Agenda Item	3.2

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 2022

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

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

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

Acronyms			
DCHW	Digital Health and Care Wales	SHA	Special Health Authority
IA	Internal Audit		

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 and Assurance Committee.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Committee is asked to NOTE the Internal Audit Reports at items:

Item number	Audit
3.2i Appendix A	Data Centre Move
3.2ii Appendix B	General Governance Part 2
3.2iii Appendix C	System Development
3.2iv Appendix D	Financial Systems

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year and is being delivered in accordance with required quality standards.

3.2 The report contains the current status of the planned audits for 2021/22, including assurance and priority ratings.

4 RECOMMENDATION

The Committee is asked to:
NOTE the Internal Audit Progress Report and receive for ASSURANCE.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
Due to the nature of internal audit work, multiple Standards are applicable.	

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

Data Centre Transition
Final Internal Audit Report

April 2022

Digital Health and Care Wales

NWSSP Audit and Assurance

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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Review reference:	DHCW-2122-07
Report status:	Final
Fieldwork commencement:	24th January 2022
Fieldwork completion:	24th March 2022
Draft report issued:	30th March 2022
Debrief meeting:	
Management response received:	4th April 2022
Final report issued:	6th April 2022
Auditors:	Martyn Lewis (ICT Audit Manager) Sian Harries (ICT Auditor)
Executive sign-off:	Carwyn Lloyd Jones (Director of ICT)
Distribution:	Jamie Graham (Infrastructure Programme Manager) Martin Prosser (Head of Infrastructure Operations) Matt Palmer (Head of Infrastructure Design)
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 evaluate and determine the adequacy of the processes in place in DHCW for the management of the Data Centre move and the current Data Centre Service.

Overview

We identified no significant issues for reporting in our review.

The relocation of the data centre was undertaken in a controlled manner and was successfully completed within the expected time frame.

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	Project Governance	Substantial
2	Testing	Substantial
3	Lessons Learned / Benefits	Substantial
4	Current Data Centre Service	Substantial

[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 the governance arrangements in place for the Data Centre Move was completed in line with the 2021/22 Internal Audit plan for DHCW (the 'organisation').

1.2 Following the end of the contract for hosting NHS Wales equipment within the Blaenavon Data Centre, the decision was made to move into a new data centre location, the CloudCentres Data Centre (CDC). The move was governed by a formal project process to ensure that all equipment and services were transferred successfully. The relevant lead for the assignment is the Director of ICT.

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

- loss of processing / data; and
- inconsistencies in data centre provision impacts on service delivery across Wales.

2. Detailed Audit Findings

Objective 1: Project Governance – an appropriate project governance process was in place that ensures control was maintained over the project, risks were managed and formal reporting and monitoring undertaken.

2.1 The Data Centre Transition (DCT) Project was formed in September 2020 and progressed identified actions through three workstreams, which focussed on delivering the successful transition of systems from Blaenavon Data Centre (BDC) to the new CloudCentres Data Centre (CDC).

2.2 The DCT Project was formal and adopted PRINCE2 methodologies. A comprehensive Project Initiation Document (PID) was authored by the DCT Principal Project Manager and approved by the Director of ICT. The PID included full project details such as:

Project Definition	• Background • Objectives • Desired outputs and outcomes • Scope
Project Approach	• Structure • Workstream detail • Plan on a Page • Assumptions, constrains and dependencies
Project Control	• Governance • Change and Configuration Management • Roles and responsibilities • Quality and Assurance • Risks, Assumptions, Issues, and Dependencies (RAID)

2.3 We noted within the PID that there was a detailed governance structure inclusive of a Project Board and Project Team with clearly defined membership, roles, and responsibilities.

Senior Reporting Officer (SRO)	**Director of ICT** accountable to the DHCW Executives for project success.
Project Director	**Infrastructure Programme Manager** accountable to the SRO for project success.
Executive Stakeholders	**Director of Finance and Director of Application Development and Support** review and monitor project progress and the high-level plan and critical path. Oversees cross-Directorate and Executive-level actions.

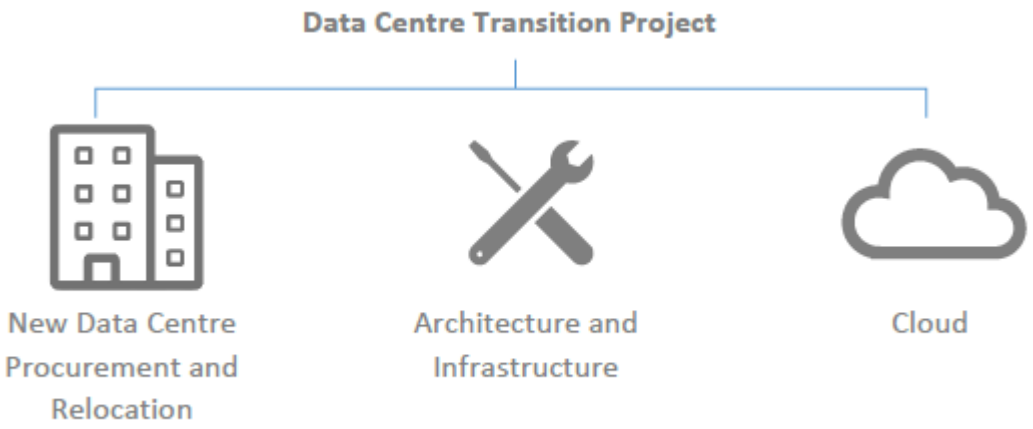
Project Board

2.4 The Project Board also had representation from local Health Boards, Welsh Government, and various teams in DHCW including Technical, Finance and Procurement.

2.5 We reviewed Project Board meeting agendas and minutes and noted that detailed discussions were held with any resulting actions and decisions recorded on separate registers.

Project Team

2.6 The three workstreams focussed on delivering the successful transition of systems were as below[2], with each workstream reporting into the Project Board.



2.7 Project Team membership was appropriate, and was comprised of:

Workstream Leads	•Principal Project Manager and Project Manager
Project Management Office	•Project Manager and Project Support Manager
Commercial Services	•Head of Commercial Services
Infrastructure Operations	•Head of Infrastructure Operations
Infrastructure Design	•Head of Infrastructure Design
External Stakeholders	•Head of Clinical Futures ICT - Aneurin Bevan University Health Board •Head of Digital Operations – Hywel Dda University Health Board •Director of Digital And Health Intelligence – Cardiff and Vale University Health Board •Health and Social Services - Technology, Digital & Transformation Directorate
Primary Care Services	•Head of Primary Care Services
Infrastructure Operations Teams	•Infrastructure Operations Lead (Data Centre Services) •Infrastructure Operations Lead (Core Servers)

2.8 Extensive reporting arrangements were in place throughout the project lifecycle as defined within the *Governance Meetings Matrix* included as Appendix B of the PID. Meetings consisted of:

- weekly NWIS Directors Meeting (monthly Executive Board);

[2] PID-DCT_ProjectInitiationDoc, 3.1 Structure

- monthly DCT: SRO Steering Board;
- monthly DCT Project Board;
- weekly Application Meeting;
- weekly Procurement Meeting;
- weekly Technical Meeting; and
- daily Scrum.

Each group had a defined purpose, scope, reporting type, and identified key stakeholders.

2.9 We confirm appropriate controls were in place throughout the project. We reviewed the overarching Project Transition Plan which provided a summary of key plans including:

- Master Transition Batch Plan;
- CDC Cabling Schedule;
- SCC Transition Resource Plan; and
- DHCW Network Implementation Plan.

2.10 The Master Transition Batch Plan contains both high-level and granular detail relating to project deliverables, phases, key activities, planned timescales and resource plans with named officers against key transition activities.

2.11 An Engagement Plan was developed which clearly defined the communication objectives, audiences, key messages, communication issues, constraints, and assumptions as well as the communication approach. We noted within the DCT Project Closure Report that positive feedback had been received regarding the communications sent by the DCT Project Team.

2.12 The DCT Project was subject to a standard risk management process with a full RAID log maintained throughout, which captured Risks, Assumptions, Issues, and Dependencies, along with their associated mitigations. Risks and issues requiring escalation were managed through the PMO, following the project governance structure. Open risks/issues were reviewed on a monthly basis and the highest rated ones were reviewed in detail at Project Board meetings. The Board Members also reviewed and approved all key decisions.

2.13 The majority of risks have been closed, with the outstanding risks presented to the Project Board on 16 December 2021 with supporting proposals to transfer to appropriate DHCW Teams for ongoing management and resolution. We cross-referenced the RAID Log with the outstanding risks presented to the Project Board and we can confirm all were discussed and managed appropriately.

Conclusion:

2.14 Our review highlighted project management best practices throughout the project lifecycle. We noted extensive governance arrangements in terms of project structure, controls, and risk management, and consequently we have provided **substantial** assurance over this objective.

Objective 2: Testing – the project ensured that testing was appropriately undertaken, including of equipment, network links and failover.

2.15 Testing was formally included as part of the project, with appropriate test plans in place. Testing included:

- failover ability;
- test of the new architecture after build;
- network testing; and
- power down testing for the equipment being moved.

2.16 Testing of the architecture and network connectivity was undertaken by the consultancy provider and was 'out of hours' to minimise the risks of disruption. The testing of the architecture and network was split into sections related to components in the design and included redundancy testing of the network and data centres. Testing of the architecture solution was defined by a formal test plan, and completion of this was formally signed off and approved at project board.

2.17 Testing was also undertaken on utilities within the new data centre. There was load bank testing to ensure that the backup power supply was appropriate and testing of the cooling systems.

2.18 Testing was also undertaken on each system as it was moved across to ensure availability and connectivity for users. This was a formalised process with the relocation stages set out in plans which noted the power cycle test on Fridays and the application testing on Sundays.

2.19 Detailed plans were developed for the move, which included testing, which was undertaken by application teams once the move and infrastructure items had been completed. The progress of the application testing was tracked and recorded by the project manager, and success confirmed in post-move meetings.

Conclusion:

2.20 Testing was included within the project plan and test plans were defined and completed. All testing was signed off as complete, and accordingly we have provided **substantial** assurance for this objective.

Objective 3: Lessons Learned / Benefits – a process is in place to identify lessons from the data centre move and to ensure that identified benefits are realised.

2.21 The project has been subject to a full post implementation review, which included a process to identify lessons that can be factored into future projects.

2.22 Following this a formal closure report was produced, this was finalised in January 2022 and approved by the lead director. The closure report reviews the performance of the project, with the key items included within the report being:

- noting the delivery of the project scope and all objectives in the PID;
- assesses project performance against the objectives and notes a positive outcome;

- assesses project performance against the stated outputs and notes a positive outcome;
- assesses project performance against outcomes (benefits), and notes a positive outcome;
- assesses project performance against costs, and notes a forecast underspend of £2.2k;
- assesses project performance against timescales, and notes a generally positive outcome whilst providing information on delays due to covid and complexity;
- breaks down the tasks contained within the project by workstream and assesses status; and
- notes the creation of a lessons learned log.

2.23 Meetings with stakeholders and workshops were held, together with questionnaires used to capture lessons in order to improve future projects. We note that there were over 180 identified lessons, and these have been categorised by theme and used to create specific recommendations for the organisation.

2.24 These lessons were compiled into the closure report, and also into single slides for rapid reporting. These were reported both to the Project Board, but also to Management Board and Directors to enable the wider sharing of learning.

2.25 A process is in place to ensure that lessons are taken forward and embedded in future projects.

2.26 For recommendations that are pertinent to the next data centre project, there are to be a series of workshops with each of the subgroups to ensure that the lessons are carried forward into the project. In addition, the lessons are to be the focus of a workshop with the third-party networking consultants in early April 2022.

2.27 For recommendations that have wider organisational learning, these are grouped into six wider themes, and they will be shared with and discussed at the Incident Review and Learning Group.

2.28 We note that the project was not necessarily a benefit led project, but it was required as the data centre provider was terminating the service, and so a move to a new location had to happen. This required move was used as an opportunity to improve the provision in the new location.

2.29 Benefits were identified in the PID and were defined as the desired outcomes and comprised:

- continued delivery of on-prem infrastructure;
- upgrading of network infrastructure; and
- roadmap to cloud adoption.

2.30 The benefits as set out in the PID have largely been achieved, with the new data centre being active as anticipated. The network within the new data centre is a software defined network and this provides greater bandwidth, resiliency, and growth capacity. It also allows for better flexibility in how network resources are deployed.

2.31 The roadmap to cloud adoption has not been achieved. However, the data centre project was used to demonstrate the capability of cloud, and a Cloud Strategy Programme has been established to develop the roadmap, and this will use information from the data centre project.

Conclusion:

2.32 The project considered the benefits to be achieved from the data centre re-location, and these have largely been realised, with a new data centre active and an upgraded network provision. A post implementation review has been undertaken that assessed the project and which identified lessons to be used in future projects with DHCW, and there is a mechanism for ensuring that this learning is shared appropriately. Accordingly, we have provided **substantial** assurance for this objective.

Objective 4: Current Data Centre Service– the current data centre service provision is consistent across sites, has appropriate risk management, is modern and appropriate to the need of NHS Wales.

2.33 We note that both data centres now sit within the same tier and so will provide the same level of controls over access and resilience. The differences between the two sites are related to the network provision, with the new data centre having a modern, software defined network, and the older (Newport) data centre retaining a traditional hardware based network.

2.34 We note therefore, that the technology in use within the new data centre is more current than the Newport data centre and so will have greater longevity. The project included the use of a consultancy to design and build the new network (Cisco ACI network). As the provider is an accredited member of Ciscos' Partner Support Service, DHCW has confidence that the network architecture is fully compliant with Ciscos' recommended network implementation.

2.35 The risk relating to the differences between the data centres is clearly identified, and relates to the divergence in network configuration, which is likely to increase over time and impact on the ability of DHCW to provide rapid disaster recovery and delay recovery times.

2.36 A Situation-Background-Assessment-Recommendation document (SBAR) has been produced that clearly articulates the network risks and provides options and potential solutions. We note that the contract for the Newport data centre ends in the near future, and so work on phase two of the data centre project has commenced and is looking at options for improving the provision relating to this data centre.

2.37 Due largely to the network provision within the new data centre, there is greater scalability and so a greater ability to meet the future needs of NHS Wales, and this is one of the factors considered within the options assessment relating to the Newport data centre.

Conclusion:

2.38 The current data centre provision for DHCW provides a largely consistent service in terms of resilience and hosting environment. There are differences now extant in networking and scalability and there is a risk associated with this which is appropriately articulated. The contract for the Newport data centre is coming to an end and the network risk is being considered as one of the factors in the option appraisal. Accordingly, we have provided **substantial** assurance for this objective.

Appendix A: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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

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Partneriaeth Cydwasanaethau
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Audit and Assurance Services

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

Governance Arrangements Part Two
Final Internal Audit Report

April 2022

Digital Health and Care Wales

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
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Digital Health and Care Wales

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Review reference:	DHCW-2122-01
Report status:	Final
Fieldwork commencement:	15th December 2021
Fieldwork completion:	1st February 2022
Draft report issued:	9th February 2022
Debrief meeting:	1st February 2022
Management response received:	25th March 2022
Final report issued:	29th March 2022
Auditors:	James Quance, Head of Internal Audit Stephen Chaney, Deputy Head of Internal Audit Phil Lewis-Davies, Principal Auditor
Executive sign-off:	Chris Darling, Board Secretary
Distribution:	Helen Thomas, Chief Executive Board Members
Committee:	Audit and Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

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

Executive Summary

Purpose

This audit has focused on assessing three key elements within the overall governance framework, strategic planning, performance and risk management.

Overview

We have provided reasonable assurance on this area.

The matters requiring management attention include:

- finalisation of revised vision and mission statements, and linkage to existing strategic objectives and their supporting strategies, frameworks and programmes;
- improvement in the reporting to the Board of performance management;
- improvement in the planning and reporting of compliance with Health and Care Standards; and
- greater Board engagement in the process steps required to deliver Board Assurance Framework reporting from March 2022

Report Classification

		Trend
Reasonable 	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.	N/A First year

Assurance summary[1]

	Assurance objectives	Assurance
1	Appropriate strategic planning arrangements implemented	Reasonable
2	Suitable performance management processes developing with regular reporting to relevant committees	Reasonable
3	Risk management arrangements established, including the development of appropriate risk registers, and supporting guidance	Reasonable

Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Finalisation of revised vision and mission statements, and linkage to existing strategic objectives	1	Design	Medium
2	Improvement in the reporting to the Board of performance management	2	Design	Low
3	Improvement in the planning and reporting of compliance with Health and Care Standards	2	Design	Low
4	Greater Board engagement in the process steps required to deliver Board Assurance Framework reporting	3	Design & 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 The Digital Health and Care Wales's (DHCW) Board is responsible for adopting the Standing Orders for the regulation of their 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, they provide the regulatory framework for the business conduct of DHCW.

1.2 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.

1.3 The regulatory framework includes detail on the establishment of the strategic direction of DHCW by the Board and the associated strategic planning required to support the attainment of the strategic objectives of DCHW. These are to form the basis of the Integrated Medium Term Plan (IMTP) for 2022-2025.

1.4 We note that due to the timing of the establishment of DHCW that the Board were not part of the strategic development planning process within the 2021/22 Annual Plan. In addition, there was no requirement for the organisation to produce a three-year IMTP plan for the period 2021-2024, although work has progressed on the delivery of the 2022-2025 IMTP.

1.5 The key risks considered in this review are:

- inappropriate strategic planning arrangements exist;
- ineffective performance management processes exist, lacking regular reporting to Board Committees; and
- ineffective risk management arrangements have been established, lacking the development of appropriate risk registers, reporting, and supporting guidance.

1.6 The audit focused on three key elements within the overall governance framework, strategic planning, performance and risk management. This audit is supported by a separate review, Governance Arrangements - Part One that considered the establishment of the broader governance arrangements and was rated as substantial assurance.

2. Detailed Audit Findings

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

2.1 The DHCW Board received Model Standing Orders at its inaugural meeting held on 1 April 2021, where minor amendments were discussed and subsequently presented to the Board at its second meeting held on 27 May 2021. The minor amendments were accepted, and the revised Standing Orders approved. None of the amendments undertaken required Welsh Government approval or impacted the Board's governance responsibilities over strategic planning.

2.2 The Standing Orders approved by the Board comment on planning matters noting that 'the 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'.

2.3 Matters reserved for the full Board relating to Strategy and Planning have also been defined, as noted in the document Matters Reserved for the Board. These were approved by the Board, as part of the Standing Orders, at the Board's May 2021 meeting.

2.4 There was no IMTP submission for the period 2021 - 2024, at the request of the Welsh Government, given that NHS Wales was in the midst of the Covid-19 pandemic. All NHS Wales entities were required to approve an annual plan for 2021- 2022. However, the Executive were not able to engage with the Board fully as the 2021-2022 annual plan was almost fully developed by 31 March 2021 - in advance of DHCW Board's inaugural meeting.

2.5 The new Board reviewed the draft annual plan at a Board development day on 29 April 2021. Feedback from the Board members during this session recognised that it reflected the priorities for the new organisation, within a clearly articulated strategic framework and set out the key milestones for delivery. However, it was also recognised that further materials should be developed to complement the plan itself for the range of Stakeholders that the organisation needed to engage with.

2.6 A review of the Board's and sub-committees of the Board meeting papers for the period April 2021 - January 2022 identified instances where supporting strategies, frameworks, and programmes are yet to be presented to the Board, reviewed, approved and progress to full implementation monitored and achieved. We noted that the expected pace of development has been adversely affected by the impact of the pandemic and Executive Director vacancies that have been experienced. Whilst progress has been made on all strategic planning matters in the first year of the DHCW, it is evident that further work is required. This has been raised within matter arising one in Appendix A.

2.7 During this period, the Board has also been engaged in the process of articulating revised DHCW mission and vision statements and we understand that these position statements are to be agreed during March 2022 and will support the IMTP

submission for 2022-2025 to the Welsh Government. However, DHCW should ensure that the strategic objectives currently detailed in the draft IMTP remain valid, or are amended, and that supporting strategies, frameworks and programmes required to promote the delivery of the Board's revised strategic objectives remain fit for purpose. This has been raised within matter arising one in Appendix A.

Conclusion:

2.8 Whilst a considerable amount of effort and resources have been focused on strategies, frameworks, and programmes in support of DHCW's annual plan's strategic objectives for 2021-2022, full delivery is yet to be achieved - in part, due to resource availability. In addition, this position will be impacted by the Board's approval of revised DHCW vision and mission statements. There are matters that require management's attention to the control design, as the strategic direction of DHCW is developed, therefore we have provided **reasonable assurance** over this area.

Audit objective 2: to determine if suitable performance management processes are developing as intended, with regular reporting to each relevant committees

2.9 When the minor amendments were processed, as part of the revised Standing Orders, none of these impacted the Board's governance responsibilities over performance management.

2.10 The Standing Orders approved by the Board comment on planning matters noting that, 'the Board's main role is to add value to the organisation through the exercise of strong leadership and control, including ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of DHCW's performance across all areas of activity'.

2.11 Matters reserved for the full Board relating to performance management have also been defined. These were noted in the document 'Matters Reserved for the Board' and approved by the Board as part of the Standing Orders during May 2021.

2.12 We have noted that a Performance Management Framework has been developed and is to be reviewed and approved by the Board at its January 2022 meeting.

2.13 Currently, the Board receive an Integrated Organisational Performance Report/Dashboard (IOPR) and a Finance Report at each of their meetings. We noted possible improvements in the reporting formats to address:

- the linkages between individual elements of the reports' content and strategic objectives are not clear;
- the IOPR is detailed (35 pages), but is not tailored for the needs of the Board, lacking clarity on key messages of assurance provided, exceptions and actions required of the Board; and

- the IOPR is not referenced as to compliance, or otherwise, with relevant Health and Care Standards.

These have been raised within matter arising two in Appendix A.

2.14 In addition, we noted that matters reserved for the full Board include receiving assurance regarding the DHCW's performance against appropriate Health and Care Standards for Wales. Whilst all introductory papers presented to the Board and sub-committees have a section entitled Impact Statement, which includes reference to those Health Care Standards impacted by each paper's topic, we noted that both the Annual Plan for 2021-2022 and the latest draft IMTP for 2022-2025 do not specifically refer to compliance with these standards. This has been raised within matter arising three in Appendix A.

2.15 We acknowledge that recent developments were made to the Audit & Assurance Committee's (AAC) work programme, where there is an annual Health and Care Standards Assessment Report. The report for 2021-2022 was duly presented at the AAC's January 2022 meeting and there is now a need for the Committee to provide assurance to the Board on the matter of compliance. This has been raised within matter arising three in Appendix A.

Conclusion:

2.16 The Board receives regular performance reporting and a Performance Management Framework has been developed, but had not yet been approved at the time of our review. For the performance reporting tested, we identified areas of improvement on format that would provide further assurance to the Board, by linking in more closely to strategic objectives and the Health and Care Standards. There are matters that require management's attention to control design to enhance the value to be gained from current performance management reporting. Therefore we have provided **reasonable assurance** over this area.

Audit objective 3: to ensure risk management arrangements have been established, including the development of appropriate risk registers, and supporting guidance

2.17 When the minor amendments were processed, as part of the revised Standing Orders, none of these impacted the Board's governance responsibilities over risk management.

2.18 The Standing Orders approved by the Board comment on planning matters noting that, 'the Board's main role is to add value to the organisation through the exercise of strong leadership and control, including establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour and specifically. The Board shall set out explicitly, within a Risk Management and Board Assurance Framework Strategy (the 'Strategy'), how it will be assured on the conduct of DHCW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives'.

2.19 The Standing Orders also continue to 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. Furthermore, the Board shall ensure that its assurance arrangements are operating effectively, as advised by its Audit Committee (or equivalent).

2.20 Matters reserved for the full Board relating to risk management have also been defined, as noted in the document Matters Reserved for the Board, as approved by the Board as part of the Standing Orders at the Board's May 2021 meeting.

2.21 The Strategy was presented to the AAC and to the Board at its May 2021 meeting where it was approved. Implementation of the Strategy is in progress and regular update reports on progress are reported to the Board.

2.22 The Board, and AAC and Digital Governance and Safety (DGSC) Committees receive risk management information at their meetings, risk registers and risk management reports being presented. In addition, specific risks identified by the Board have been reviewed in detail by the AAC and DGSC, as requested by the Board.

2.23 The Board and its sub-committees are working in a unified manner to uphold effective risk management governance processes, as evidenced by review of the work of the AAC, DGSC and the Board. The AAC and the DGSC receive and review the Corporate Risk Register at their meetings. It was noted that each risk on the Corporate Risk Register is allocated to either the AAC or DGSC, where oversight is provided, and issues escalated, as required, to the Board as part of each committee's Highlight Report to the Board.

2.24 In addition, a review of the agendas, papers and minutes of the Board and the AAC evidence that risk management assurance arrangements are subject to review by the AAC at each meeting and key issues of note are reported to the Board via ACC Highlight Reports.

2.25 As detailed in the AAC's Terms Reference, the AAC is also charged with providing 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 first annual report from the ACC is not due until six weeks after 31 March 2022, and we are not able to comment further on this process.

2.26 Whilst progress has been made in implementing the Strategy, we noted that delivery of the Board Assurance Framework within the overall Strategy is not yet complete. At the time of the audit, the Strategy was yet to be fully implemented, the Board not having received any Board Assurance Framework (BAF) reporting. BAF reporting requires each strategic objective to be reviewed and for related

principal risks to be identified, together with risk mitigation. The effectiveness of the latter is then assessed, noting any gaps or deficiencies in controls, and creating action plans to resolve control weaknesses. However, we noted that a proposed Board Assurance Report template was presented to the AAC at its meeting held on 18 January 2022 for comment and feedback.

2.27 Papers presented to the AAC at its January 2022 meeting included the latest Risk Management and Board Assurance Milestone Plan which commented that the assurance mapping plan will now be finalised, and work concluded by the end of February 2022, in readiness for the first Board Assurance Report presentation to the March 2022 Board. This is a challenging timeframe given that the detailed work required to support the BAF process is to be delivered by operational management and primarily linked to agreed strategic objectives that have yet to be confirmed, given that the DHCW mission and vision statements are still to be agreed by the Board. This has been raised as matter arising four in Appendix A.

Conclusion:

2.28 Effort and resources have been focused on the implementation of the Strategy, and good progress has been made. However, the Board is yet to receive the BAF reports. There are matters that require management's attention to finalising design and operational delivery of the BAF report process, therefore we have provided **reasonable assurance** over this area.

Appendix A: Management Action Plan

Matter arising 1: Development of DHCW Strategy and its Implementation (Design)	Impact
Within the Standing Orders approved by the Board, matters reserved for the full Board comments on strategic planning, and in particular determining DHCW's strategic aims, objectives and priorities. Specific areas referred to include: • communication and engagement; • workforce and organisational development; • infrastructure, including information management and technology, estates and capital; • organisational strategy / digital strategy; • partnership and stakeholder engagement; and • quality standards management. A review of the Board's and Committees' meeting papers in the period April 2021 to January 2022 indicated instances where supporting strategies, frameworks, or programmes are yet to be presented to the Board, reviewed, approved and / or implemented. We note that the expected pace of development has been adversely affected by the pandemic and Executive Director vacancies. Whilst progress has been made on all strategic planning matters, as noted in the Standing Orders, further work is required. The Board has been engaged in the process of articulating revised DHCW mission and vision statements and that these position statements are to be agreed in March 2022 and will support the IMTP submission for 2022-2025 to the Welsh Government. However, DHCW should ensure that the strategic objectives, currently detailed in the draft IMTP, remain valid. In addition, supporting strategies, frameworks and programmes, required to promote the delivery of the Board's revised strategic objectives, should be effective.	Potential risk of: • The strategic objectives, as detailed in the latest draft of the 2022-2025 IMTP, not reflecting the Board's agreed mission, vision and strategic objectives. • The current supporting strategies, frameworks or programmes are no longer aligned to relevant strategic objectives.

Recommendations	Priority
We recommend that DHCW ensures that: 1.1 a. Once the Board has approved revised mission, vision and strategic objectives in March 2022, they should be provided with assurance that the current strategic objectives in the latest draft of the 2022-2025 IMTP remain valid or are amended as required.	**Medium**

b. The status of the key supporting strategies, frameworks and programmes should be assessed, identifying what is in place and whether it remains fit for purpose, for the agreed strategic objectives.

c. Once the Board has approved its revised mission, vision and strategic objectives, they should receive assurance that the current strategic objectives remain valid or are amended, as required.

Management response		Target Date	Responsible Officer
1.1	a. The Board Development session on the 3 March will review and agree/approved the mission and vision. The strategic objectives will also be reviewed at this session as part of the IMTP 2022-2025. The Board Development discussions will confirm if the strategic objectives remain valid, and will go to Public Board on 31 March for formal approval.	31.03.22	Chief Operating Officer
	b. The supporting strategies, frameworks and programmes included in the reservation of decisions for the Board will be reviewed as part of the IMTP 2022-2025, development of DHCW's long term strategy and Board forward workplan.	31.03.22	Chief Operating Officer / Board Secretary
	c. The Board Development discussions will confirm if the strategic objectives remain valid, and will go to Public Board on 31 March for formal approval.	31.03.22	Chief Operating Officer

Matter arising 2: Performance Reporting (Design)	Impact
The Standing Orders detail matters reserved for the Board, including the receiving of reports from DHCW's Executives on progress and performance in the delivery of DHCW's strategic aims, objectives and priorities. The Board also approves action required, including improvement plans, as appropriate. We note that a Performance Management Framework has been developed and approved by the Board. Currently, an Integrated Organisational Performance Report (IOPR) consisting of 35 plus pages is presented to the Board at each meeting. It provides a scorecard RAG rating of the following subject areas that are separately reported on within the IOPR: • corporate planning; • financial performance; • workforce; • commercial services; • operational service management; • clinical assurance and information governance; • governance and quality; and • engagement. A review of the IOPR format identified that: • linkages of performance reporting to specific Strategic Objectives are not always clear; • reporting of key messages and issues of assurance, exceptions and actions required of the Board are not prominent, with the risk of them being lost within the detail of the IOPR; and • performance reporting is not referenced as to compliance, or otherwise, with relevant Health and Care Standards.	Potential risk of: • The value gained by the Board from the IOPR performance reporting format is not maximised. • The linkages to strategic objectives and the Health and Care Standards are missing, preventing a wider appreciation of performance reporting. • The format of the IOPR does not allow the Board to efficiently focus on the key matters and issues.

Recommendations	Priority
2.1 We recommend that DHCW considers the following improvements to the reporting format: a. to ensure performance reporting and planned actions are more clearly linked to specific DHCW strategic objectives; b. to highlight key performance messages and issues of assurance, exceptions, and actions required of the Board; and c. to ensure performance reporting is linked to compliance with relevant Health and Care Standards.	**Low**

Management response	Target Date	Responsible Officer
2.1 a. The Performance Report presented to the Board will be updated in line with the IMTP for 2022-25 to align more explicitly to the Strategic Objectives.	31.05.22	Chief Operating Officer
b. The presentation of the Performance Report will continue to be refined through the next financial year, including a focus on key performance messages and issues of assurance, exceptions, and actions required of the Board.	31.03.22	Chief Operating Officer
c. The Performance team will work with the Health Care Standards lead(s) in DHCW to highlight compliance with the standards applicable to DHCW.	31.07.22	Chief Operating Officer

Matter arising 3: Health and Care Standards for Wales (Design)	Impact
The Standing Orders details that the Board should receive assurance on DHCW's performance against appropriate Health and Care Standards for Wales and approving required action, including improvement plans. Compliance is required of all NHS Wales bodies as promoted in the Health and Care Standards document issued by the Minister of Health and Social Services in 2015. Whilst all introductory papers presented to the Board and Committees have a section entitled Impact Statement that includes reference to those Health Care Standards impacted by each paper's topic, we noted that both the Annual Plan for 2021-2022 and the latest draft IMTP for 2022-2025 do not specifically refer to compliance with these standards. We acknowledge that recent developments were made to the Audit & Assurance Committee's work programme at its January 2022 meeting, adding an obligation to receive for assurance DHCW's Health and Care Standards Annual Assessment Report.	Potential risk of: • The Board does not have assurance that DHCW is compliant with the Health and Care Standards for Wales, and is not able to agree and monitor any remediation actions that may be required to ensure future compliance.

Recommendations	Priority
We recommend that DHCW ensures that: 3.1 a. the Audit and Assurance Committee provides the Board with assurance on compliance with the Health and Care Standards for the 2021-2022 period; and b. future IMTP and annual plans comment on planned compliance with the Health and Care Standards, linking to key evidence.	**Low**

Management response	Target Date	Responsible Officer
3.1 a. The Audit and Assurance Committee reviewed the Health and Care Standards for 2021-22 on the 18 January, and reported to the Board on the 27 January that the Health and Care Standards report had been received for assurance. In addition the standards relevant to the DG&S Committee will go to the DG&S Committee on the 18 February for further scrutiny and a Health and Care Standards report to the Board on the 31 March.	31.03.22	Board Secretary
b. The IMTP 2022-2025 will include information on compliance with the Health and Care Standards.	31.03.22	Chief Operating Officer

Matter arising 4: Implementation of Risk Management and Board Assurance Framework Strategy (Design & Operation)	Impact
The DHCW Risk Management and Board Assurance Framework Strategy (the 'Strategy') was endorsed by the Audit and Assurance Committee and approved formally during May 2021 meeting. The papers presented outlined the approach DHCW will take to manage risk and provide Board assurance. At the time of the audit, the Strategy was yet to be fully implemented, with the Board not having received any Board Assurance Framework (BAF) reporting. BAF reporting requires each strategic objective to be reviewed and for related principal risks to be identified, together with risk mitigation. The effectiveness of the latter is then assessed, noting any gaps or deficiencies in controls and creating action plans to resolve control weaknesses. It was noted that a proposed Board Assurance Report template was presented to the Audit and Assurance Committee on 18 January 2022 for comment and feedback. A review of the papers presented included the latest Risk Management and BAF Milestone Plan. This detailed that the assurance mapping plan will be finalised and work concluded by the end of February 2022, in readiness for the first Board Assurance Report to the March 2022 Board. This remains a challenging timeframe given that the detailed work required to support the BAF process is primarily linked to agreed strategic objectives that have yet to be confirmed. For example, during the audit DHCW mission and vision statements were still to be agreed by the Board.	Potential risk of: • The Board does not receive timely risk information on the management of the principal risks to DHCW's strategic objectives, preventing the Board from providing oversight of current risk exposure, and mitigating actions required. • DHCW strategic objectives are not delivered.

Recommendations	Priority
4.1 We recommend that DHCW updates the Board as to the individual process steps still to be performed in support of the delivery of a fully effective BAF reporting process, together with key milestone dates. This should acknowledge agreed resource requirements from management to initially establish, and then continue to refresh thereafter, the BAF reporting process.	**Medium**

Management response	Target Date	Responsible Officer
4.1 Work is progressing to develop the BAF and BAF reporting process during February and March 2022, an update on this work will be provided to the Board on the 31 March. It is acknowledged that the initial BAF is likely to require future iterations to take into account Board member feedback before a final version is agreed. This is likely to take place at the Board meetings on the 26.05.22 and 28.07.22.	28.07.22	Board Secretary

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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

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System Development
Final Internal Audit Report

April 2022

Digital Health and Care Wales

NWSSP Audit and Assurance

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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Executive sign-off:	Meirion George, Director of Applications Development and Support
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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

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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.

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Executive Summary

Purpose

To provide assurance over the adequacy of the processes in place in DHCW for securely developing and maintaining applications for NHS Wales.

Overview of findings

- There is no overall structured training provision that ensures all identified needs are met.
- Changes to stored procedures and local code are managed by the support team for WRIS not the development team and so are not within the TFS system.
- There are no regular security checks on code being developed and security is not fully integrated into the development process.

Overall we have provided reasonable assurance over the management of systems development.

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	Procedures	Substantial
2	Training	Reasonable
3	Design	Substantial
4	Implementation	Reasonable
5	Testing	Substantial
6	Deployment	Reasonable
7	Maintenance	Substantial

Matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Training Provision	2	Operation	Medium
2	WRIS Code	4	Operation	Medium
3	Security Integration	4	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 The review of system and software development within Digital Health & Care Wales (DHCW or the organisation) was completed in line with 2021/22 Internal Audit Plan.

1.2 System development is the process of conceiving, specifying, designing, programming, documenting, testing, and bug fixing involved in creating and maintaining applications, frameworks, or other software components. Software development is a process of writing and maintaining the source code, but in a broader sense, it includes all that is involved between the conception of the desired software through to the final manifestation of the software.

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

- the system does not meet the needs of the users;
- inadequate documentation leads to a loss of organisational knowledge and impacts on support and maintenance; and
- security weaknesses lead to inappropriate access to data or loss of functionality.

2. Detailed Audit Findings

Audit objective 1: Procedures for development should be in place that set out the key requirement of the development framework and methodologies to be used.

2.1 DHCW use an agile development model, utilising scrums (frequent, short meetings of the team) and sprints (short, iterated periods of development) to break the development work into stages.

2.2 There are clear coding and development standards and a Software Development Policy in place to provide guidance for software development, these documents link to other relevant standards, e.g. ITIL and ISO.

2.3 The guidance in place does not enforce a specific methodology, but states the developer is to pick the best for each case, however it does put a structure on the choice of process.

2.4 The guidance in place notes the key concepts and requirements for appropriate development. It notes that needs and specifications should be created and accepted, user stories should be defined and principles of good software development should be adhered to.

2.5 The current guidance has recently been reviewed and updated, with a Software Development Handbook having been developed. This replaces the policy and provides more guidance regarding agile development, noting the adoption of the cross functional scrum methodology.

2.6 Individual teams have developed local guidance and procedures for their area which provide more specific detail on how the overall guidance is enacted within their area.

Conclusion:

2.7 There is guidance in place for software development, including a policy, standards and procedure documentation. Accordingly, we have provided substantial assurance over this objective.

Audit objective 2: Staff responsible for development are appropriately qualified and have access to training.

2.8 The skills required for development within DHCW are varied as there are a number of older, legacy systems in place written in and based on a variety of platforms. These include Foxpro, Delphi, Oracle, SQL and .NET. We do note that the intent is to narrow down and use a smaller number of key platforms.

2.9 There has been recruitment into the department to increase the development resource, and there is a consideration of upskilling of current staff.

2.10 There are a high number of vacancies within the departmental structure (100 vacant posts from an establishment of 432) and there have been issues with recruiting to fill posts. The vacancies mean that there are deficits for some key skills such as developers, business analysts and test analysts.

2.11 Training needs are identified on both an individual basis via the PADR process, and on a group basis as a common need is identified such as training on scrums and Cloud. These training requirements are collated into an annual training needs assessment. We note however, that the provision of training to meet these needs does not always occur and the budget for training is limited. (Matter Arising 1).

2.12 DHCW has recently purchased Skillsoft licences which will improve the processes for delivering training in key skills.

Conclusion:

2.13 Staff in post have the appropriate level of skills and qualifications required in order to carry out development work within their team. There is a process for identifying training needs across the department. However, there is no overall departmental picture of requirements, and there are a number of extant vacancies which could impact on future developments. Accordingly, we have provided reasonable assurance over this objective.

Audit objective 3: User needs should be identified, requirements defined and scope documentation created. The system should then be subject to formal design specification and agreement.

2.14 There are processes in place for identifying user needs and turning those needs into useable requirements and specifications for development.

2.15 The full process includes a business requirements document (BRD), which is agreed in concept via the change advisory boards (CAB). The detail of the requirements is further developed by analysts working with the lead users and a software requirements specification (SRS) is produced and agreed. The development of the

specification includes the framing of user stories to articulate how the user wants to use the system, this is then used as the basis for moving ahead with development.

2.16 We note that in some cases the full document set may not be used, however equivalent documentation is in place that fulfils the same function.

2.17 Our testing confirmed that all developments reviewed had a clear path from the user identification of need to the production of an agreed specification.

Conclusion:

2.18 There are clear processes to ensure that user needs are identified and translated into a specification for development. Accordingly, we have provided substantial assurance over this objective.

Audit objective 4: Systems development should be undertaken in a secure manner, with source code protected and quality assurance processes included.

2.19 DHCW uses an agile software development methodology. Development tasks are broken down into chunks and worked on in time restricted sprints. The management and tracking of the process uses scrums which focus on outputs.

2.20 There are separate development environments in place for software development, with no development work undertaken within a live environment.

2.21 The guides in place for development include security as key items, for example:

- Security Standard for Web Applications;
- Security Standard for Encryption in Transit;
- note that scrum teams to include security specialists;
- notes that re-using validated code is a principle of secure coding;
- requires developers to follow cyber security team standards and plan security considerations into the work; and
- flags the importance of addressing security up front and not waiting until penetration testing.

2.22 The Cyber Security Team are continuing to improve the security arrangements for development. A secure systems development lifecycle strategy is being written, along with a set of secure coding requirements that will be given to the developers at the start of the process as requirements. The intent here is to insert the security toolkit into each projects' initial requirements documentation and we note that this should be finalised and implemented.

2.23 Once the SRS is agreed the process moves to Team Foundation Server (TFS) which is used for the tracking the development and code.

2.24 Code in TFS has a defined naming and numbering methodology in order to track and prevent code escape. For WPAS, code in development is allocated a name to ensure the development status is clear, for WRIS only numbering is used. We note

that consideration should be given to the use of names within WRIS. Once code is agreed it is numbered, with numbering being incremented.

2.25 We note however, that although all development and changes relating to the core code for WRIS are undertaken within TFS, changes to stored procedures and local code are managed by the support team not the development team and so are not within TFS. This leads to a potential loss of control over the code. (Matter Arising 2)

2.26 Within TFS the user stories are fully defined, and high level design documentation (HLD) is produced to show developers what to produce. The stages of development are broken down into tasks within TFS and allocated to sprints.

2.27 The development tasks within TFS are detailed and include the user stories and acceptance criteria.

2.28 Our testing demonstrated that there is evidence of sprint planning, with time estimates in place for the majority of the tasks within TFS, along with actual time spent and we note that the time estimates are generally accurate.

2.29 There are sprint reviews at the end of each sprint to identify what went well and what went badly, this includes reviewing the accuracy of estimates. These reviews are felt to be valuable and teams can demonstrate learning and actions for improvement from them.

2.30 Security is considered as part of the development process, however we note that the extent of integration depends on the circumstance. If it is a major release, new installation or a major change then security will be consulted, otherwise security are not involved as a standard process. We do note however that regular penetration tests are carried out on each service.

2.31 We note that although the development handbook states that security should be involved in the scrums this does not happen due to lack of resource. Neither is there any current in-house facility or resource for code review, although we further note that the security team is currently investigating the purchase of a static application security testing (SAST) tool which would allow for code review during developments.

2.32 Accordingly, the framework for integrating security into systems development is in place, however there are no regular checks on code being developed, the requirements are not yet fully stated and security is not fully integrated into the development process. (Matter Arising 3)

2.33 Following code development, there is a code / quality review stage, with specific tasks created within TFS. This review is undertaken by a more senior staff member who was not involved in the development. We note that the review process for WPAS has a more defined structure than WRIS, with a checklist in place although we note that security is not explicitly stated within this.

Conclusion:

2.34 There are clear processes for developing software that meets user requirements, with code being tracked, development being managed and quality reviews in place. Security is considered and there is ongoing work to improve the security processes within developments. However, at present security is not fully integrated into the

development process. Accordingly, we have provided reasonable assurance over this objective.

Audit objective 5: Appropriate testing should be included, with sign off completed prior to release.

2.35 Testing is a formal stage within the software development process and there is a requirement to sign off this stage within the process. Testing includes:

- functional testing;
- integration testing; and
- user acceptance testing (UAT).

2.36 Testing is undertaken within a separate environment from both production and development. The environments are maintained to ensure synchronicity.

2.37 Testing is carried out by a separate team from the developers to ensure probity.

2.38 The tests / scripts are defined by the testers based on the development documentation, although we note that the developers may suggest additional tests.

2.39 UAT is undertaken to ensure that the users are satisfied that the system works appropriately. We note that there are inconsistencies in the management of the UAT process. WPAS have started using Trello Boards to track UAT and any associated issues whereas WRIS manage the process using spreadsheets. Whilst both mechanisms are appropriate, the use of Trello Boards facilitates greater visibility of the process for both DHCW and users and enables better tracking of issues raised (Matter Arising 4).

2.40 Bugs identified through the testing process are recorded, investigated and subject to iterative development and testing. Bugs are either resolved prior to finalisation of testing or are accepted by the users.

2.41 Our testing confirmed that test tasks are created within TFS and that these are detailed with scripted tests. The testing has been carried out by separate teams of people and the tasks are signed off as complete. We also confirmed that UAT has been completed and the test stage was subject to sign off using a test report / certificate.

Conclusion:

2.42 Testing is a defined stage and is undertaken by independent members of staff. Testing is kept in a separate environment to development and there is clarity over the tests undertaken and the outcomes. The testing stage is subject to formal sign off within TFS and overall. Accordingly, we have provided substantial assurance over this objective.

Audit objective 6: Deployment should be subject to a formal process, including appropriate training and a back out process should errors occur.

2.43 Following testing, the approved software is deployed into the live environment. The deployment is a formal process and is managed by releases.

2.44 The requirement for releases is that each release must have an implementation plan together with a backout plan to enable recovery of services should the deployment not work as anticipated. Our testing confirmed that this is the case, with only one exception identified. This exception related to a deployment that was treated as an internal release and not fully documented. Following discussion with the service lead the processes are being reviewed to ensure that future internal releases will be fully documented.

2.45 Releases are formally documented using release notes which set out what the release covers in terms of developed changes, details of new functionality being deployed and the implementation and back out plans.

2.46 Training is considered as part of the release process. The release notes detail new functionality and training materials such as videos and quick reference guides are produced for client organisations to use.

2.47 The timing of releases is discussed and agreed with client organisations and approval sought prior to deployment.

2.48 Deployment of releases is monitored for a set period, with teams being involved with users to ensure deployments are successful and any issues are identified and resolved appropriately.

Conclusion:

2.49 Deployment of releases is a formal process with agreement from client organisations. There is clarity over implementation plans and back out plans are recorded to enable recovery with only minor deviation from the process identified. New functionality is clearly described, and training materials are provided for users. Accordingly, we have provided reasonable assurance over this objective.

Audit objective 7: A process for maintenance should be in place to enable the identification and rectification of bugs and enhancements according to user needs.

2.50 Maintenance of systems is part of the business as usual process for each of the systems. Each system operates a Service Management Board (SMB) and a Change Advisory Board (CAB) with user involvement. Requests for new or changed functionality are channelled through this process and agreed at CAB. Once approved the change falls into the start of the development process and is treated as normal.

2.51 Bugs identified as part of the release process are resolved as part of that process and not fed into the iterative cycle.

2.52 Bugs identified as part of the running of the system as business as usual are recorded as problems and are investigated to identify the appropriate fix for development. These are passed into the change management process, and are approved via CAB and fed into the start of the development cycle.

2.53 DHCW operates on a formal release schedule which aims for two to four releases per year. This provides clarity for client organisations and enables developments to

be scheduled accordingly. The release schedules are coordinated cross-service to avoid conflicts.

Conclusion:

2.54 There is a process in place for each system to identify and resolve bugs, together with identifying new and changed user requirements and feeding these into the development cycle. Accordingly, we have provided substantial assurance over this objective.

Appendix A: Management Action Plan

Matter arising 1: Training Provision (Operation)	Impact
Training needs are collated into an annual training needs assessment. We note however, that the provision of training to meet these needs does not always occur and the budget for training is limited. As such there is no overall structured training provision that ensures that all the required skills are developed within the department.	There is a risk that DHCW may not be able to develop systems appropriately.

Recommendations		Priority
1.1	An overall training plan should be developed that ensures that all identified training needs can be met.	Medium

Management response		Target Date	Responsible Officer
1.1	Application Managers have agreed we will use the Skillsoft computer-based-learning package to fulfil most of our training needs.	Complete	Tim Mullis
1.2	Identify the professional development pathways for a range of technical roles that are not covered by Skillsoft.	April 2022	Geoff Norton
1.3	Application teams to review & agree to use the training matrix (written by the Medicines Application Manager) to plan training for each job role. This will enable a clear and consistent view of the skill set required for all technical posts in ADS.	May 2022	Application Managers
1.4	Monitor the use of Skillsoft within each Application Team. And provide Application Managers appropriate usage reports.	From May 2022 & Ongoing	Helen Robertson (new Directorate Manager)

1.5	Arrange funding for additional Skillsoft licenses to cover all staff including new recruits' Funding to be brought into the ADS budget.	May 2022	Stuart Davies
1.6	Directorate Management Team to take over the Skillsoft administration for ADS.	May 2022	Helen Robertson
1.7	Advanced ISTQB Training (which is not provided in Skillsoft) will be co-ordinated across all Application teams.	June 2022	Geoff Norton
1.8	All training undertaken to captured and cross referenced to the Training Matrix.	From May 2022 & Ongoing	Helen Robertson

Matter arising 2: WRIS Local Code (Operation)	Impact
although all development and changes relating to the core code for WRIS are undertaken within TFS, changes to stored procedures and local code are managed by the support team not the development team and so are not within TFS. This leads to a potential loss of control over the code.	There is a risk of code not being tracked appropriately.

Recommendations		Priority
2.1	All code management should be in TFS.	Medium

Management response	Target Date	Responsible Officer
2.1 WRIS Senior Product Specialist Support & Business Analysts to review and plan the implementation of the following Software Development guidelines – • CS-ADS-004 Managing Source Control, section 7.1 • CS-ADS-003 T-SQL Coding Standards	Sept 2022	Gareth Evans

Matter arising 3: Security Integration (Operation)	Impact
Although the development handbook notes that security should be involved in the scrums this does not happen due to lack of resource. Neither is there any current in house facility or resource for code review. We do note that the security team is currently investigating the purchase of a static application security testing (SAST) tool which would allow for code review during developments. In addition security is not explicitly defined in the template for code review within WPAS.	There is a risk of security weaknesses being included within software.

Recommendations		Priority
3.1	Work should continue to integrate security into the development process, with the production of the security toolkit and review of this by security. Higher risk projects should then include security representation into the project / scrums.	Medium
3.2	The requirement for checking compliance with secure coding standards should be added to the WPAS code review document.	

Management response		Target Date	Responsible Officer
3.1	Ensure Application Development & Support is represented on the Cyber Security Service Improvement Plan Project Board. (We expect the SIP to include the introduction of a common Static Application Security Testing (SAST) tool within its scope)	Complete	Tim Mullis
3.2	Nominate a Lead Software Developer from each Application team to lead on Secure Coding	April 2022	Geoff Norton
3.3	We continue to integrate security into the development process by –	December 2022	Geoff Norton

- Publishing CS-ADS-005 Managing packages and dependencies into the quality management system
- Agree a standard set of code analysis tools for integrated development environments and build pipelines. And add these to our current coding standards.

3.4	The WPAS code review document has been updated to indicate a check with secure coding standards has taken place	March 2022	Carl Davies

Matter arising 4: UAT (Operation)	Impact
There are inconsistencies in the management of the UAT process. WPAS have started using Trello Boards to track UAT and any associated issues whereas WRIS manage the process using spreadsheets. We note that both mechanisms are appropriate, however the use of Trello Boards facilitates greater visibility of the process and tracking of issues raised.	UAT may not be fully visible.

Recommendations		Priority
4.1	DHCW should consider rolling out the use of Trello Boards or other Kanban style management products to other teams.	Low

Management response		Target Date	Responsible Officer
4.1	All teams to work together to determine a standard Kanban product to use in all application areas.	August 2022	Carl Davies

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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

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Core Financial Systems
Final Internal Audit Report
April 2022

Digital Health and Care Wales

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Committee:	Audit and Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

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

Disclaimer notice - please note

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

Audit reports are prepared by the staff of NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Digital Health and Care Wales Special Health Authority and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

To provide Digital Health & Care Wales Special Health Authority with assurance that core financial systems are operating effectively. We considered the key controls within the following areas:

- financial management and budgetary control;
- banking arrangements;
- procurement; and
- use of agency / contract staff.

Overview

We have issued reasonable assurance on this area.

We wish to bring to management's attention the need to ensure:

- Standing Financial Instructions and Financial Control Procedure requirements are clearly and fully met for budgetary control;
- budget virements are formally authorised with clear links to robust supporting evidence; and
- confirmation of pre-employment checks is obtained from suppliers prior to agency staff starting work.

These and further areas for development identified throughout the audit are detailed in Appendix A.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

Assurance objectives		Assurance
1	Financial control procedures (for areas covered by this audit)	Substantial
Financial management and budgetary control		
2	Board reporting	Reasonable
3	Budget holder information	Reasonable
4	Adverse variances and escalations	Reasonable
5	Budget virements	Reasonable
Banking arrangements		
6	Authorised signatories for banking	Substantial
7	Bank reconciliations	Reasonable
Procurement		
8	Procurement procedures above £5,000	Substantial
Use of agency and contract staff		
9	Approval of agency / contract staff	Reasonable

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

Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	SFI/FCP Budgetary Control Requirements	2, 3, 4	Operation	Medium
2	Budget Virements	5	Operation	Medium
5	Agency Staff – Assurance over Pre-employment Checks	9	Design	Medium

1. Introduction

1.1 Through annual rotational coverage, we seek to provide Digital Health & Care Wales Special Health Authority (DHCW) with assurance that core financial systems are operating effectively. Our review 2021/22 covered:

- financial management and budgetary control;
- banking arrangements;
- procurement; and
- use of agency and contract staff.

1.2 The key risk considered in this review was potential financial or reputational damage resulting from:

- non-compliance with financial control procedures;
- overspending due to inadequate financial management or inappropriate procurement;
- misappropriation of cash; or
- inappropriate use of agency and contract staff

2. Detailed Audit Findings

Financial Control Procedures

Audit objective 1: there are approved financial control procedures (FCPs) in place for the areas considered in this audit

2.1 The Standing Orders / Standing Financial Instructions (SO/SFI) were reviewed prior to the transition and were approved by the DHCW Special Health Authority (SHA) Board on 1st April 2021. They are available on the DHCW public website.

2.2 There are Financial Control Procedures (FCPs) and / or appropriate procedure documents in place for the areas covered by this review, namely:

- financial management and budgetary control;
- banking arrangements;
- procurement; and
- use of agency / contract staff.

2.3 All FCPs and procedure documents had been reviewed due to the transition and were approved at appropriate forums. In particular, the FCPs were approved by the Audit and Assurance Committee, as required by the SO/SFI.

Conclusion:

2.4 We did not identify any matters for reporting in this area. Therefore, we have provided **substantial assurance** over this audit objective.

Financial management and budgetary control

Audit objective 2: financial performance is monitored by the Board at every Board meeting

2.5 Financial performance review is a standard item on the Board meeting agenda.

2.6 We also reviewed evidence of Board reporting on financial performance and found that two separate, but complementary finance reports are submitted and discussed at each Board meeting:

- the Integrated Organisational Performance Report, providing a high-level overview of planning and operational performance, including finance performance indicators such as the forecast break-even position, forecast Capital Expenditure Limit and Public Sector Payment Policy; and
- a more detailed Finance Report providing narrative over financial performance, including current position, savings, year-end forecast, cash management and financial risks and opportunities.

2.7 We compared the content of both reports to the requirements of the SFI. Whilst most of the requirements are addressed, we identified two areas where there is a lack of clarity as to how and when the requirement is covered – see table below and matter arising 1 in Appendix A.

SFI requirement	Addressed?
Current and forecast position	Yes
Actual vs budget income and expenditure	Yes
Trends and run rates	Unclear
Statement of assets and liabilities, including cashflow and movements in working capital	Cash addressed Other working capital – to be incorporated for 2022/23[2]
Explanations of material variances and corrective actions	Yes
Capital expenditure and projected outturn against plan	Yes
Performance against savings targets	Yes
Key workforce and cost drivers	Workforce addressed, unclear for other cost drivers
Assessment of risks and opportunities	Yes
Rounded and holistic view of financial and organisational performance	Yes

[2] We were informed the related balances are still being agreed post-transition, therefore it has not been possible to report on working capital. We understand reporting will commence from April 2022. No finding is raised in relation to this.

Conclusion:

2.8 We identified one medium priority finding around clarity in addressing SFI requirements for Board reporting. Therefore, we have provided **reasonable assurance** over this audit objective.

Audit objective 3: budget holders receive regular financial performance information

Budget holder information – Power BI reporting

2.9 In April 2021, a new budget reporting tool within Power BI was launched. This new tool is linked to the Oracle finance system and provides real-time financial data to budget holders (Power BI updates every 20 minutes).

2.10 Budget management information provided within Power BI goes above and beyond the requirements of the SFI/FCPs for individual budget holders.

2.11 All budget holders have access to Power BI and are prompted to review their budgetary information by a monthly email from the Senior Finance Officer.

2.12 In our discussions with ten budget holders, we identified that nine of the ten were happy with the level of budgetary information contained within Power BI. However, five stated that they did not feel confident in using the system to monitor their budgets.

2.13 Additionally, we identified that the Finance Team does not use the functionality within Power BI to monitor how frequently budget holders access their financial information.

2.14 See matter arising 2 in Appendix A.

Budget holder meetings

2.15 The FCPs require that budget holders meet monthly with their Finance Business Partner to discuss the monthly financial performance and agree appropriate actions in case of over / under spending.

2.16 We selected a sample of ten cost centres and reviewed a copy of their monthly meeting minutes for September and December 2021. We identified that:

- some of the monthly meetings for three of the cost centres did not take place during the financial year to date;
- the level of evidence to support the monthly meetings that have taken place is variable (further detail given in matter arising 1), although we were informed the Finance Business Partners have already begun discussing how to improve and standardise this evidence; and
- the timings of the meetings within the month varied, including some held towards end of the month, thus not allowing for timely action on adverse variances.

2.17 See matter arising 1 in Appendix A.

Financial reporting to directorate Senior Management Team meetings

2.18 The SFI/FCPs require monthly written budget reports be provided to directorate Senior Management Team (SMT) meetings and provide clear direction on the required content of these reports.

2.19 Our review of the directorate SMT finance reports for two directorates identified:

- the reports do not follow a standard format, with the financial information included in the reports differing between the directorates reviewed; and
- some of the information required by the SFI/FCPs is not included in the reports – see table below.

SFI/FCP requirement	Addressed?
Summary of main issues	Yes
Financial position to date with explanation of significant variances	Yes
Management actions to correct adverse variances with identified leads and timescales	Not always included and, where it is, leads and timescales not always identified
Analysis of budget changes	Not included
Summary of savings delivery performance (year to date and forecast)	Early reports identify discussions being held with directors, but not included in later reports[3]
Directorate projected end of year position	Included for one directorate, but for the other directorate only the forecast variance is included
Key financial risks and opportunities	Yes
Trend analysis of key expenditure areas (actual and variance)	Included for one directorate but not for the other
Recommendations for improving financial performance	Not explicitly included, although covered in part by the risks and opportunities reporting.

2.20 See matter arising 1 in Appendix A.

Conclusion:

2.21 We identified two medium priority matters regarding meeting SFI/FCP requirements and ensuring budget holders are further supported in using Power BI. Therefore, we have provided **reasonable assurance** over this audit objective.

[3] We were informed that savings targets were achieved earlier in the year, therefore the Finance team felt there was no need to include commentary on this in later reports. We understand savings targets will be formally reported on again in 2022/23. No finding is raised in relation to this.

Audit objective 4: adverse variances to budget are dealt with in accordance with the FCPs, including escalation as appropriate

2.22 The SFI/FCPs set out the requirements for dealing with budget variances, including escalation where required.

2.23 Budget holders should discuss variances with their Finance Business Partner though the monthly meetings set out in paragraphs 2.15 to 2.16.

2.24 Our review of the December 2021 (month 9) finance data on Power BI identified that, in general, most directorates are in an overall underspend position due to vacancies and ongoing recruitment resulting from the transition. We understand the directorates are being encouraged to use this underspend to support non-recurrent items such as training and investment in software. The main area of overspend is the unfunded Data Centre Investment project, which had expenditure of £1.2m at month 9. This has been escalated to Board level, where it is identified as a risk within the Board financial reports.

2.25 Whilst there is an understanding of the overarching financial position, we noted that explanations for variances documented within Power BI tended to be very high level and did not always clearly identify the action being taken. Additionally, actions to correct adverse variances (including leads and timescales) are not consistently identified in directorate SMT finance reports and there is no formal mechanism to capture actions arising from budget holder meetings.

2.26 We were informed that this was mainly due to the variances being related to the recurring matter outlined in paragraph 2.24, therefore, there was nothing new to be added or explained. Whilst we appreciate this position, there is a need to ensure robust mechanisms are in place to capture variance explanations and the required actions. See matter arising 1 in Appendix A.

Conclusion:

2.27 We identified one medium priority matter arising regarding explanations for variances and recording / monitoring of actions identified to address variances. Therefore, we have provided **reasonable assurance** over this audit objective.

Audit objective 5: budget virements are appropriately authorised

2.28 We obtained a list of budget related transfers within Oracle for the year to date and note that these activities included 19 virements and 341 budget journals (the latter relating to budget rephasing and small adjusting activities to ensuring the budgets are correct in the ledger at the beginning of the year – these are out of scope for this audit).

2.29 We selected a sample of five budget virements to verify whether they had been formally authorised and had appropriate supporting evidence. We found that there

was a lack of a clear, robust audit trail, including formal evidence of approval, for all five virements:

- we were informed all virements were signed off by a director, but no evidence was provided to formally support this; and
- we were provided with support such as letters from Welsh Government and a directorate review report, but it was not clear how these tied into and supported the virements.

2.30 We were informed that the majority of the virements posted during 2021/22 to date were in relation to Welsh Government funding letters, which is why the Finance team did not follow the formal authorisation process. Whilst we appreciate this position, there is a need to ensure a clear link between each virement and the supporting documentation, regardless of the source.

2.31 We note that only members of the Finance Team have the functionality to post budget virements and journals. The budget journals are reconciled and reviewed by the Head of Financial Services & Reporting. However, this review is not evidenced.

2.32 See matter arising 3 in Appendix A.

Conclusion:

2.33 We identified one medium priority matter arising regarding lack of sufficient evidence in relation to virements. Therefore, we have provided **reasonable assurance** over this audit objective.

Banking arrangements

Audit objective 6: authorised signatories with sufficient seniority are identified

2.34 A new bank account was opened on behalf of DHCW by Velindre University NHS Trust which laid dormant until DHCW became a legal entity on 1st April 2021. This is the only bank account held by DHCW.

2.35 The current bank mandate was created on 24th February 2021. Our review of the mandate highlighted that the authorised signatories all have sufficient seniority.

2.36 We further note that, except for signing cheques, all transactions (including payments, opening and closing accounts, etc) require at least two authorised signatories.

Conclusion:

2.37 We did not identify any matters for reporting in this area. Therefore, we have provided **substantial assurance** over this audit objective.

Audit objective 7: frequent reconciliations are undertaken between cash books, bank statements and the general ledger

2.38 The banking arrangements FCP requires that regular reconciliations be undertaken between the general ledger, cash book and bank statements.

2.39 The Financial Services Accounting Manager performs monthly bank reconciliations which are reviewed by the Head of Financial Services & Reporting. However, our testing on three months' bank reconciliations identified that, whilst the reconciliations are documented, the review by the Head of Financial Services & Reporting is not formally evidenced.

2.40 We note that only one of the bank reconciliations tested included reconciling items.

2.41 Our discussions with the Financial Services Accounting Manager and Head of Financial Services & Reporting highlighted that the review of the bank reconciliations is undertaken informally via discussions during the month end close-down process.

2.42 See matter arising 4 in Appendix A.

Conclusion:

2.43 We identified one medium priority matter arising regarding lack of evidence of the review of bank reconciliations. Therefore, we have provided **reasonable assurance** over this audit objective.

Procurement

Audit objective 8: procurement procedures are followed for orders above £5,000

2.44 Financial limits to procure goods and services are defined and detailed in the Procurement Procedure, which states that a Procurement Approval Form (PAF) is to be utilised for all new procurements, contract renewals and contract extensions over the competitive quotation threshold, i.e., above £5,000 (excluding VAT).

2.45 The Procurement Procedure also sets out the limits which require quotations (£5,000-£25,000), formal tenders (£25,000+) and EC advertising (£106,047+).

2.46 We selected a sample of 25 purchases of goods / services above the £5,000 threshold and reviewed the related PAFs. For all contracts tested, we found that the PAF was completed and authorised in line with the FCP requirements and that there was an Evaluation and Selection report in place.

2.47 Review of the Evaluation and Selection reports for the contracts in our sample showed that each procurement process had obtained and analysed the appropriate number of quotes / tenders for the value of the contract. The reports also demonstrated the individual supplier scores awarded throughout the tendering / quotation process. Given the nature of this review (core financial

systems), we did not undertake any further testing to verify the tenders / quotes received.

2.48 We also reviewed a sample of three Single Tender Actions (STAs), selected from the quarter 1-3 reports to the Audit Committee (per these reports, a total of ten STAs have taken place in 2021/22 to date). We found that all the tested items were authorised in line with the FCP requirements (e.g., by the relevant Director or the Director of Finance).

Conclusion:

2.49 We did not identify any matters for reporting in this area. Therefore, we have provided **substantial assurance** over this audit objective.

Use of agency and contract staff

Audit objective 9: agency / contract staff are appropriately approved, and due diligence checks are undertaken prior to commencing work for DHCW

2.50 DHCW uses two Crown Commercial Service (CCS) Frameworks to recruit agency staff:

- Public Sector Resourcing (PSR): this Framework has only one agency and uses a portal (Fieldglass) to request agency staff rather than a call off order form; and
- Non-Clinical Temporary and Fixed Term Staff (NCS): this Framework has several approved agencies with an Award Support Tool which uses weighted criteria to identify rank the economical advantageousness of the agencies.

2.51 We selected a sample of ten agency staff and tested to ensure

- they were recruited from a CCS Framework agency;
- a formal shortlisting and interview process was undertaken; and
- the call off form (or equivalent via the Fieldglass portal) for agency staff was appropriately approved.

2.52 We did not identify any issues in this testing.

2.53 We were informed that, under the CCS Framework agreements, agencies are required to undertake appropriate pre-employment checks on all agency staff. This includes checks such as qualifications, DBS checks (where required) and Right to Work in the UK. We further understand that CCS undertakes regular checks to ensure Framework agencies are adhering to their agreements, including undertaking these checks.

2.54 However, DHCW does not obtain assurance from CCS or the Framework agencies that pre-employment checks are being undertaken. Our discussions with the Commercial Services Officer and Strategic Contracts Support Manager highlighted that DHCW was already aware of the need for further assurance in this area. The Strategic Contracts Support Manager is developing 'pre-employment check

confirmation' forms (based on the CCS terms and conditions) to be completed by the Framework agencies before new agency staff commence work for DHCW.

2.55 We were informed that the form for PSR has been approved internally and is ready to share with the Framework agency and the form for NCS is nearing completion. We understand the original deadline for completion of the forms was December 2021, but work has been delayed due to the recent Covid-19 pandemic waved caused by the Omicron variant. See matter arising 5 in Appendix A.

Conclusion:

2.56 We identified one medium priority matter regarding the need for further assurance that pre-employment checks are being undertaken by Framework agencies. Therefore, we have provided **reasonable assurance** over this audit objective.

Appendix A: Management Action Plan

Matter arising 1: SFI/FCP Budgetary Control Requirements (Operation)	Impact
We identified that the SFI/FCP financial reporting requirements are not always being met: • **financial performance reporting to the Board:** our review of the Integrated Organisational Performance Report and Finance Report presented at Board meetings identified a lack of clarity as to how and when the following SFI requirements for Board reporting are met: – trends and run rates: this does not appear to be covered in the financial reports to the Board; and – key cost drivers: the reporting could be more explicit as to how these are addressed. • **finance reports to directorate SMT meetings:** our review of the financial reports to two directorate SMT meetings identified: – the reports do not follow a standard format, with the financial information included in the reports differing in quantity and quality between the directorates reviewed; and – the following SFI/FCP requirements are not fully incorporated into the directorate SMT financial reports: ▪ management actions to correct adverse variances with identified leads and timescales (for one directorate this was not included at all, for the other actions were identified but not always clear on the lead and/or timescales); ▪ analysis of budget changes (we understand there have been minimal changes to the budget in the year to date); ▪ projected year end position (included for one of the two directorates, but the other only included the forecast variance); ▪ trend analysis of key expenditure areas (included for one directorate but not the other, although we note that trend analysis is included within Power BI); and ▪ recommendations for improving financial performance – not explicitly included, although covered in part by the risks and opportunities section. • **budget holder meetings with Finance Business Partners:** our review of evidence for a sample of ten cost centres across two months highlighted:	Potential risk of: • inadequate financial information or budget holder support provided; • poor financial control; • issues not detected and acted upon on a timely basis.

- some of the SFI/FCP-required monthly meetings have not been held for three out of the ten cost centres;
- the level of evidence to support monthly meetings that have taken place is variable:
  - some FBPs have clear, consistent agendas but other do not use an agenda;
  - some retain high-level notes/actions, whilst others are more detailed;
  - we identified four instances where no detailed notes were retained and seven instances where no actions were documented;
- the timing of the meetings held varied, with some being held towards the end of the month, thus inhibiting timely action to address significant variances.

We were informed that the Finance Business Partners have already begun discussing how to improve and standardise the evidence to support these monthly meetings.

We also noted that explanations for variances documented within Power BI tended to be very high level and did not always clearly identify the action being taken.

Recommendations	Priority
1.1 The SHA should clearly set out how and when the SFI Board reporting requirements are met, ensuring this is also the case in practice. 1.2 The Finance Team should: a. develop standard reporting templates/a checklist for directorate SMT reports which align to the requirements of the SFI/FCPs; b. ensure monthly meetings between budget holders and FBPs take place for all budget holders / cost centres on a timely basis through: i. scheduling all meetings in advance for the financial year; and ii. holding the meetings as close to the month-end close process as possible to allow timely response to variances; c. ensure there is a robust mechanism to capture and monitor minutes, budget variances and actions, including:	Medium

i. developing and implementing standard agendas and minutes to capture the discussions and actions arising from the monthly budget holder meetings;

ii. ensure explanations for variances documented within Power BI provide adequate explanation of the reason and that actions (including owners and timescales) are identified. A guidance on minimum requirements could be developed to support this; and

iii. develop, implement and monitor a standard action log (including action owners and timescales) to ensure actions are implemented and are effective. This could be achieved through further development Power BI to incorporate an actions page, allowing Finance Business Partners and budget holders to log, drill down on and monitor implementation of actions.

Management response	Target Date	Responsible Officer
1.1 As part of the monitoring returns DHCW will present run rates and key cost drivers and ensure when relevant they are referenced or included in the Finance Board Reports.	Complete	Executive Director of Finance
1.2 a. Whilst standard templates and approach are available it is noted that there is variability in terms of content a revised template and monitoring log has been produced.	Complete	Head of Financial Services & Reporting
b. Whilst there have been availability issues during the pandemic its is accepted that the meetings can be more timely. The finance department will schedule sessions for the full year with a requirement that an appropriate budget holder deputy be nominated to avoid cancellation. These will all be scheduled for the first half of the month.	Complete	Head of Financial Services & Reporting
c. A manual action log is now currently in place, this allows for analysis by directorate, budget holder, cost code and issues which will meet the requirements of this recommendation. A first step in terms of improvement is to construct a SharePoint site with defined fields and completion criteria to drive behaviour and provide a transparent monitoring point for Finance, budget holders and assurance by senior finance leads. A review will also be initiated to include linkages to the Power BI Dashboard and addition to the 22/23 development requirement.	Complete	Head of Financial Services & Reporting

Matter arising 2: Use of Power BI (Operation)	Impact
We selected ten cost centres and asked their budget holders about their experience of using Power BI. All ten budget holders had access to Power BI and nine of the ten confirmed that they were happy with the level of information included regarding their cost centres' financial position. However, five budget holders stated that they did not have or could not remember attending training on how to use Power BI. As such, they do not feel confident in using the system to monitor their budgets. We identified that the Finance Team does not use the functionality within Power BI to monitor how frequently budget holders access their financial information.	Potential risk of: • poor financial management; and • issues not detected, investigated and acted upon.

Recommendations	Priority
2.1 The Finance Team should: a. identify existing budget holders who require further support in the use of Power BI. Support should be provided through formal training or one-to-one support from Finance Business Partners, as appropriate; and b. utilise the inbuilt functionality to monitor budget holder access and usage of Power BI. This should be undertaken formally, e.g., through quarterly reporting to the directorate SMT meetings. Action should be taken to address any budget holders who do not regularly use Power BI.	Medium

Management response	Target Date	Responsible Officer
2.1 a. A survey has been issued and closed requesting feedback of any issues, improvements or assistance, this (alongside 1.2c) will form part of the improvement plan. The finance training and awareness sessions are typically arranged around the start of the financial year with ad hoc sessions. We will undertake to support this by recording e-learning tools and scheduling specific 1-1 sessions. Training sessions have been arranged for May to capture new starters and any staff requiring refresher training. Also, Business partners will discuss Power BI in their regular budget holder meetings.	June 2022	Deputy Director of Finance & Business Assurance / Head of Financial Services & Reporting

Management response (continued)	Target Date	Responsible Officer
b. Quarterly monitoring of budget holder usage will also be enhanced in order to inform unused reports and flag any areas of concern.	March 2022	Deputy Director of Finance & Business Assurance / Head of Financial Services & Reporting

Matter arising 3: Budget Virements (Operation)	Impact
We obtained a list of budget related activities within Oracle for the year to date and selected a sample of five budget virements for testing. We found that there was a lack of a clear, robust audit trail, including formal evidence of approval, for all five virements: • we were informed all virements were signed off by a director, but no evidence was provided to formally support this; and • we were provided with evidence such as letters from Welsh Government and a directorate review report, but it was not clear how these tied into and supported the virements We were informed that the majority of the virements posted during 2021/22 to date were in relation to Welsh Government funding letters, which is why the Finance team did not follow the formal authorisation process. Whilst we appreciate this position, there is a need to ensure a clear link between each virement and the supporting documentation, regardless of the source. We also note that the monthly reconciliation and review of budget journals by the Head of Financial Services and Reporting is not evidenced.	Potential risk of: • inappropriate adjustments to budgets; and • poor financial management.

Recommendations	Priority
3.1 a. The Finance Team should ensure: i. approval of budget virements is formally evidenced for all virements – email approval would be acceptable, provided the audit trail is retained in an appropriate central location (i.e., not individual inboxes); and ii. there is robust supporting evidence for all budget virements, including clear explanations as to how documentation supports the virement. This could be achieved through use of a template budget virement approval form, which sets out the requirements for approval and supporting evidence. b. the Head of Financial Services and Reporting should evidence their monthly reconciliation and review of budget journals. c. the Finance Team should consider reviewing and updating the virements section of the FCPs to ensure clarity in the authorisation and supporting evidence requirements.	Medium

Management response	Target Date	Responsible Officer
3.1 a. Budget virement templates are now in place with further staff training regarding completion and supporting documentation to be retained. The use of Budget categories to further help analysis of movements is to be implemented within the revised processes and the Oracle financial ledger in 22-23.	April 2022	Deputy Director of Finance & Business Assurance / Head of Financial Services & Reporting
b. Although reviewed, during the pandemic wet signatures were not possible. The department has however instigated electronic signature functionality to meet evidence requirements.	April 2022	Deputy Director of Finance & Business Assurance / Head of Financial Services & Reporting
c. The FCP's are reviewed as a minimum once a year, we will look to review and update as appropriate in March.	April 2022	Deputy Director of Finance & Business Assurance / Head of Financial Services & Reporting

Matter arising 4: Bank Reconciliation Review (Operation)	Impact
We selected three months (April, August and November 2021) and reviewed the related bank reconciliations. We found that the reconciliations were prepared for the selected months. One of the reconciliations included a reconciling item of £21 related to payroll, which had been cleared in the following month, while the other two monthly reconciliations did not have any reconciling items. However, we found that the review of the bank reconciliations by the Head of Financial Services & Reporting was not formally evidenced. Our discussions with (Ian) and Head of Financial Services & Reporting highlighted this review is undertaken informally through discussions during the month end close-down process.	Potential risk of: • undetected fraudulent activities; and • issues are not detected, investigated and acted upon.

Recommendations	Priority
4.1 a. The review of bank reconciliations should be formally evidenced in line with best practice. b. The FCP should be updated to specify who should perform the review and how this should be evidenced.	Medium

Management response	Target Date	Responsible Officer
4.1 a. Although reviewed, during the pandemic wet signatures were not possible. The department has agreed going forward to instigate the electronic signature functionality to meet evidence requirements. This item has been added to the Monthly Financial Accounting Timetable.	March 2022	Head of Financial Services & Reporting
b. The FCP's are reviewed as a minimum once a year, we will look to review and update as appropriate in March.	April 2022	Deputy Director of Finance & Business Assurance / Head of Financial Services & Reporting

Matter arising 5: Agency Staff – Assurance over Pre-employment Checks (Design)	Impact
DHCW does not obtain assurance from CCS or the Framework agencies that pre-employment checks are being undertaken. *Note: we were informed that CCS undertakes regular checks to ensure Framework agencies adhere to their terms and conditions, including undertaking pre-employment checks.* Our discussions with the Commercial Services Officer and Strategic Contracts Support Manager highlighted that DHCW was already aware of the need for further assurance in this area. The Strategic Contracts Support Manager is developing 'pre-employment check confirmation' forms (based on the CCS terms and conditions) to be completed by the Framework agencies before new agency staff commence work for DHCW. We were informed that the form for PSR has been approved internally and is ready to share with the Framework agency and the form for NCS is nearing completion. We understand the original deadline for completion of the forms was December 2021, but work has been delayed due to the recent Covid-19 pandemic waved caused by the Omicron variant.	Potential risk of: • employment of inappropriate agency staff.

Recommendations	Priority
5.1 We concur with the approach to obtain pre-employment check confirmation forms from Framework agencies prior to agency staff commencing work. The Commercial Services team should: a. ensure the forms are completed and approved by the Frameworks and implemented in practice as a matter of urgency; b. update the operational guidance for the procurement and contract management of agency contract staff to reflect the new forms.	Medium

Management response	Target Date	Responsible Officer
5.1 a. These are approved and are now embedded in our procurement processes for temporary/agency workers	Complete	Head of Commercial Services
b. Operational Guidance draft updated and currently being reviewed. Anticipated sign-off of this by 08th March 2022.	March 2022	Head of Commercial Services

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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

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DIGITAL HEALTH AND CARE WALES
DRAFT INTERNAL AUDIT PLAN 2022/23
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	3.3

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 2022

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

Executive Sponsor	Chris Darling
Prepared By	Stephen Chaney, Deputy Head of Internal Audit
Presented By	Simon Cookson, Acting Head of Internal Audit

Purpose of the Report	For Approval
Recommendation	
The Committee is asked to **APPROVE** the Internal Audit Plan for 2022/23.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IA	Internal Audit		

1 SITUATION/BACKGROUND

1.1 This document sets out the proposed Internal Audit Plan for 2022/23 (the 'Plan') for DHCW detailing the audits to be undertaken. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service. It has been developed and agreed with the Senior Leadership Team.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Committee is asked to approve the proposed plan for the year included at item 3.3i Appendix A.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year.

4 RECOMMENDATION

4.1 The Committee is asked to APPROVE the Internal Audit Plan for 2022/23.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	The Plan includes coverage of corporate risks, where appropriate.

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

DHCW QUALITY STANDARDS	N/A

If more than one standard applies, please list below:

HEALTH CARE STANDARD	Governance, leadership and acccountability
Due to the nature of internal audit work, all Standards are applicable.	

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

Annual Internal Audit Plan: Draft Internal Audit Charter

April 2022

Digital Health and Care Wales

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1. Introduction

This document sets out the Internal Audit Plan for 2022/23 (the Plan) detailing the audits to be undertaken and an analysis of the corresponding resources. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

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

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

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

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

Accordingly, this document sets out the risk-based approach and the Plan for 2022/23. The Plan will be delivered in accordance with the Internal Audit Charter and the agreed KPIs which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

1.1 National Assurance Audits

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

2. Developing the Internal Audit Plan

2.1 Link to the Public Sector Internal Audit Standards

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

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

2.2 Risk based internal audit planning approach

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

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

Our planning takes into account the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place, in particular the ongoing impact of COVID-19 and the significant backlog in NHS treatment. In addition, the plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with

management, and emerging risks.

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

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

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

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

1) Consideration of key governance and risk areas: We have identified a number of areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance and Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management and an overall IM&T assessment. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required.

2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the Corporate Risk Register together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.

3) Follow up: this is follow-up work on previous limited and no assurance reports as well as other high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.

4) Work agreed with the Board Secretaries, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by a number of organisations. This may be advisory work in order to identify areas of best practice or shared learning.

5) The impact of audits undertaken at other NHS Wales bodies that impacts on the organisation, namely NHS Wales Shared Services Partnership (NWSSP), WHSSC and EASC.

6) Where appropriate, Integrated Audit & Assurance Plans will be agreed

for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the Final Business Case for major capital bids.

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

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

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

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

2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with a number of the organisation's Executives and Non-Executive Directors to discuss current areas of risk and

related assurance needs. Meetings have been held, and planning information shared, with the organisation's Executive team, the Chair of the Audit and Assurance Committee and the Chair of the Board.

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

3. Audit risk assessment

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

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

4. Planned internal audit coverage

4.1 Internal Audit Plan 2022/23

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

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

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

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

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

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

4.2 Keeping the plan under review

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

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. We are particularly mindful of the level of uncertainty that currently exists with regards to the ongoing impact of and recovery from the COVID-19 pandemic. At this stage, it is not clear how the pandemic will affect the delivery of the Plan over the coming year. To this end, the need for flexibility and a revisit of the focus and timing of the proposed work will be necessary at some point during the year.

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

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

5. Resource needs assessment

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

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

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

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

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

6. Action required

The Audit and Assurance Committee is invited to consider the Internal Audit Plan for 2022/23 and:

- approve the Internal Audit Plan for 2022/23;
- approve the Internal Audit Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

Simon Cookson

Director of Audit & Assurance Services
NHS Wales Shared Services Partnership

Appendix A: Internal Audit Plan 2022/2023

Planned output	Audit Ref	Corporate Risk Register Reference	Outline Scope	Executive Lead	Outline Timing
Annual Governance Statement	N/A	N/A	To provide commentary on key aspects of Board Governance to underpin the completion of the statement.	Chief Executive / Board Secretary	Q4
Financial Sustainability	1	DHCW0259	To ensure the organisation has robust budgetary and sustainability arrangements in operation.	Director of Finance	Q2
Risk Management	2		To provide an opinion on the effectiveness of the risk management arrangements in place within the SHA in order to ensure that strategic objectives are achieved.	Board Secretary	Q3
Strategic Planning	3	DHCW0237, DHCW0263, DHCW0264	To ensure appropriate IMTP / strategic planning arrangements are in place, which are consistent with the Digital Health and Care Wales Directions, issued by the Welsh Government.	Director of Strategy	Q2

Performance Management	4		To review the effectiveness of the performance monitoring arrangements.	Director of Strategy	Q2
Corporate Governance	5		A follow-up of the recommendations raised within the 2021/22 internal audits of Corporate Governance (parts one and two).	Board Secretary	Q4
Embedding the Stakeholder Engagement Plan	6	DHCW0237	To provide an opinion over the arrangements for the management of the Stakeholder Engagement Plan within DHCW.	Director of Strategy	Q2
Centre of Excellence	7	DHCW0237	To provide an opinion over the controls for the establishment of the Office 365 Centre of Excellence	Director of ICT	Q3
Workforce Planning	8	DHCW0259 DHCW0237	To ensure programme management workforce requirements are being met, whilst maintaining a financial sustainable position.	Director of People and OD	Q3
Recommendation Tracker	9		Advisory review over the arrangements for the tracking of internal and external recommendations raised.	Board Secretary	Q1
Switching Services	10	DHCW0269, DHCW0275, DHCW0204, DHCW0228	A review to identify significant single points of failure within switching services and to ensure mitigating action plans have been put in place.	Medical Director	Q1

Technical Resilience	11	DHCW0269, DHCW0275, DHCW0228, DHCW0201, DHCW0260, DHCW0218 DHCW0204, DHCW0267	A review to evaluate the level of technical resilience including interfacing responsibilities and to identify any hardware single points of failure. A sample of incidents will be selected, and a root cause analysis undertaken.	Director of ICT	Q3
Cyber Security	12		To provide an opinion over whether appropriate progress has been made with the improvement plan.	Director of ICT	Q4
Decarbonisation	13		Review to determine the adequacy of management arrangements to ensure compliance with the Welsh Government decarbonisation strategy.	Director of Finance	Q2
Estates Compliance	14		To audit compliance of an area of estates assurance.	Chief Operating Officer	Q1

Please note: The national audits undertaken at NWSSP, WHSSC and EASC will be added later.

Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2022/23
Audit plan 2022/23 agreed/in draft by 30 April	✓	100%
Audit opinion 2021/22 delivered by 31 May	✓	100%
Audits reported versus total planned audits, and in line with Audit and Assurance Committee expectations	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 days]	✓	80%
Report turnaround management response to draft report [15 working days minimum]	✓	80%
Report turnaround draft response to final reporting [10 days]	✓	80%

Appendix C: Internal Audit Charter

1 Introduction

1.1 This Charter is produced and updated annually to comply with the Public Sector Internal Audit Standards. The Charter is complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.

1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:

- Board means the Board of Digital Health and Care Wales with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit and Assurance Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Executive as being the designated Accountable Officer for Digital Health and Care Wales. The Chief Executive has made arrangements within this Charter for an operational interface with internal audit activity through the Board Secretary.

1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

2 Purpose and responsibility

2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of Digital Health and Care Wales. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit and Assurance Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

2.3 The organisation's risk management, internal control and governance arrangements comprise:

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

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

3 Independence and Objectivity

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

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

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

3.3 While maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.

3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.

3.5 This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.

3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

4 Authority and Accountability

4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit and Assurance Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.

4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.

4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public Sector Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.

4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit and Assurance Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit and Assurance Committee and the Chair of the organisation if deemed necessary.

4.5 The Audit and Assurance Committee approves all Internal Audit plans

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

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

5 Relationships

5.1 In terms of normal business the Accountable Officer has determined that the Board Secretary will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.

5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Board Secretary in planning its work programme.

5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.

5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.

5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.

5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as NHS Wales Shared Services Partnership, WHSSC and EASC.

5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.

5.8 The Audit and Assurance Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit and Assurance

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

6 Standards, Ethics, and Performance

6.1 Internal Audit must comply with the Definition of Internal Auditing, the Core Principles, Public Sector Internal Audit Standards and the professional Code of Ethics, as published on the NHS Wales e-governance website.

6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2021) and associated performance standards agreed with the Audit and Assurance Committee and the Shared Services Partnership Committee. The Service Level Agreement includes a number of Key Performance Indicators, and we will agree with each Audit and Assurance Committee which of these they want reported to them and how often.

7 Scope

7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
- reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
- reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
- reviewing operations or programmes to ascertain whether results are consistent with the organisation’s objectives and goals and whether the operations or programmes are being carried out as planned;
- reviewing specific operations at the request of the Audit and Assurance Committee or management, this may include areas of concern identified in the corporate risk register;
- monitoring and evaluating the effectiveness of the organisation's

risk management arrangements and the overall system of assurance;

- ensuring effective co-ordination, as appropriate, with external auditors; and
- reviewing the Annual Governance Statement prepared by senior management.

7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

7.3 If the Head of Internal Audit or the Audit and Assurance Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

8 Approach

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

Figure 1: Audit planning hierarchy

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

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

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

8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:

- the provision to the Accountable Officer and the Audit and Assurance Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement;
- audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks;
- improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work;
- an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan';
- effective co-operation with external auditors and other review bodies functioning in the organisation; and
- the allocation of resources between assurance and consulting work.

8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.

8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.

8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.

8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit and Assurance Committee on behalf of the Board.

8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit

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

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

9 Reporting

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

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

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

9.2 The process for audit reporting is summarised below:

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

- Responses to audit recommendations need to be SMART:
  - Specific
  - Measurable
  - Achievable
  - Relevant / Realistic
  - Timely.

- The relevant Executive Director, Board Secretary and the Chair of the Audit and Assurance Committee will be copied into any correspondence.
- The final report will be copied to the Accountable Officer and Board Secretary and placed on the agenda for the next available Audit and Assurance Committee.

9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.

9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

10 Access and Confidentiality

10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

10.2 All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access shall be granted to the organisation's external auditors.

10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

11 Irregularities, Fraud & Corruption

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

11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.

11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

12 Quality Assurance

12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Public Sector Internal Audit Standards, is being achieved.

12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit and Assurance Committee.

12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit and Assurance Committee through the reporting mechanisms outlined in Section 9.

13 Resolving Concerns

13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.

13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

14 Review of the Internal Audit Charter

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

Simon Cookson
Director of Audit & Assurance
NHS Wales Shared Services Partnership
February 2022

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
KEY PERFORMANCE INDICATORS OVERVIEW
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	3.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 2022

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

Executive Sponsor	Chris Darling
Prepared By	Stephen Chaney, Deputy Head of Internal Audit
Presented By	Simon Cookson, Acting Head of Internal Audit

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is asked to **NOTE** and **DISCUSS** the Key Performance Indicators Overview report.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
KPIs	Key Performance Indicators	IA	Internal Audit

1 SITUATION/BACKGROUND

1.1 This document sets out the current KPIs monitored and reported by Internal Audit. It also sets out details of further initiatives to enhance the KPIs and to improve the quality and added value of internal audit work completed.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Committee is asked to **NOTE** the KPI Overview report included at item 3.4i Appendix A.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year, is being delivered in accordance with the required quality standards and is effective in that delivery.

4 RECOMMENDATION

4.1 The Committee is asked to **NOTE** and **DISCUSS** the KPI Overview 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 more equal 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
No further standards are applicable.	

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

DHCW Audit Committee 3 May 2022

The use of KPIs in Audit & Assurance

This short paper sets out the KPIs we currently use and a number of changes we are considering to better measure the impact of the work we do.

Current KPIs

The current set of KPIs reflects those that were agreed when NWSSP started, and they were incorporated into the first Service Level Agreement for Audit & Assurance. The KPIs are:

1. Audit plan approved by 30 April each year (or the first AC in May)
2. Audit opinion delivered by 31 May each year (or the first AC in June)
3. Percentage of work delivered at each month end against target
4. Percentage of draft reports delivered within 10 working days of the audit debrief with management
5. Percentage of management responses to draft reports received within 15 working days of receipt of the draft report
6. Percentage of final reports issued within 10 working days of receiving the management responses.

We also report on the percentage of work in progress at each month end so management can see the total amount of work either completed or in progress.

There is a further measure around 'are expected outputs reaching the intended Audit Committee' that we monitor informally and is discussed at pre-Audit Committee meetings to help inform whether the programme of audits is progressing as expected.

We also report on the results of our External Quality Assessments (required every five years with the next one due in 2023) and the annual assessment undertaken by Audit Wales.

Evaluation of current KPIs

These KPIs have been discussed previously with stakeholders and are considered appropriate as measures of Internal Audit's performance and will continue to be reported. They also form a part of the annual service level agreement that is signed by the Shared Services Partnership Committee and is approved first by the Board Secretaries Network. However, we have recognised that as part of our drive to improve quality and demonstrate added value there needs to be more measures around the quality and impact of our work.

Proposed KPIs

We are proposing developing a number of measures around:

1). the audit tracker – measures around the % of recommendations that been implemented and, in a sample of cases, assessing the impact that implementing the recommendations have had. In addition, a consideration of the progress made overall on any Limited/No assurance reports and/or high priority findings (red rated recommendations).

2). a more systematic approach to measuring what our clients think of us. We already collect information through post audit questionnaires, Audit Committee effectiveness surveys and informal feedback. We are looking at developing a more systematic customer feedback approach in line with changes being considered by NWSSP as a whole.

3). more systematic reporting of the outcomes of our work. We have, during the last year, produced summary reports around IT Infrastructure, Welsh Language, Fire Safety, Water Management, and the Control of Contractors. We intend to provide more of these summaries going forward to support the sharing of both good practice and common pitfalls and issues.

To support all of these initiatives we have appointed a Business Support Manager (who starts in May 2022).

Evaluation of proposed KPIs

We will evaluate the impact of these additional KPIs as we introduce them

Next Steps

As a part of our IMTP we will be introducing additional quality and impact based measures. We have produced a briefing paper that outlines all of the measures we have considered, and this will be shared with the Board Secretaries Network. There is a sub-group of the Board Secretaries Network that works with Internal Audit to help develop our approach. We will update the Audit Committee during 2022/23 on progress with this work.

If you would like more information then please contact Simon Cookson (simon.cookson@wales.nhs.uk).

DIGITAL HEALTH AND CARE WALES
AUDIT WALES UPDATE REPORT

Agenda Item	3.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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	SHA	Special Health Authority

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 January 2022.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Digital Health and Care Wales (DHCW) has decided to prepare a fifteen-month set of financial statements to 31 March 2022, which has now been confirmed by Welsh Ministers' Accounts Direction, issued on 18 January 2022.

2.2 One NHS-related report has been published since the last meeting of the Audit and Assurance Committee in January 2022:

- Joint Working Between Emergency Services (January 2022)

A summary of the key messages is provided in 3.5i Appendix A of the update.

2.3 The Audit Wales Annual Plan 2022-23 which has been jointly prepared by the Auditor General for Wales and the Chair of the Wales Audit Office. The Annual Plan provides additional information on out longer-term ambitions, our priorities for the next 12 months and key performance indicators.

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

5 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
Claire Osmunsdsen-Little	20/04/2022	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

Archwilio Cymru
Audit Wales

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

Date issued: April 2022

Document reference: 2901A2022

This document has been prepared for the internal use of Digital Health and Care Wales as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

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Audit and Assurance Committee Update

About this document

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

Financial audit update

2 Digital Health and Care Wales (DHCW) has decided to prepare a fifteen-month set of financial statements to 31 March 2022, which has now been confirmed by Welsh Ministers' Accounts Direction, issued on 18 January 2022.

3 The audit of financial balances transferred from Velindre University NHS Trust to DHCW is now complete. We are now well progressed with our audit planning and interim audit testing work and reflect the financial audit risks identified in the Audit Plan, which is also included on the Audit and Assurance Committee agenda.

4 The deadline for the draft DHCW financial statements is 29 April 2022, when our financial statements audit work will commence. The deadline for the submission of the audited financial statements to Welsh Government is 15 June 2022.

Performance audit update

5 The Audit Plan sets out the planned programme of performance audit work we will undertake at DHCW during 2022.

Good practice events and products

6 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 in January 2022. Details of future events are available on the GPX website.

7 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. Two years into the pandemic, we have been engaging with a wide range of external colleagues (including DHCW's Board Secretary) to capture their perspectives on the impact of the pandemic on public services in Wales and how learning is being taken forward. We will be sharing these conversations via our YouTube channel.

Recent NHS-related reports

8 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.

9 **Exhibit 1** provides information on the NHS-related or relevant national studies published since we last reported to the Committee in January 2022.

Exhibit 1 – NHS-related or relevant national studies reports

Title	Publication Date
Joint Working Between Emergency Services (A summary of the key messages is provided in **Appendix 1**)	January 2022

10 The Audit and Assurance Committee may also be interested in the Audit Wales Annual Plan 2022-23 which has been jointly prepared by the Auditor General for Wales and the Chair of the Wales Audit Office. The Annual Plan provides additional information on our longer-term ambitions, our priorities for the next 12 months, and key performance indicators.

Appendix 1 – Key messages from recent national publications

Joint Working Between Emergency Services (January 2022)

11 This report examines whether emergency services in Wales are working more closely together to make better use of resources. Our review was completed between March 2020 and October 2021.

12 Overall, we found blue light emergency service collaboration is slowly growing but requires a step change in activity to maximise impact and make best use of resources:

- Emergency services have been working closely together to provide a better service to the public for many years. Innovative partnership initiatives have saved money, reduced local response times, and contributed to protecting the public.
- There are growing expectations from government policy and legislation that collaboration needs to happen more deeply and quickly to ensure front line services can meet the challenges facing 21st century Wales. Different lines of accountability and other practical issues can also influence the extent and pace of joint working.
- The Joint Emergency Services Group is leading the collaboration agenda/ However, better collaboration is acknowledged as essential.
- There are examples of collaboration in key areas such as estates and co-location of services, fleet management and workforce, but the overall scale of activity has been limited. In addition, while emergency services effectively share and use data to improve response times and vehicle utilisation, they do not have an effective approach to managing vulnerable people.
- The Joint Emergency Services Group has established a Strategic Collaboration Board to identify and deliver future joint working opportunities, giving a clear signal that a step change is required. Plans for collaboration are developing but some of these are limited in coverage and not supported by consistent project management arrangements. Clear priorities are still to be identified and project work has not yet been fully costed. The Group have also yet to agree how they will judge the impact and value for money of collaboration.
- As the Strategic Collaboration Board arrangements develop, there are opportunities to learn from some of the critical factors that support examples of emergency service collaboration elsewhere in Great Britain. Nevertheless, integrated services are not widespread elsewhere and no ‘blue light’ collaboration board appears to have fully cracked the secret of collaboration.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

DIGITAL HEALTH AND CARE WALES
AUDIT WALES 2022 AUDIT PLAN COVER REPORT

Agenda Item	3.6

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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 Approval
Recommendation	
The Committee is being asked to: Receive the report for **approval**.	

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

1 SITUATION/BACKGROUND

1.1 The Audit Plan sets out the work Audit Wales plans to undertake at DHCW during 2022 to discharge the statutory responsibilities of the Auditor General for Wales as the SHA's external auditor.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Audit Plan sets out the Audit Wales programme of work at DHCW during 2022 in relation to auditing the SHA's financial statements, and reviewing the SHA's arrangements for securing economy, efficiency, and effectiveness in its use of resources.

2.2 The Audit Plan also sets out the estimated fee for 2022, details of the audit team, and the audit timetable.

2.3 DHCW Officers were consulted on the draft Audit Plan ahead of presenting the final version to the Audit and Assurance Committee for approval.

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 **approval**.

5 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

Archwilio Cymru
Audit Wales

2022 Audit Plan – Digital Health and Care Wales

Audit year: 2022

Date issued: April 2022

Document reference: 2872A2022

This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our Statement of Responsibilities.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

No responsibility is taken by the Auditor General, the staff of the Wales Audit Office or, where applicable, the appointed auditor in relation to any member, director, officer, or other employee in their individual capacity, or to any third party.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

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

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2022 Audit Plan

About this document

1 This document sets out the work I plan to undertake during 2022 to discharge my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

Impact of COVID-19

2 The COVID-19 pandemic has had an unprecedented impact on the United Kingdom and the work of public sector organisations.

3 While Wales is currently at Coronavirus Alert Level 0, Audit Wales will continue to monitor the position and will discuss the implications of any changes in the position with your officers.

Audit of financial statements

4 I am required to issue a report on the Special Health Authority's (SHA) financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. In preparing such a report, I will:

- give an opinion on your financial statements;
- give an opinion on the proper preparation of key elements of your Remuneration and Staff Report; and
- assess whether other information presented with the financial statements are prepared in line with guidance and consistent with the financial statements.

5 I will also report by exception on a number of matters which are set out in more detail in our Statement of Responsibilities, along with further information about our work.

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

7 Any misstatements below a trivial level (set at 5% of materiality) I judge as not requiring consideration by those charged with governance and therefore will not report them.

8 There have been no limitations imposed on me in planning the scope of this audit.

Audit of financial statement risks

9 The following table sets out the significant risks that have been identified for the audit of your financial statements.

Exhibit 1: audit of financial statement risks

Financial audit risks	Proposed audit response
Significant risks	
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	We will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and • add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.
This is the first set of financial statements the SHA has had to prepare since its creation in December 2020 and will therefore cover a 15-month accounting period. Consequently, the financial statements are inherently more susceptible to material misstatements.	We will: • test the completeness, classification and accuracy of balances transferred from Velindre University NHS Trust; • complete verification procedures to ensure assets transferred still exist at year end or have been disposed of during the year; • undertake analytical procedures to ensure completeness of income and expenditure; • substantively test income, expenditure, and payroll to ensure no transactions from the

Financial audit risks	Proposed audit response
	predecessor body are incorrectly included; and • review the treatment of the 15-month accounting period to ensure compliance with the Welsh Government Accounts Direction and NHS Manual for Accounts.
Other areas of audit attention	
Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resource and of remote working that may impact on the preparation, audit and publication of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.	We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.
Introduction of IFRS 16 Leases has been deferred until 1 April 2022. There may be considerable work required to identify leases and the COVID-19 national emergency may pose additional implementation risks. The 2021-22 accounts will need to disclose the potential impact of implementing the standard.	We will review the completeness and accuracy of the disclosures.
We audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a lower level of materiality. A number of changes have taken place to the senior management team and non-executive directors during the financial	We will review all entries in the Remuneration Report to verify that the SHA has reflected all known changes to senior positions, and that the disclosures are complete and accurate.

Financial audit risks	Proposed audit response
year. There is a risk that these changes are not correctly disclosed within the SHA's Remuneration Report.	
There is a risk that you will fail to meet your financial duty to break even. The position at month 10 shows a year-to-date surplus of £510,000 and a forecast year-end surplus of £350,000.	We will focus our testing on areas of the financial statements which could potentially contain reporting bias
There is a risk that you will fail to meet your financial duty to not exceed the capital resource limit. The position at month 10 shows year-to-date capital expenditure of £5.855m against a capital resource limit of £11.153m, with a forecast capital expenditure for the year of £10.558m. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.	We will focus our testing on areas of the financial statements which could potentially contain reporting bias

10 In addition to my responsibilities in respect of the audit of the body's statutory financial statements set out above, I am also required to certify a return to the Welsh Government which provides information about Digital Health and Care Wales to support preparation of Whole of Government Accounts.

11 The SHA hosts a number of national financial systems which are used by other NHS organisations in Wales. My IM&T auditors will review the ICT environment and application controls that are applied to these systems for the purposes of providing assurance for NHS financial audit opinions. My IM&T auditors will also consider progress made by the SHA in addressing our 2021-22 audit recommendations as well as any outstanding recommendations made in previous years. The findings of this work will be reported to you separately in the autumn.

Performance audit work

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

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

14 **Exhibit 2** sets out my current plans for performance audit work in 2022.

Exhibit 2: My planned 2022 performance audit work at the SHA

Theme	Approach/key areas of focus
NHS Structured Assessment	Structured assessment will continue to form the basis of the work auditors do at each NHS body to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. My 2022 structured assessment work will build on previous baseline review work to assess the corporate arrangements in place at the SHA in relation to: • Governance and leadership; • Financial management; • Strategic planning; and • Use of resources (such as digital resources, estates, and other physical assets).
All-Wales Thematic work	As part of my 2022 plan, I intend to undertake an assessment of the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce needs. I will tailor this work to align to the responsibilities of individual NHS bodies in respect of workforce planning.
Locally focused work	Where appropriate, I will also undertake performance audit work that reflects issues specific to the SHA. The precise focus of this work will be agreed with executive officers and the Audit and Assurance Committee.

15 In March 2022, I published a consultation inviting views to inform our future audit work programme for 2022-23 and beyond. In particular, it considers topics that may be taken forward through my national value for money examinations and studies and/or through local audit work across multiple NHS, central government, and local

government bodies. As we develop and deliver our future work programme, we will be putting into practice key themes in our new five-year strategy, namely:

- the delivery of a strategic, dynamic, and high-quality audit programme; supported by
- a targeted and impactful approach to communicating and influencing.

16 The possible areas of focus for future audit work that we set out in the consultation were framed in the context of three key themes from our Picture of Public Services analysis in autumn 2021, namely: a changing world; the ongoing pandemic; and transforming service delivery. We also invited views on possible areas for follow-up work.

17 We will provide updates on the performance audit programme though our regular updates to the Audit and Assurance Committee.

Fee, audit team and timetable

18 My fees and the planned timescales for completion of the audit are based on the following assumptions

- the financial statements are provided to the agreed timescales, to the quality expected and have been subject to quality assurance review;
- information provided to support the financial statements is in accordance with the agreed audit deliverables document[1];
- appropriate facilities and access to documents are provided to enable my team to deliver our audit in an efficient manner;
- all appropriate officials will be available during the audit;
- you have all the necessary controls and checks in place to enable the Accounting Officer to provide all the assurances that I require in the Letter of Representation addressed to me; and
- Internal Audit's planned programme of work is complete, and management has responded to issues that may have affected the financial statements.

Fee

19 As set out in our Fee Scheme 2022-23 our fee rates for 2022-23 have increased by 3.7% as a result of the need to continually invest in audit quality and in response to increasing cost pressures.

20 The estimated fee for 2022 is set out in **Exhibit 3**.

[1] The agreed audit deliverables documents set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.

Exhibit 3: audit fee

Audit area	Proposed fee for 2022 (£)[2]	Actual fee for 2021 (£)
Audit of Financial Statements	88,990	3,899[3]
Performance audit work:		
• Structured Assessment	38,286	40,285[4]
• All-Wales thematic review	25,109	0
• Local projects	18,953	0
Performance work total	82,348	40,285
Total fee	**171,338**	**44,184**

21 Planning will be ongoing, and changes to our programme of audit work and therefore the fee, may be required if any key new risks emerge. We shall make no changes without first discussing them with the Director of Finance.

22 Further information on my fee scales and fee setting can be found on our website.

Audit team

23 The main members of the audit team, together with their contact details, are summarised in **Exhibit 4**.

[2] The fees shown in this document are exclusive of VAT, which is not charged to you.

[3] This fee was used to support engagement activity during 2021.

[4] We did not undertake a formal Structured Assessment at the SHA in 2021. Instead, we completed a Baseline Governance Review to support organisational learning and development.

Exhibit 4: my local audit team

Name	Role	Contact number	E-mail address
Dave Thomas	Engagement Director (Performance Audit)	02920 320604	dave.thomas@audit.wales
Derwyn Owen	Audit Director (Financial Audit)	02920 320651	derwyn.owen@audit.wales
Mike Whiteley	Audit Manager (Financial Audit)	02920 829389	mike.whiteley@audit.wales
Darren Griffiths	Audit Manager (Performance Audit)	02920 320591	darren.griffiths@audit.wales
Gareth Evans	Audit Lead (Financial Audit)	02920 829309	gareth.evans@audit.wales
Nathan Couch	Audit Lead (Performance Audit)	02920 320658	nathan.couch@audit.wales

24 We can confirm that team members are all independent of you and your officers.

Timetable

25 The key milestones for the work set out in this plan are shown in **Exhibit 5**. As highlighted earlier, there may be a need to revise the timetable in light of developments with COVID-19.

Exhibit 5: Audit timetable

Planned output	Work undertaken	Report finalised
2022 Audit Plan	January to April 2022	April 2022
Audit of Financial Statements work: • Audit of Financial Statements Report • Opinion on Financial Statements	February to June 2022	June 2022
Performance audit work: • Structured Assessment • All-Wales thematic work • Local project work	Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each study.	

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

DIGITAL HEALTH AND CARE WALES
DHCW AUDIT THEMES REPORT 2021/22

Agenda Item	3.7

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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 Audit and Assurance Committee is being asked to **NOTE** the contents of the report.	

Acronyms			
DHCW	Digital Health and Care Wales	AW	Audit Wales
SHA	Special Health Authority	IA	Internal Audit
SOP	Standard Operating Procedure		

1 SITUATION/BACKGROUND

1.1 The Audit and Assurance Committee have a programme of Internal Audit work presented to it throughout the year. In addition, the work undertaken by Audit Wales is also presented to the Committee.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 At the meeting held on the 5 October 2021 the Audit and Assurance Committee requested that a review of all Audits undertaken during 2021/22 take place and be presented to the Committee at the end of the 2021/22 financial year.

2.2 The Internal Audit reports undertaken and reviewed by the Audit and Assurance Committee at the point of writing this report are included as Appendix A. In addition, the key themes from the opportunities for improvement and innovation from the Audit Wales Baseline Governance Review have also been incorporated into Appendix A.

2.3 The broad nature of the audits undertaken throughout the year mean there are not significant themes from across all audits undertaken, however, there are a number of areas that can be identified from the audits undertaken as below:

- A focus on ensuring DHCW systems/services are **secure**. Ensure **business continuity** and **disaster recovery plans** are in place and regularly tested.
- **Contract metrics** in place for working with third party suppliers.
- The **role of the NDR** should be clearly defined.
- The **resourcing of development teams** (WRIS) should be reviewed to ensure that the needs of user organisations can be met.
- Focus on the **risk management and board assurance** milestone plan.
- Focus on **DHCW's long term strategic direction**, **stakeholder engagement** and work to become a **trusted strategic partner**.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please see Appendix 1 the key recommendations and themes from Audits undertaken during 2021/22.

4 RECOMMENDATION

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny.

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, 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
Audit and Assurance Committee	May 2021	Internal Audit Plan and Audit Wales Plan for 2021/22 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

Appendix A: Review of Audits Undertaken during 2021/22

Audit Committee Date	Audit Title	Assurance Rating	Recommendation(s)	Themes
May 2021	Supplier Management Follow-up	Reasonable	▪ Implement process to ensure evaluation panel has signed off specifications ▪ Develop contract metrics (KPIs)	Contract Management
	Cyber Security	Substantial	▪ The organisation should carry out exercises to test response plans in accordance with its cyber incident response plan, using past incidents that affected both the organisation and the wider NHS Wales, and scenarios that draw on threat intelligence and risk assessment. ▪ As business returns to usual the organisation should ensure that it regularly tests to fully understand the vulnerabilities of the networks and information systems that support the operation of the organisations key IT functions and verify this understanding with third-party testing.	Testing/Response Plans
Jul 2021	No Reports received			
Oct 2021	Nationally Hosted IT Systems	None (Audit Wales)	▪ DHCW will update and approve the NHAIS Disaster Recovery Plan and revision history and share with Audit Wales ▪ DHCW will update the Hospital Pharmacy backup restore schedule and revision history. ▪ 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 ▪ 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 ▪ Approve the documented IT Disaster recovery (DR) plan for the new WellSky national pharmacy IT system and test plans to ensure these work as intended	IT DR Plans System Security Back-ups

			▪ 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 ▪ Test the IT DR Plan that covers the system recovery of the LASPAR IT System ▪ Update the national NHS Infrastructure IT Disaster Recovery (DR) Policy as revision history has expired ▪ Test the IT DR plans including arrangements testing the new national data centre in Church Village ▪ Replace the Windows 7 desktop operating system used by DHCW to a higher supported version ▪ Request the NADEX Service Management Board update the NADEX management policy which has expired and obtain formal approval ▪ Request the NADEX Service Management Board updated the NADEX leavers and mover policy which has expired and obtain formal approval	
	SHA Transition	Reasonable	▪ A meeting with held with the TTFG to review outstanding actions and an update will be shared with Management Board in October 2021. ▪ ESR contract management arrangements will be raised through the Shared Services Partnership Committee. ▪ 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.	Project Management
	Data Analytics	Reasonable	▪ The agreement of user needs and of the output and specification by users should be captured within documentation. ▪ 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. ▪ 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 ▪ The sign off of privacy assessments and quality checks should be recorded and retained.	Documentation

			▪ The reporting process should be enhanced to include customer uptake and opinions of the products	
Jan 2022	WRIS	Reasonable	▪ There is no monitoring and reporting of system performance items such as response time, error rates, CPU and memory use. Consideration should be given to monitoring system performance items and reporting via SMB. ▪ 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. ▪ The resourcing of the WRIS development team should be reviewed to ensure that the reasonable needs of user organisations can be met. A Senior Responsible Officer should be appointed for WRIS in order to ensure that the use of resource is effective and enforce the governance process and a consensus for developments. ▪ Consideration should be given to bringing the control over password settings into the central management function.	KPIs System Security
	GP System Procurement	Substantial	▪ Risk management should be included as a standing agenda item for Programme Board meetings.	Risk Management
	General Governance Part 1	Substantial	▪ 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 ▪ 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 ▪ We recommend that the Board Secretary ensures that the Board establishes a target date for the delivery of a fully functioning revised Risk Management Framework and monitors DHCW management's progress in its delivery.	Governance

Appendix A: Review of Audits Undertaken during 2021/22

Audit Committee Date	Audit Title	Assurance Rating	Recommendation(s)	Themes
May 2021	Supplier Management Follow-up	Reasonable	▪ Implement process to ensure evaluation panel has signed off specifications ▪ Develop contract metrics (KPIs)	Contract Management
	Cyber Security	Substantial	▪ The organisation should carry out exercises to test response plans in accordance with its cyber incident response plan, using past incidents that affected both the organisation and the wider NHS Wales, and scenarios that draw on threat intelligence and risk assessment. ▪ As business returns to usual the organisation should ensure that it regularly tests to fully understand the vulnerabilities of the networks and information systems that support the operation of the organisations key IT functions and verify this understanding with third-party testing.	Testing/Response Plans
Jul 2021	No Reports received			
Oct 2021	Nationally Hosted IT Systems	None (Audit Wales)	▪ DHCW will update and approve the NHAIS Disaster Recovery Plan and revision history and share with Audit Wales ▪ DHCW will update the Hospital Pharmacy backup restore schedule and revision history. ▪ 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 ▪ 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 ▪ 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 ▪ 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 ▪ Test the IT DR Plan that covers the system recovery of the LASPAR IT System ▪ Update the national NHS Infrastructure IT Disaster Recovery (DR) Policy as revision history has expired	IT DR Plans System Security Back-ups

			▪ Test the IT DR plans including arrangements testing the new national data centre in Church Village ▪ Replace the Windows 7 desktop operating system used by DHCW to a higher supported version ▪ Request the NADEX Service Management Board update the NADEX management policy which has expired and obtain formal approval ▪ Request the NADEX Service Management Board updated the NADEX leavers and mover policy which has expired and obtain formal approval	
	SHA Transition	Reasonable	▪ A meeting with held with the TTFG to review outstanding actions and an update will be shared with Management Board in October 2021. ▪ ESR contract management arrangements will be raised through the Shared Services Partnership Committee. ▪ 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.	Project Management
	Data Analytics	Reasonable	▪ The agreement of user needs and of the output and specification by users should be captured within documentation. ▪ 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. ▪ 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 ▪ The sign off of privacy assessments and quality checks should be recorded and retained. ▪ The reporting process should be enhanced to include customer uptake and opinions of the products	Documentation
Jan 2022	WRIS	Reasonable	▪ There is no monitoring and reporting of system performance items such as response time, error rates, CPU and memory use. Consideration should be given to monitoring system performance items and reporting via SMB. ▪ 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	KPIs System Security

			maintenance and security tasks required should be clearly communicated to local managers. ▪ The resourcing of the WRIS development team should be reviewed to ensure that the reasonable needs of user organisations can be met. A Senior Responsible Officer should be appointed for WRIS in order to ensure that the use of resource is effective and enforce the governance process and a consensus for developments. ▪ Consideration should be given to bringing the control over password settings into the central management function.	
	GP System Procurement	Substantial	▪ Risk management should be included as a standing agenda item for Programme Board meetings.	Risk Management
	General Governance Part 1	Substantial	▪ 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 ▪ 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 ▪ We recommend that the Board Secretary ensures that the Board establishes a target date for the delivery of a fully functioning revised Risk Management Framework and monitors DHCW management's progress in its delivery.	Governance

DIGITAL HEALTH AND CARE WALES
AUDIT ACTION LOG

Agenda Item	3.8

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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 Noting
Recommendation	
The Committee is being asked to NOTE the contents of the 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

1.1 This paper details the current position with respect to audit recommendations that have been made, including those that have been completed during the period, those that are on schedule, those that are overdue and those anticipated to not meet target dates. The audit recommendation analysis (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)

2.1 The audit log shows the current reported status against recommendations received. The analysis below shows all recommendations giving the current status of each recommendation which remained open at the last Digital Health & Care Wales (DHCW) Audit and Assurance Committee and also those presented in report form to the Committee since presentation of the last log.

2.2 Following advice from Internal Audit, two actions dependent on third parties are being managed via a separate log for tracking. One of these actions has now been completed.

2.3 There were 23 actions reviewed at the last meeting where 17 were closed leaving a total of 6 open actions. The Committee received three reports at the last meeting (listed below) which contained a total of 10 new actions. These have been added to the log which now contains a total of 16 actions.

WRIS (Welsh Radiology Information Service)
GP System Procurement
Governance Arrangements (Part 1)

The status of the 16 open actions is shown in the table below:

Number	RAG	Status
13	GREEN	Complete
3	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

In particular, the Committee are requested to note:

- The completion of the following actions:
  - Proposal to migrate from LASPAR to an alternative platform
  - Replacement of Windows 7 Operating System where possible
  - Completion of Cyber Security Plan Testing
  - Clarification of NDR and Information Services roles
  - Risk Management now a standing agenda item on GP Procurement Board
  - Radial button error corrected on Internet site
  - Completion of recommendations relating to Standing Orders and review (x 3)
  - Completion of activity related to the Board Assurance Framework
  - Completion of recommendations following the WRIS Audit (x 3)

- The following actions which are on schedule to be completed by their target date:
  - Test the IT DR plans including arrangements for testing at the new national data centre
  - Inclusion of enhanced password control functionality in next WRIS release (date to be confirmed)
  - Replacement of legacy Windows Server and SQL Server 2008 operating systems

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Excellent progress has been made over the period with a total of 13 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

4.1 The Committee is being asked to NOTE the contents of the 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
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 3.8i Appendix A

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 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	Action Complete	There is a Welsh Risk Pool Proposal to be pursued with the Finance Community to put in place a migration plan to move from LASPAR to the new Once for Wales Datix System (if all needs can be met) during the latter part of this calendar year once final accounts have been closed.
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 for testing at 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	Action Complete	Action is as complete as it can be with losing a service – All but one Windows 7 computer have been replaced. This belongs to the Information Services Directorate and runs the 'SAIL' system. We have applied extended security updates to the computer so that they receive security patches. This will mean security updates are applied until January 2023.
NWSSP Findings								
CS1	The organisation should carry out exercises to test response plans in accordance with its cyber incident response plan, using past incidents that affected both the organisation and the wider NHS Wales, and scenarios that draw on threat intelligence and risk	Medium	We have an active contract in place with a specialist company for the provision of cyber exercises, having previously conducted them. An exercise has been scheduled for Q4. This will require several planning sessions prior to the exercise so that we identify the areas of most risk and target the work accordingly.	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas	Mar-22	Action Complete	Complete. Plans were tested on Tuesday 8th March 2022 1400hrs - 1600hrs.
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	Action Complete	Complete. The NDR Data Strategy which clarifies the remit of the NDR was developed after national engagement with over 100 cross--functional stakeholders. The Strategy was presented to stakeholders in Executive Summary format on 4th February on schedule. There is also an ongoing commitment for ISD and NDR to work together as the programme evolves
WRIS01	There is no monitoring and reporting of system performance items such as response time, error rates, CPU and memory use. Consideration should be given to monitoring system performance items and reporting via SMB.	Medium	This will be raised at the next WRIS SMB , to suggest that the Health boards provide KPIs on performance items listed.	Gareth Evans/Meirion George	Helen Thomas	Dec-21	Action Complete	Scheduled for December 2021 SMB which was cancelled. The item was raised at SMB in April 2022. Action now complete.
WRIS02	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	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.	Gareth Evans/Meirion George	Helen Thomas	Dec-21	Action Complete	Scheduled for December 2021 SMB which was cancelled. The item was raised at SMB in April 2022. Action now complete.

WRIS03	The resourcing of the WRIS development team should be reviewed to ensure that the reasonable needs of user organisations can be met. A Senior Responsible Officer should be appointed for WRIS in order to ensure that the use of resource is effective and enforce the governance process and a consensus for developments.	Medium	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	Gareth Evans/Meirion George	Helen Thomas	Dec-21	Action Complete	Scheduled for December 2021 SMB which was cancelled. The item was raised at SMB in April 2022. Action now complete.
WRIS04	Consideration should be given to bringing the control over password settings into the central management function.	Medium	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	Gareth Evans/Meirion George	Helen Thomas	Release 2.5 date	Yellow - Action on target to be completed by agreed date	Release date unknown
GPS01	Risk management should be included as a standing agenda item for Programme Board meetings.	Medium	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.	Carwyn Lloyd-Jones	Helen Thomas	Sep-21	Action Complete	Risk Register Review now a standing agenda item. Action complete.
GGPt101	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	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.	Chris Darling	Helen Thomas	Jan-22	Action Complete	Radial button error is resolved. Action complete.
GGPt102	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	a. The annual cycle includes an annual review of the DHCW Standing Orders by the Board to take place at the March 22 public Board meeting, to be held on the 31/03/22. This review will include the level of implementation of the Standing Orders and any proposed amendments to the Standing Orders. An annual review of the Standing Orders will be included in the Board Annual Cycle of Business as a standing item.	Chris Darling	Helen Thomas	Mar-22	Action Complete	Complete. Submitted to March 2022 Board.
			b. The Board will consider any gaps or delays to full implementation, and whether additional measures are required to achieve the level of governance sought by the Board in the interim on the 31/03/22 public Board meeting. This timeline also ensures that there should be some certainty about the appointment of the full Board (there is currently one IM vacancy and two Executive vacancies), and even if not all Board members are in post, there should be clarity in terms of start dates.	Chris Darling	Helen Thomas	Mar-22	Action Complete	Complete. Submitted to March 2022 Board.

			c. In addition, there is a Board Development session planned on the 06/01/22 to review the outcome of the Audit Wales Baseline Governance Review which will discuss broad DHCW governance arrangements and the adequacy of these arrangements, taking into account the level of implementation of the Standing Orders. There may be relevant actions falling out of this review and discussion which link back to this action point.	Chris Darling	Helen Thomas	Jan-22	Action Complete	Board Development Session held and outcome of the Audit Wales Baseline Governance Review undertaken. Action complete.
GGPt103	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	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 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.	Chris Darling	Helen Thomas	Apr-22	Action Complete	This action is now complete, all activity has been undertaken.

DIGITAL HEALTH AND CARE WALES
COUNTER FRAUD REPORT

Agenda Item	3.9

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 2021

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance & Business Assurance
Prepared By	Gareth Lavington, Head of Counter Fraud
Presented By	Gareth Lavington, Head of Counter Fraud

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

Acronyms			
LCFS	Local Counter Fraud Specialist	NHS	National Health Service
CFA	Counter Fraud 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)

2.1 The attached update report at Appendix A (item 3.9i) provides the Audit Committee with an update for the period ending 31st March 2022. It provides updates on the work that has been carried out to date under the agreed work-plan.

Activity	Status
Current Cases	Nil
Fraud Awareness Training	11 days
National Fraud Initiative National Pro-Active Exercises	4 days
General Requirements	15 days
Deterrence	3 days

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None

4 RECOMMENDATION

The Committee is being asked to:
NOTE this progress report

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

Digital Health & Care Wales

Audit & Assurance Committee 3 May 2022
Counter Fraud Update

Nigel Price
Counter Fraud
Cardiff and Vale University Health Board

AUDIT COMMITTEE 3 May 2022

COUNTER FRAUD UPDATE

1: Introduction

2: Case updates

3: Progress & general matters

Appendix 1: Summary

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 January 2022 to 31st March 2022.

2. CURRENT CASE UPDATE

2.1 for the period ending 31st March 2022 **29** days have been used doing counter fraud work for DHCW. The days have been used preparing, delivering and analysing the feedback from the fraud awareness presentations; reviewing DHCW policies; preparing annual reports and plans and attending the organisation's audit committees and meetings with national fraud agencies. a breakdown of this is detailed in **Appendix 1**.

2.2 There have been 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, throughout the year fraud awareness presentations have been delivered through Microsoft Teams and 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.

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 DHCW carry out its own checks on all staff working for the organisation. A meeting is to be arranged with the Director of Finance and the Counter Fraud Champion to agree the organisation's priorities for the 2022-23 financial year.

3.3 Counter Fraud Resources Update

The full compliment for the Cardiff & Vale UHB was three accredited LCFSs, one of whom was the team manager, and one admin support. In December 2020 the manger went on sick leave and has now retired. 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 started on the 4th January 2022. The new manager started work on the 1st of April 2022.
Considering the lack of available resources until those posts were filled, there has been a been a shortfall of 7 days in 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	4
Production of Reports and attendance at Audit & Assurance	4	4
Liaison with the DoF, NHS CFA, Welsh Government	0	4
Self Review Tool (SRT) and QA Assessment	1	1
Annual Activity		
Create an Anti-Fraud Culture	1	1
Presentations, Briefings, Newsletters etc.	10	8
Fraud Awareness Events	0	2
Deterrence		
Review/develop Policies/Strategies	2	3
Prevention		
The reduction of opportunities for Fraud and Corruption to occur.	0	0
Detection		
National Pro-Active Exercises (e.g. Procurement)	2	0
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**	**29**

DIGITAL HEALTH AND CARE WALES
ANNUAL ACCOUNTS UPDATE

Agenda Item	4.1

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 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 progress of completion to financial accounts.	

Acronyms			
MfA	Manual for Accounts	DHCW	Digital Health and Care Wales
SHA	Special Health Authority	NHS	National Health Service

1 SITUATION/BACKGROUND

1.1 The purpose of this report is to provide the Audit & Assurance Committee with an update in relation to the progress in completing DHCW's inaugural Annual Accounts.

1.2 Welsh NHS bodies are required to prepare an annual report and accounts compliant with the determination and directions given by Welsh Ministers. A Manual for Accounts (MfA) is prepared annually by the Health and Social Services Group in Welsh Government, which provides guidance on the statutory requirements to assist in the production of the reports. It is for each organisation to interpret the guidance and to apply the principles to their own individual circumstances.

1.3 On the 18 January 2022 the organisation received its "Accounts Direction". This is given by Welsh Ministers in accordance with paragraph 3(1) of schedule 9 to the National Health Service (Wales) act 2006 (c.42) and with the approval of Treasury.

1.4 The accounts direction sets out the period and basis of preparation of the accounts, key developments are that there is a requirement for a 15-month set of accounts rather than the usual 12 month as a result of timing of the organisations establishment.

The final 2021-22 NHS Wales Manual for Accounts (MFA), DHCW Accounts Template and Returns schedules were issued by Welsh Government and received on 11 March 2022.

1.5 The external reporting deadlines for 2021/22 are below:

1. Indicative Day 5 financial performance to Welsh Government 7 April 2022
2. March Monthly Monitoring Return Submission 25 April 2022
3. Draft Accounts Submitted 29 April 2022
4. Audited Accounts & Returns Submitted 15 June 2022

The high level timetable can be found within item 4.1i Appendix A

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Progress on the Annual Accounts

DHCW has completed external reporting items 1 & 2 and has reported the following unaudited results (meeting all financial key performance indicators):

INDICATOR	RESULT RAG	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.365m, which is 0.3% of the annual income
Remain within Capital Limit (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)		£10.933m spend for period against a capital limit of £10.973m, which is 0.4% of the funding envelope
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target achieved. Target – 97%
Bank (A targeted maximum end of year bank balance of £2m)		Balance as at 31/03 £1.5m

- The agreement of NHS balances exercise (both debtors and creditors) has been completed with no items requiring arbitration.
- The monthly monitoring returns will be submitted to Welsh Government as per timetable.
- The key issues identified within section 3 are continually reviewed with Audit Wales during our weekly final accounts touchpoint sessions.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Allied to the requirement for an extended reporting period, the following areas have been identified as requiring additional consideration as part of the 2021/22 accounts closure process and are included for note. Where these issues have an all-NHS Wales impact, they will be discussed at the All-Wales Technical Accounting Group meetings to ensure a consistent approach is applied. DHCW will also liaise with Audit Wales and seek advice from their technical team where appropriate.

3.2 Provisions: IAS 19-Employee Benefit (Holiday Pay Accrual) & Supplier Specific Items

As part of the annual accounts, organisations are required to provide for the costs of holiday pay earned but not paid at the end of the reporting period (i.e. untaken leave), this provision will also include where staff have requested payment in lieu of annual leave due to be settled in

2022/23.
DHCW will also identify and agree any other supplier specific provisions to be reflected with the final accounts.

3.3 International Financial Reporting Standard 16 (IFRS16-Leases)

IFRS16 becomes effective for public sector organisations in the UK from 1st April 2022. The standard will bring most operating leases from a revenue cost onto the Statement of Financial Position, representing a significant change in the accounting and funding of leases. The implementation of the standard will not affect the 2021/22 accounts, although a note will be included in the financial statements setting out the impact had the standard been adopted this year. Currently DHCW has 12 leases affected by IFRS16, comprising 10 property leases and 2 non-property leases and the accounting impact has been calculated in preparation for the adoption.

3.4 Bad Debt provision

An allowance for irrecoverable debt (previously known as bad debt provision) will be calculated at year-end based on the level of debt outstanding and our history of debt collection. Due to the relatively low values of debts this will be charged to a central code and is unlikely to have a material impact on the accounts. As there is no historical information for DHCW, and the debtor balances are limited, we propose to provide a zero bad debt provision.

3.5 Losses and Special payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation and need to be formally disclosed. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government. These types of payments include settlements, overpayments, damages, and thefts. It is a requirement that these payments are reported to the Audit & Governance Committee, and therefore a central list is maintained and the appropriate disclosure is also required within the final accounts.

3.6 Pensions Tax Annual Allowance – Scheme Pays Arrangements

In December 2019, the Welsh Government announced that clinical staff who go over their annual allowance for the 2019/20 tax year and who use scheme pays to pay the tax charge can be compensated in retirement for any reduction to their NHS Pension Scheme benefits.
The announcement gave assurance to clinicians that they could undertake any combination of clinical roles for the NHS during the 2019/20 tax year, including additional work relating to the coronavirus response, without suffering any financial loss as a result of the annual allowance taper. In certain circumstances this could lead to additional tax charges in excess of any additional income earned. On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages.
DHCW will continue to liaise with Audit Wales to ensure any cost implications are captured and

recorded appropriately with any variation of opinion clarified and reported to the Audit & Assurance Committee.

3.7 **Excess pension Costs.**

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment. Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance cost.

There is one such instance provided for in the DHCW annual accounts in 21-22

3.8 **Pension rate 6.3%**

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019. As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency). However, NHS Wales organisations are required to account for their staff employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis.

4 RECOMMENDATION

4.1 The Audit and Assurance Committee are asked to **NOTE** the contents of this 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	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: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not Applicable	

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	19/4/22	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

4.1i Appendix A – High level annual accounts timeline

DATE	ACTIVITY	LEAD
07/04/2022	Indicative year-end position submitted to Welsh Government (Day 5)	Associate Director of Finance
25/04/2022	Full Monthly Monitoring Return Submission	Associate Director of Finance
29/04/2022	Draft accounts and financial returns submitted to Welsh Government & Audit Wales	Associate Director of Finance
24/05/2022	Audit & Assurance Committee to review draft annual accounts	Executive Director of Finance & Business Assurance
14/06/2022	Audit & Assurance Committee to review and approve annual report and accounts	Executive Director of Finance & Business Assurance
14/06/2022	SHA Board to review and approve annual report and accounts	Executive Director of Finance & Business Assurance
15/06/2022	Signed final version of annual report and accounts submitted to Welsh Government	Executive Director of Finance & Business Assurance

DIGITAL HEALTH AND CARE WALES
RISK MANAGEMENT REPORT

Agenda Item	4.2

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 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 Discussion/Review

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 Risk and Board Assurance Milestone Plan and progress to date

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 Progress to date has included the definition of the DHCW risk domains, associated risk appetites and tolerances. Work to define the principal risks to our strategic objectives and map the key controls and assurances in mitigation of those risks has continued with Directors and senior leaders across the organisation.

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 21 risks on Register, 10 are detailed at item 4.2i Appendix A. The other 11 are security related and 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) since the last report:

ESCALATED

A number of risks have been escalated to the Corporate risk register since the last meeting, these are as below:

Risk Reference	Month escalated and accepted to Corporate Risk Register
**DHCW0277 - PRIVATE	January
**DHCW0278 - PRIVATE	January
**DHCW0279 - PRIVATE	January
**DHCW0280 – PRIVATE	January
**DHCW0281 - PRIVATE	March
**DHCW0282 - PRIVATE	March
**DHCW0283 – PRIVATE	March

REMOVED

A number of risks have been removed from the Corporate risk register since the last meeting, these are as below:

DHCW0268	Data Centre Transition	Risk Closed - Project complete and closed down via the Project Board. The residual risks were allocated to the relevant local risk registers for management. Staff are now working on other programmes of work
DHCW0260	Shielded Patient List	Patient list not in current use by WG, risk de-escalated to Directorate level for management
DHCW0207	Document Management Strategy	Risk de-escalated to Directorate level for management
DHCW0272	Public Service Pay Policy	Risk Closed - NHS Wales Shared Services Partnership has now been able to undertake mitigation action.
DHCW0275	Welsh Immunisation System Server Capacity	Risk Closed - Score was reduced from 16 to 8 in January, mitigating actions have now been implemented and it is being managed at a department level.
DHCW0274	Welsh Immunisation System Network Connection	Risk Closed - Mitigation fully implemented
DHCW0267	Host Failures	Risk de-escalated to department level for management, new Infrastructure provisioned and majority is installed.

SCORE CHANGES

There have been no other risk score changes since the last meeting.

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.

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)			**DHCW0279 ★ **DHCW0280 ★ **DHCW0278 ★ **DHCW0257 ⟷ **DHCW0277 ★ **DHCW0261 ⟷ **DHCW0281 ★ **DHCW0282 ★	DHCW0204: Canisc System ⟷	
MAJOR (4)			DHCW0201: Infrastructure Investment ⟷ DHCW0208: Welsh Language Compliance ⟷ DHCW0228: Fault Domains ⟷ DHCW0263: DHCW Functions ⟷ DHCW0264: Data Promise ⟷ **DHCW0283 ★	DHCW0269: Switching Service ⟷ DHCW0237: Covid-19 Resource Impact ⟷ DHCW0259: Staff Vacancies ⟷	
MODERATE (3)			**DHCW0276 ⟷	**DHCW0229 ⟷ DHCW0273: Welsh Language Two Way Text Vaccination Appointment Message ⟷	
MINOR (2)					
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
- DHCW0208 – Welsh Language Compliance
- DHCW0273 – Welsh Language Two Way Text Vaccination Appointment Message

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 7 risks to the Corporate Risk Register. 6 of the 7 are made up of individual elements of the ransomware risk as identified by the Cyber Security Project.

3.2 The Risk Management and Board Assurance Framework plan is included at item 4.2ii Appendix B which details the progress to date for the Risk Management and Board Assurance Framework Strategy implementation.

4 RECOMMENDATION

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 Risk and Board Assurance Milestone Plan and progress to date

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	05/04/2022	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

4.2i Appendix A DHCW Corporate Risk Register

Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
DHCW0204	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	18/03/2022	15	AIM: REDUCE Impact and REDUCE Likelihood ACTIONS TO DATE: 07/03/22: Target date for VCC go live implementation being reviewed, May 22 is not achievable. Clinical functionality in WCP continues to be released in a staggered /agile approach. All software to be available for testing by 30th May 2022. All Health Boards engaged with testing Cancer specific functionality in WCP and WPAS. FORWARD ACTIONS: Continue developments not yet ready to test Velindre targeting end of May 22 to migrate to WPAS and WCP. Continue with Health Boards implementation planning Development for Palliative Care & Screening & colposcopy planned for 22/23 Q1 & Q2 Since October 2020 the Cancer Informatics Programme has been running an accelerated plan in order to mitigate the risks posed by the legacy Cancer system Canisc and deliver an integrated national solution for cancer services ahead of the original November 2022 deadline. The Canisc replacement MVP (14 workstreams) in development/completed in readiness for testing in 22/23 Q1 for All Wales Cancer services. Specific developments delivered and already	20	5	4	6	3	2	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
					available for testing. Collaborative working with Programme Partners to finalise developments required for Palliative care and Screening & Colposcopy										
DHCW0237	New requirements impact on resource and plan IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work 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	22/03/2022	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for TTP and recovery from Covid and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: IMTP 22/25 drafted for approval end March 2022 which sets baseline plan. Lessons Learnt for Q3 21/22 presented to Management Board for review and comment. Action plan being led by the PPMG. Impact of decreasing restrictions on required functionality being considered. Improved formality with external boards around change control of dates, e.g., 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	Development of services
DHCW0259	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.	11/12/2020	03/03/2022	12	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: DHCW are attending a variety of job fairs and academic fairs across Wales to improve our profile. We will be starting to work with a PR company to raise our profile. Working with directorates for them to identify which vacancies/projects can be outsourced. Updating JDs in line with DDaT Plus framework. ACTIONS TO DATE: 03/03/2022 Recruitment task force continues to meet weekly. Careers days have taken place, there is also a dedicated WFOD team focusing on this issue A recruitment task force was established including all areas of the organisation to focus on 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.	16	4	4	6	2	3	Chief Operating Officer	Non Mover	Audit and Assurance Committee and Local Partnership Forum	Service Delivery

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
DHCW0269	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	31/02/2022	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 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	Associate Director of Informatio n	Non Mover	Digital Governance & Safety Committee	Information - Access and sharing
DHCW0208	Welsh Language Compliance IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage	21/05/2018	29/03/2022	16	AIM: REDUCE Likelihood FORWARD ACTIONS: Create compliance reporting to be received by the Audit and Assurance Committee on an ongoing basis to start in May 2022. Continue to assess compliance and work with departments to ensure actions are undertaken throughout the year. Undergo Public consultation and prepare an outcome report for approval by the Welsh Language Commissioners Office. We are still awaiting approval of the Scheme to proceed. Seek sign off from the DHCW SHA Board. ACTIONS TO DATE: Digital Priorities Investment Fund for Welsh Language system project has been submitted to WG in March 2022. Third draft of the Welsh Language Scheme has been submitted to the Welsh Language Commissioners Office for review and approval	12	4	3	4	4	1	Board Secretary	Non Mover	Audit and Assurance Committee	Compliance

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
					to proceed to public consultation. Welsh Language Services Manager appointed in January 2022. All Wales Welsh Language Preference System first release is ready, system is being piloted with Corporate Services department. March 2022.										
DHCW0228	Fault Domains IF fault domains are not adopted across the infrastructure estate, THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	23/03/2022	16	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted which will result in fault domains will being provided by the host for those services which are migrated. Additional new equipment 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. 15/02/2022 MP - The strategic intention is to move to use cloud services for hosting our services. Cloud providers can deliver the required fault domains through the use of Availability Zones or similar. The cloud strategy is nearing completion and associated business case will follow shortly. Additionally, new	12	4	3	6	3	2	Director of ICT	Non Mover	Digital Governance & Safety Committee	Service Delivery

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
					equipment deployment will continue to address increasing the number of fault domains where funding permits.										

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
DHCW0263	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 data without a legal basis or consent.	26/01/2021	30/03/2022	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: (i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided in November 2021's meeting.	12	4	3	4	4	1	Executive Medical Director	Non Mover	Digital Governance & Safety Committee	Information - Access and sharing

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
DHCW0264	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	30/03/2022	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 Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching the Data Promise 'publicity' campaign in 2022.	12	4	3	4	4	1	Executive Medical Director	Non Mover	Digital Governance & Safety Committee	Information - storing and maintaining
DHCW0273	Welsh Language Two Way Text Service 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	30/03/2022	15	AIM: Reduce LIKELIHOOD FORWARD ACTIONS: Ongoing prioritisation of work for the Immunisation programme is undertaken by Welsh Government, the required work to address this is in the planned development. There are options for citizens to receive their appointment via a bi-lingual letter and a telephone booking line. ACTIONS TO DATE: Identification and risk assessment undertaken	12	3	4	3	3	1	Board Secretary	Non Mover	Audit and Assurance Committee	Compliance
DHCW0201	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	10/08/2017	23/03/2022	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:	12	4	3	4	4	1	Director of ICT	Non Mover	Digital Governance & Safety Committee	Service Delivery

4.2i Appendix A DHCW Corporate Risk Register

Ref	Description	Risk Opened	Review date	Rating (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain
	RESULTING in service disruption.				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 with high priority risks being addressed first. 15-02-2022 MP - As a result of the capital funding that has been secured over the last few years major parts of the physical infrastructure have been upgraded. However, there is still insufficient discretionary capital to replace and further develop our infrastructure to keep pace with demand. The revenue funding is currently the more significant challenge. This is for both the human resources required to manage and develop the current infrastructure and to keep pace with the changes in licensing arrangements for infrastructure services. The current intention is to address this through a series of business cases, mainly via a Cloud business case. Alternative/complimentary approaches are to • Re-allocate funding from other directorates in DHCW • Seek additional core funding from Welsh Government • Seek additional income from NHS Organisations to reflect the increasing costs of delivering services.										

4.2II APPENDIX B - RISK MANAGEMENT & BAF MILESTONE PLAN

	TASK	TIMELINE/REVISED DUE DATE	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 1 June 2021. 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 1 June 2021. The risk narrative and scores were reviewed, and suggestions made at the risk management group on the 1 June 2021 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 principal 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 was concluded in February as planned but further review and validation work was requested by Directors in readiness for approval by the DHCW 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 – March 2022	Training was delivered on the Risk and BAF strategy and associated approach to 75% of all 8b's and above. Work will now be undertaken to record the session and shared across the whole organisation.
	9. Board Development session to consider and agree the DHCW Board risk appetite. Facilitated by Amberwing.	2 September 2021 – end of Jan 2021	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 May Board meeting, and first draft Board Assurance Report/update on Board Assurance Report.	May 2022	Principal risks re-drafted and planned for presentation to the May 2022 Board, the proposed Board Assurance Report template was received and endorsed by the Audit and Assurance Committee. Further work is underway to refine this in readiness for approval at the May SHA Board.

4.2II APPENDIX B - RISK MANAGEMENT & BAF MILESTONE PLAN

	11. DHCW risk appetite statement to be presented to Board if ready to go to the November Board.	November 2021	See action point 9.
	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	The objectives(missions) and the vision, mission and core purpose were approved at the March Board Development Session for inclusion in the IMTP 22-25.
	14. Principal 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.

DIGITAL HEALTH AND CARE WALES
WELSH LANGUAGE COMPLIANCE REPORT

Agenda Item	4.3

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 2022

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

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

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	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	WLCO	Welsh Language Commissioners Office
WLG	Welsh Language Group		

1 SITUATION/BACKGROUND

1.1 Until the 31 March 2021 Digital Health and Care Wales (DHCW) were operating as NHS Wales Informatics Service (NWIS) hosted by Velindre University Trust and were adhering to the Welsh Language Standards issued to Velindre.

1.2 DHCW as a national organisation is committed to being bi-lingual, when DHCW became a Special Health Authority on the 1 April 2021 one of the first actions to ensure the organisations compliance was maintained was to direct the creation of a Welsh Language Scheme.

1.3 Additionally, to the creation of the scheme is the work undertaken to promote the use of the Welsh language across the organisation and develop the training support for beginners as well as those wishing to develop their existing Welsh skills.

1.4 This report will be provided to each Audit and Assurance Committee for assurance and gives an overview of:

- The Welsh language compliance action plan that identifies areas of non-compliance with the standards and the associated action plan
- Progress of the Welsh Language Scheme
- The current Welsh Language skills dashboard showing staff's self-assessment of their Welsh skills
- Activity undertaken in the organisation to promote the use of the Welsh language and improve training provision

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Welsh Language Compliance Action Plan

The DHCW Board have outlined clear intentions and commitments in relation to the organisation being bilingual. The Welsh Language Services Manager has taken an initial assessment and included at item 4.3i Appendix A is the compliance action plan as a result. Some initial completion dates are included but further work is required to plan the remaining activity out. The finalised planned dates will be validated by the localised area owners who will be responsible for implementing the actions, overseen by the Welsh Language Group on a bi-monthly basis. The summary findings are below:

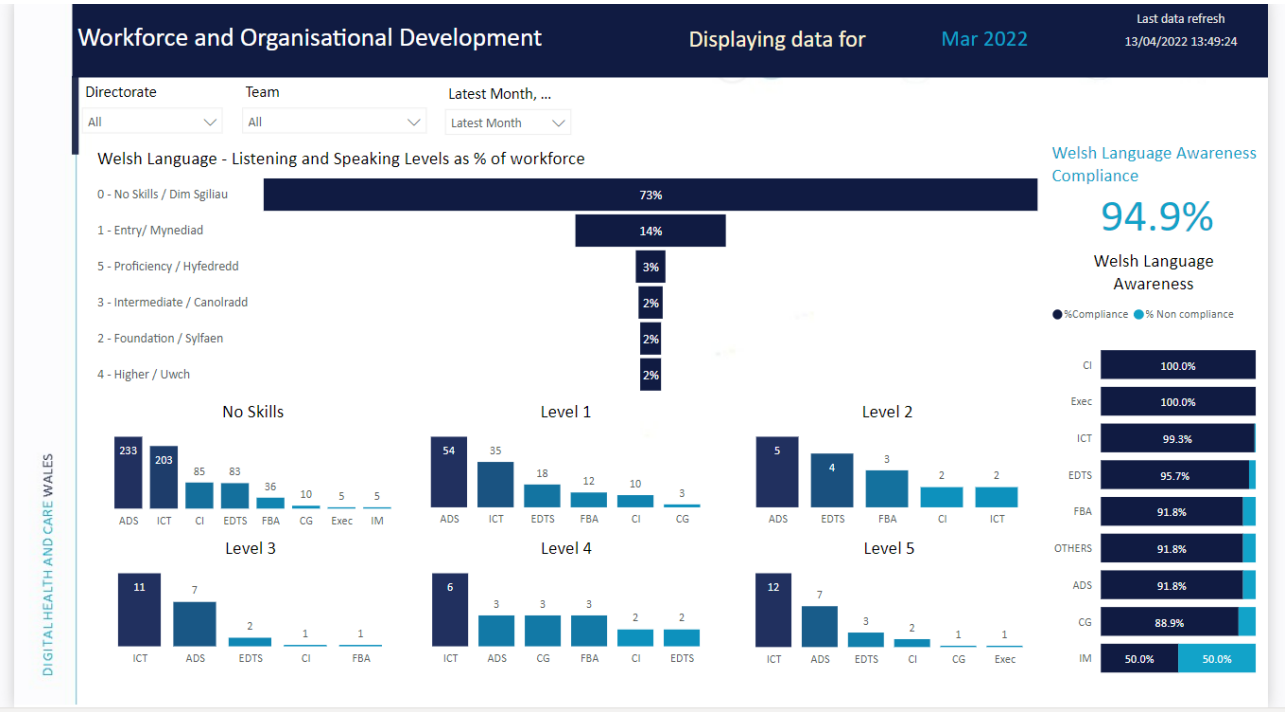
RAG Status	Definition	Number of standards
N/A	Not Applicable	10
Green	Action complete and operationally in place	55
Amber	Action underway	25
Red	Action/Deployment not started	37
Total		127

2.2 Welsh Language Scheme Progress

The Scheme and associated action plan have now been re-drafted in conjunction with feedback from the Welsh Language Commissioners Office (WLCO). This final draft has been translated and has been submitted to the WLCO for final approval before the required 12-week consultation period. There are a number of activities DHCW are preparing in the meantime including the following:

- Agree list of consultation contact and send email
- Communications – social media
- Create a Welsh Language Webpage to promote the scheme
- Gather feedback and write a report
- Arrange official launch of the scheme

2.3 Organisational Welsh Language Skills Dashboard



As part of the transition to DHCW a small bug in the Electronic Staff Record (ESR) caused an issue where staff were unable to update their skills self-assessment. Work is currently being

undertaken to collate the skills of all members of staff marked 0 skills to validate the dashboard and ensure the organisation have a true picture of the skills across the organisation. This activity is planned for completion by June 2022.
A new Welsh language awareness course is due to be released by Welsh Government. The new course includes information about the Welsh Language Standards and will be mandatory for all staff.

2.4 Welsh Language Organisational Activity

2.4.1 Staff skills self-assessment

ESR Drop-in sessions – Sessions have been provided on a weekly basis to the staff on how to update skills in ESR.

All Wales skills self-assessment training session – The All-Wales Welsh Language Managers group are working together to create a training session targeted at increasing Welsh language skills from 0 to 1 on the skills assessment.

2.4.2 Promoting the use of Welsh Language and raising awareness of the standards

Tentalk - 532 people attended the Welsh Language Tentalk held during the staff conference, showing the organisational appetite for more information on support on the Welsh Language. The presentation explains the importance of the Welsh language in healthcare and refers to the More Than Just Words Strategy. Click here to view the 10 minute presentation.
The Welsh Language Manager is a member of the Welsh Government's More Than Just Words Task and Finish Group. A new five -year action plan will be created for health and social care and will include bilingual digital services.

Corporate Induction – Each month DHCW hold a corporate induction for new members of staff, during this session, staff are informed of Welsh Language Standards and the resources available to support them in contributing to the provision of a bilingual service.

Siop Siarad Yammer Group – As part of the growing support provision for Welsh speakers and learners in the organisation a yammer group to share experiences and converse is Welsh is now live and has 25 members.

Welsh Language Standards training – The DHCW Communications team will receive the first Welsh Language Standards training session which will focus on providing operational guidance and support on delivering the required compliance and providing the best service.

Welsh learners – Staff are encouraged to write blogs about their learning experiences. Learners of the month are selected and blogs are published on SharePoint. The aim of this is to select a learner of the year for an Eisteddfod planned in 2023.

2.4.3 Training

Corporate Service staff who communicate with stakeholders have now received reception skills training in collaboration with Merthyr College. The focus of this training is to enable staff

to offer support to Welsh speakers in accessing services without delay.

Two members of staff are now booked to attend the week-long residential course provided by the Centre for Learning Welsh which is funded by Welsh Government.

Welsh language training will include a range of courses provided by Learn Welsh and Say Something in Welsh over the next 6 months.

2.4.4 Recruitment

It has now been agreed with workforce colleagues that the Welsh Language Services Manager will create working instructions to facilitate all future DHCW job advertisements being bilingual. Key Performance Indicators are being agreed with workforce and manager colleagues that will focus on the following:

- Increasing the number of Welsh Essential Posts
- Ensuring all job adverts are bilingually
- Ensuring all newly matched job descriptions are translated

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 ESR Data – As highlighted above in the BI dashboard, DHCW staff with no Welsh language skills is currently at 73%. This is largely due to an error with the ESR system. All staff needed to be set to level 0 in order for them to update their skills. Staff have not updated their skills and work is currently underway to gather this information to manually update the data.

3.2 Communication with Stakeholders – There have been instances where stakeholders have been sent communication in English only, the number of Welsh speaking staff on service desk has reduced due to staff losses. Videos on social media have been produced in English only and there are currently only 29 followers on the Welsh Facebook page as opposed to over 7000 on the English page. Work to address this include increasing the number of jobs advertised as Welsh essential and a new communications strategy.

4 RECOMMENDATION

The Committee is being asked to:
Receive the report for ASSURANCE.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

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.
	Yes, please see detail below

FINANCIAL IMPLICATION/IMPACT	There are potential financial penalties for non-compliance with the standards.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below There is an impact on the workforce in terms of working practices and facilities for ensuring compliance.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Developing and promoting bilingualism ensures all socio-economic groups that use Welsh are equally served.

4.3i Appendix A – Welsh Language Compliance Action Plan

RAG Status Key	Action complete and operationally in place	Action underway	Action/Deployment not started

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
1	If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.	Information on arranging translation is available on the Welsh language SharePoint page	30/05/2019	New SharePoint page created		N/A
4	When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version. You must comply with standard 4 in every circumstance, except; when you send the same correspondence to several persons, and all of those persons have informed you that they do not wish to receive correspondence in Welsh.	1. Compile list of everyone DHCW communicates with.	30/05/2019	Completed previously - requires review		N/A
		2. Develop system which asks; Do you wish to receive business correspondence from DHCW in Welsh? (a) Yes, always, (b) Yes if it is individual correspondence and the sender can write in Welsh, (c) No. And has the capacity to hold/store the information.		System currently being piloted by Corporate Services		01/09/2022
		3. Develop SOP for ongoing maintenance of database.		When systems set up		01/09/2022
5	If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh Language version of the correspondence.	As above	30/05/2019	As above		01/09/2022
6	If you produce a Welsh Language version and a corresponding English language version of correspondence, you must not treat the Welsh Language version less favourably than the English language version (for example, if the English version is signed, or if the contact details are provided on the English version, then the Welsh version must be treated in the same way).	1. Use Tocyn Cymru instead of Eventbrite for invitations to training and events. Translate all correspondence. 2. Increase staff awareness of translation service through communications campaign	30/05/2019	Staff invited to awards evening using Tocyn Cymru. Welsh language SharePoint page includes staff guides		30/09/2022
7	You must state - (a) in correspondence, and (b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.	1. Statement to be developed and added in to e-mail signature boxes.	30/05/2019	Presently only used for external email (outside NHS Wales) needs to be added manually to staff e-mail signatures		N/A
		2. All staff to be reminded of the need for bi-lingual signatures with the Welsh first. Develop template and make Welsh translation of Job Titles available		Staff guides available on the Welsh Language SharePoint page. Need to ensure all staff comply with this. Included in Welsh language induction session		N/A
8	When a person contacts you on your main telephone number (or numbers) or on any helpline numbers or call centre numbers, you must greet the person in Welsh.	1. Ongoing recruitment of Welsh speaking staff to work on service desk 2. Reception Skills course to be offered to all staff. 3. Create a contact list of Welsh speaking staff. 4. Offer residential course to improve the skills of staff less confident to speak Welsh. 5. Staff guide on answering the telephone to be included on SharePoint and promoted through comms.	30/11/2019	SOP awaiting approval		N/A
9	When a person contacts you on your main telephone number (or numbers) or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.		30/11/2019	Approach agreed - use Recording and provide call back in Welsh.		N/A
10	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as - (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.		30/11/2019	SOP approved		N/A
11	When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh Language less favourably than the English language.		30/05/2019	Compliant		N/A

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
12	If you offer a Welsh language service on your main telephone number (or numbers) on any helpline numbers or call centre numbers, the telephone number for the Welsh Language service must be the same as for the corresponding English language service.		30/05/2019	Compliant		N/A
13	When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.		30/11/2019	Wording being added to state "DHCW welcomes calls in Welsh"		N/A
14	If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.		30/05/2019	Newsletter drafted for consideration at meeting on 8/4/19		N/A
15	Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.		30/05/2019	Draft to meeting on 8/4/19		N/A
16	When there is no Welsh Language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.		Not applicable			
17	If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers) and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as - (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.		30/11/2019	New list of Welsh speakers will be shared with Service Desk staff. Staff are encouraged to sign up to the register through regular communication (Insider newsletter)		N/A
18	When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff) you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.		30/05/2019	Training included in away days and campaign to improve staff skills from level 0 to 1		31/03/2023
19	When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh. You must comply with Standard 19 in every circumstance, except: i) where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter; and ii) where no Welsh speaking member of staff is available to provide a service on that specific subject matter. The requirement under Standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand"). The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh	See standard 4	30/11/2019	Pilot with Corporate Services		31/12/2022

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
	applies in relation to every call which involves the matter in hand.					
20	Any automated telephone systems that you have must provide the complete automated service in Welsh.		30/05/2019	Automated message offering a call back in Welsh is now in place		N/A
21	If you invite one person only ("P) to a meeting - (a) you must ask P whether P wishes to use the Welsh Language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose and (b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. you must comply with Standard 21 in relation to persons that are individuals by 30 May 2019. You must comply with Standard 21 in relation to every other person by 30 November 2019.	1. Develop staff guides on arranging meetings including new Microsoft teams' interpretation guidelines. 2. Communications to ensure staff are aware of this. 3. To be included in Communications strategy and using Welsh internally document	30/05/2019	SOP approved. Welsh Language SharePoint page developed including staff guides on using Welsh in meetings. Further work in development to ensure a full scope of support is in place.		
22	If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh Language at the meeting. You must comply with Standard 22 in relation to persons that are individuals by 30 May 2019. you must comply with Standard 22 in relation to every other person by 30 November 2019.		30/05/2019			
22A	If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh Language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. You must comply with Standard 22A in relation to persons that are individuals by 30 May 2019. You must comply with Standard 22A in relation to every other person by 30 November 2019.		30/05/2019			
22CH	If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. You must comply with Standard 22CH in relation to persons that are individuals by 30 May 2019. You must comply with Standard 22CH in relation to every other person by 30 November 2019.		30/05/2019			
23	You must ask an in-patient ("A") on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.		30/05/2019			
23A	If the in-patient ("A") informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh Language to communicate with you during that in-patient admission.	Not applicable	30/05/2019			

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
24	You must produce and publish a policy on how to establish whether an in-patient ("A") wishes the use the Welsh language during A's inpatient admission if A is unable to inform you that A wishes to use the Welsh language to communicate with you during an in-patient admission.	Not applicable	30/05/2019			
25	If you invite an individual ("A"), to a case conference which will be held 5 or more working days after the invitation is sent - (a) you must ask A whether A wishes to use the Welsh Language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and (b) if A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.	Not applicable	30/05/2019			
26	If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh Language at the meeting.	1. Welsh Language Services Manager to attend AGM Management meetings 2. Welsh Language Services Manager to provide an overview of the standards and the associated requirements to the project and programme managers	30/05/2019	AGM meeting currently being organised. Interpretation to be made available and SLA set up with Welsh Interpretation and Translation Service. External meetings for project and programmes being undertaken without translation available.		31/07/2022
27	When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.	No action needed	30/05/2019	Translation of invitations standard practice		
28	If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must, (a) ask each person invited to speak whether he or she wishes to use the Welsh language, and (b) if that person (or at least one of those persons) has informed you that he or she wishes to use the Welsh language at the meeting provide a simultaneous or consecutive translation service from the Welsh to English for that purpose (unless you conduct the meeting in Welsh without a translation service).	AS above (standard 26)	30/05/2019	Formal operational model for offering interpretation needs to be finalised.		31/07/2022
29	If you arrange a meeting that is open to the public and at which public participation is allowed you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh - (a) that they are welcome to use the Welsh language, and (b) that a simultaneous translation service is available. You must comply with Standard 29 in every circumstance, except: i) where an invitation or material advertising a meeting has asked the public to inform you whether they wish to use the Welsh language at the meeting.	As above (standard 26)	30/05/2019	Formal operational model for offering interpretation needs to be finalised.		31/07/2022
30	If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.	1. This needs to be included in the Communication Strategy	30/05/2019	Translation guide available on SharePoint		30/06/2022

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
31	If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language, (for example, in the way the event is advertised or publicised).	1. Develop SOP and staff guide describing process for arranging Events. 2. Communications strategy needs to include this	30/05/2019			30/06/2022
32	If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language at the event, (for example, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).		30/05/2019			30/06/2022
33	Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.	1. Include in Translation SOP 2. Communications team need Welsh language training. 3. Communication strategy needs to include this	30/05/2019	SOP approved. Increase in translation capacity for 2022-2023. Welsh language standards training for comms team arranged 0n 28.4.22		
34	Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language version of the material less favourably than the English language version.		30/05/2019			
36	If you produce a form that is to be completed by an individual, you must produce it in Welsh.	1. Include in Communication strategy	30/05/2019			
37	If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh - (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.	1. Include in Translation SOP 2. Translation guidelines for staff on SharePoint. 3. New guide for staff to find out if a document or from needs to be in Welsh publicise this with staff	30/05/2019	SOP approved. Increase in translation capacity for 2022-2023		
38	If you produce a document or a form in Welsh and in English you must - (a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not); (b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and (c) ensure that the English language version clearly states that the document or form is also available in Welsh.		30/05/2019			
39	You must ensure that - (a) the text of each page of your website is available in Welsh; (b) every Welsh language page on your website is fully functional, and © the Welsh language is not treated less favourably than the English language on your website. You must comply with Standard 39 in relation to the following by 30 May 2019: i) NHS Wales Informatics Service's main website; and ii) Websites published by Shared Services Partnership (except, NHS Wales Finance Academy, Primary Care Services, Procurement and Welsh Risk Pool websites). You must comply with Standard 39 in relation to websites published by the following by 30th November 2019: i) Velindre Trust; ii) Velindre Cancer Centre; iii) Welsh Blood Service; and iv)	1. Not fully compliant as historic pages need to be translated. 2. Need to check that all websites are bilingual (e.g., DSPP and other projects)	30/05/2019	Communications team are aware of their responsibility with this standard and are working through historic information on the main DHCW website		

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	Health Technology Wales. You must comply with Standard 39 in relation to the following websites published by Shared Services Partnership by 30th November 2019: i) NHS Wales Finance Academy; ii) Procurement, and iii) Welsh Risk Pool. You must comply with Standard 39 in relation to the following websites published by Shared Services Partnership by 30 May 2020: i) Primary Care Services.					
40	You must ensure that - (a) the text of the homepage of your website is available in Welsh; (b) any Welsh language text page on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and © the Welsh language is treated no less favourably than the English language in relation to the homepage of your website. You must comply with Standard 40 in relation to the following: i) Velindre Trust; ii) Velindre Cancer Centre; iii) Welsh Blood Service; and iv) Health Technology Wales. You must comply with Standard 40 in relation to the following websites published by Shared Services Partnership: i) NHS Wales Finance Academy; ii) Procurement; iii) Welsh Risk Pool; and iv) Primary Care Services.	No action required - DHCW Website is compliant with this Standard	30/05/2019			
41	You must ensure that when you publish a new page on your website or amend a page - (a) the text of that page is available in Welsh; (b) any Welsh language version of that page is fully functional, and © the Welsh language is treated no less favourably than the English language in relation to that page. You must comply with Standard 41 in relation to the following: i) Velindre Trust; ii) Velindre Cancer Centre; iii) Welsh Blood Service; and iv) Health Technology Wales. You must comply with Standard 41 in relation to the following websites published by Shared Services Partnership: i) NHS Wales Finance Academy; ii) Procurement; iii) Welsh Risk Pool; and iv) Primary Care Services.	Only information which is available bilingually e.g., news stories. If information is shared from directorate pages, then this information is not bilingual	30/05/2019	This does not pose a risk to the organisation		
42	If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.	No action required - DHCW Website is compliant with this Standard	30/05/2019			
43	You must provide the interface and menus on every page of your website in Welsh. You must comply with Standard 43 in relation to the following by 30 May 2019: i) NHS Wales Informatics Service's main website; and ii) Websites published by Shared Services Partnership (except, NHS Wales Finance Academy, Primary Care Services, Procurement and Welsh Risk Pool websites). You must comply with Standard 43 in relation to the following by 30 November 2019: i) Velindre Trust; ii) Velindre Cancer Centre; iii) Welsh Blood Service; and iv) Health Technology Wales. You must comply with Standard 43 in relation to the following websites published by Shared Services Partnership by 30 November 2019: i) NHS Wales Finance Academy; ii) Procurement; and iii) Welsh Risk Pool. You must comply with Standard 43 in relation to the following websites published	No action required - DHCW Website is compliant with this Standard	30/05/2019			

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
	by Shared Services Partnership by 30 May 2020: i) Primary Care Services.					
44	All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app. You must comply with Standard 44 in every circumstance, except: i) clinical apps intended for Health Board staff.	1. The NHS Wales App is bilingual and will be launched in June/July 2022. 2. Communication with the public needs to be bilingual. 3. Marketing materials must be proofread to ensure accuracy	30/5/2019	Welsh Language Manager attends all DSPP meetings. Welsh speaking Executive Director part of project board		May-22
45	When you use social media, you must not treat the Welsh language less favourably than the English language. You must comply with Standard 45 in the following circumstances: i) when using social media on your corporate and departmental accounts.	1. Develop social media SOP and staff guide (recognising AW Policy) 2. To be included in communications strategy 3. Videos to be created bilingually not just in English with Welsh subtitles	30/05/2019	SOP to be developed and staff guide included on Welsh Language SharePoint page		
46	If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).					
47	When you - (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	In process - No action needed	30/05/2019	Monitoring of signage by Welsh language champions		N/A
48	When you - (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	In process - No action needed	30/05/2019	Monitoring of signage by Welsh language champions		N/A
49	You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.	In process - No action needed	30/05/2019	Monitoring of signage by Welsh language champions		N/A
50	Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.	Set up mystery shopper process to check compliance	30/11/2019	Corporate Services staff have attended a reception skills course		N/A
52	You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.	No action needed	30/05/2019	Complete		N/A
53	You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.		30/05/2019	Complete		N/A

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
54	Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.	Not applicable	30/05/2019			
55	When you invite applications for a grant, you must - (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and (b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).	Not applicable	30/05/2019			
56	When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.	Not applicable	30/05/2019			
57	Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.	Commercial Services SOP will be updated to include this requirement	30/05/2019	Complete		N/A
58	When you publish invitations to tender for a contract, you must - (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).		30/05/2019	Complete		N/A
59	When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.	Process already in place to translate if correspondence received in Welsh, no action required	30/05/2019			N/A
60	You must promote any Welsh language service that you provide, and advertise that service in Welsh.	1. Take steps to ensure Welsh language preference is captured across the systems and services	30/05/2019	Work is being undertaking with the DSPP and NHS Wales app team to ensure this is properly considered.		
61	If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.	As above	30/05/2019			
62	When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.	1. Staff to change Teams banners, email signatures and presentations with English only corporate identity	30/05/2019	Staff guides created and available on SharePoint. Power point presentation slides are bilingual. Teams' banners are now bilingual		
63	If you offer an education course to one or more individuals, you must - (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.	1. Need to assess the need to provide an education course in Welsh e.g., NCR	30/05/2019			
64	When you announce a recorded message over a public address system, you must make that announcement in	This applies to recorded messages in lifts. No action needed	30/05/2019	Recorded messages are bilingual		N/A

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
	Welsh and, if the announcement is made in Welsh and English, the announcement must be made in Welsh first.					
69	When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	1. Create an EQIA group to monitor the quality of policies	30/05/2019	This will be implemented after the new Director of People and OD starts.		
70	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects or increased positive effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
71	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
72	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
73	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
74	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
75	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse) the policy decision under consideration would have on - (a) opportunities for persons	As above	30/05/2019			

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
	to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.					
76	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
77	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	As above	30/05/2019			
79	You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.	1.To be included in new communications strategy. 2. To be included in guide for using Welsh internally	30/05/2019			
80	When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.	Offered automatically through Trac	30/11/2019	Completed		N/A
81	You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh - (a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives; (ch) any documents that outline or record A's career plan; (d) any forms that record and authorise annual leave; (dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours. *You must comply with Standard 81 in every circumstance by 30 November 2019, except: i) when the activity is carried out through the use of the Electronic Staff Record (ESR).* You must comply with Standard 81 in every circumstance by 30 November 2020.	1. Need to ensure the PADR process and document is bilingual.	30/11/2019	ESR portal available in Welsh. Awaiting template letters from NWSSP to ensure consistency. Supplementary documentation for c,d and e are covered by the translated All Wales Policies but we will need to review our internal SOP's relating to Pay Progression, Training to ensure they include a paragraph re: Welsh options and potentially have such supplementary documentation bi-lingual? Training Request Procedure to be reviewed and re-published in October and will contain information on Welsh language options. As part of the ESR Transformation Discovery Programme; supporting the delivery of a new system for 2025, inclusion of the Welsh language has been put forward as an essential requirement for the build.		
82	If you publish any of the following, you must publish in Welsh - (a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; © a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to work conditions; (e) a policy relating to work patterns.	1.Translated policies must be placed in a suitable location on SharePoint	30/11/2019	The following All Wales policies have been translated - Managing Attendance at Work Policy, Dignity at Work procedure, Capability, Disciplinary Policy, Employment Break scheme, Grievance Policy, Pay Progression Policy, Procedure for NHS staff to raise concerns and organisational change Policy and Trust Flexible Working Policy		

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
83	You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may - (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; and you must also inform each member of staff of that right.	1. Translated policy must be placed in a suitable location on SharePoint	30/05/2019	The all-Wales Grievance Policy and the Procedure for NHS staff to raise concerns are available in Welsh - *29/04 Changed to green as policies are available*		
84	If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff you must - (a) offer to conduct the meeting in Welsh, or if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh or, if necessary, with the assistance of a simultaneous or consecutive translation service from Welsh to English.	Letters have been updated; no further action required	30/11/2019	Disciplinary and Sickness letters updated already		N/A
85	When you inform a member of staff (A) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A - (a) made the complaint in Welsh; (b) responded in Welsh to a complaint about A; (c) asked for a meeting about the complaint to be conducted in Welsh or; (Ch) asked to use the Welsh language at a meeting about the complaint.	Letters have been updated; no further action required	30/05/2019	Outcome letters would need to be translated as and when required		N/A
86	You must - (a) allow and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.	In all Wales Policies but local SOPs/Guidance to be updated to reflect this	30/05/2019	The All-Wales Disciplinary Policy is available in Welsh and all template letters include a statement		N/A
87	If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.	1. Interpretation will need to be arranged	30/11/2019	Disciplinary and Sickness letters updated with a paragraph offering future communications in Welsh		N/A
88	When you inform a member of staff (A) of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A - (a) responded to allegations made against A in Welsh; (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh or; (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure.	No action needed - DHCW would currently respond in Welsh to any communication received in Welsh or any requests to do so	30/05/2019			
89	You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).	1. Need to promote the use of this with Welsh speaking staff	30/05/2019			N/A

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
90	You must ensure that - (a) the text of each page of your intranet is available in Welsh; (b) every Welsh language page on your intranet is fully functional, and © the Welsh language is treated no less favourably than the English language on your intranet. You must comply with Standard 90 in relation to pages on your intranet that relate to the matters within the following operational standards; i) the use of the Welsh language within your internal administration; ii) complaints made by staff; iii) disciplining staff; iv) developing skills through planning and training the workforce; and v) recruiting and appointing.	1. Standard 90 -Limited translation budget currently affecting compliance in this area. 2. WFOD page needs to be available bilingually to comply with additional information required to comply with this standard	30/11/2019			
91	You must ensure that - (a) the text of the homepage of your intranet is available in Welsh; (b) any Welsh language text on your intranet's homepage (or, where relevant, your Welsh language intranet homepage) is fully functional, and the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet.		30/05/2019			N/A
93	If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English language page.		30/05/2019			N/A
94	You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.		30/05/2019			N/A
95	You must provide the interface and menus on your intranet pages in Welsh. You must comply with Standard 95 in relation to the following: i) any page or homepage on your intranet that is available in Welsh in accordance with Standards 90 and/or 91; ii) any page you designate and maintain on your intranet in accordance with Standard 94.		30/11/2019			N/A
96	You must assess the Welsh language skills of your employees.	1. Issue with ESR is affecting data accuracy. 2. Need comms campaign	30/05/2019	ESR training sessions offered to staff throughout March.		
97	You must provide opportunities for training in Welsh in the following areas, if you provide such training in English - (a) recruitment and interviewing; (b) performance management; © complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; (dd) health and safety.	E-Learning module needs to be developed - bi-lingually and with subtitles. Offer translation for classroom-based learning.	30/11/2019	Statement now added to training & education pages on SharePoint advising staff to contact us if they require training to be provided via the medium of Welsh language		
98	You must provide opportunities for training in Welsh on using Welsh effectively in - (a) meetings; (b) interviews; and © complaints and disciplinary procedures.	1. Staff guides to be written and included on SharePoint.	30/11/2019	Guide on using Welsh in meetings available on the Welsh language SharePoint page		
99	You must provide opportunities during working hours - (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers.	1. Need to promote Entry level courses starting in Sept 22 2. Include in Welsh language audit plan.	30/05/2019			

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
100	You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.	1. Need to identify staff who may benefit from intermediate and advanced courses	30/05/2019	A new BI dashboard can assist with the identification of staff who may need basic Welsh language training. New starters are encouraged to learn Welsh during the induction process. Staff are asked if they would like to learn Welsh as part of the PADR process. Courses are promoted on SharePoint.		31/03/2022
101	You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.	1. Funding secured, and contact made with training providers. 2. need to promote courses with staff	30/05/2019	A new BI dashboard is available to assist with the identification of staff Welsh language skills levels. This will assist with targeted promotion of courses. Funding has been secured and free courses will be offered to any staff wishing to learn Welsh		
102	You must provide training courses so that your employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language Standards; and (c) an understanding of how the Welsh language can be used in the workplace.	WL Induction slot and Welsh Language Assessments and Training	30/05/2019	95% of staff have completed the Welsh language awareness course on ESR. A new mandatory course is due to be released by Welsh Government. All new starters receive Welsh language awareness training during the induction process.		N/A
103	When you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.	WL Induction slot	30/05/2019	Comms (JC) agreed to deliver a slot as part of the Meet the Teams section of the agenda. Script for all presenters to introduce themselves to attendees bilingually, induction packs to be provided bilingually. As of Jan 2020, Corporate Induction includes Comms team attending as part of Meet the Teams to talk about Welsh Language requirements and responsibilities. All presenters are now asked to introduce themselves bilingually and induction packs are also translated and sent electronically to all new starters. Corporate Governance provide an overview of the Welsh Language in DHCW.		N/A
104	You must provide - (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to e-mail messages.		30/05/2019	Staff guide available on Welsh language SharePoint page		N/A
105	You must - (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.	1. Need to order supplies from WLC website. 2. Send supplies to each office. 3 Promote use of team's backgrounds with Welsh logo	30/05/2019	Details will be included on how to pick up a badge on the WL SharePoint page.		31/05/2022
106	When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	1. New Bilingual skills strategy to be written and supported by WFOD	30/05/2019	Initial meeting with recruitment staff arranged 14.4.22		

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
106A	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh.	1. All adverts need to be translated before publishing on trac. 2 New guidelines for recruitment will be included in the bilingual skills strategy	30/11/2019	Initial meeting with recruitment staff arranged 14.2.22		
107	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.	No action required	30/05/2019	This is available on trac. Applications in Welsh will be translated.		N/A
107A	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; © information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.	1. Bilingual skills strategy will include information about translating job descriptions	30/05/2019	Agreement made with SM to translate new job descriptions and those going through the scrutiny process. Top ten most used job descriptions already translated.		
107B	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	No action required	30/05/2019	28.11.19 Added element into the DHCW R&S training		N/A
108	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.	1. Need to write a guide on arranging interpretation and include this in the bilingual skills strategy	30/05/2019	*NWSSP - Added to interview email template. 29.04 - Need to include in our internal advert process 19/05/20 - See 107. SS to add paragraph with regards to applicants requesting Welsh Language*		
109	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.	No action required	30/05/2019	Trac response to applications is bilingual		N/A
110	You must publish a plan for each 5-year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b).	Not applicable	30/11/2019			
110A	Three years after publishing a plan in accordance with Standard 110, and at the end of a plan's 5-year period you must - (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.	Not applicable	30/05/2019			
111	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs), or (b) publish or display a notice in your workplace; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must treat the Welsh language text less favourably than the English language text.	1. Estates need to review all notice boards and wall notices to ensure all are bilingual with Welsh first.	30/05/2019	Not addressed everywhere		
112	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs), or (b) publish or display a notice in your workplace, which conveys the same	As above	30/05/2019			

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
	information in Welsh and in English the Welsh language text must be positioned so that it is likely to be read first.					
113	You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.	No action needed - process in place for checking translation	30/05/2019			
114	When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if the announcement must be made in Welsh, and if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	1. Lift messages will be bilingual across the estate when updated	30/05/2019	Cardiff lift messages are bilingual		
115	You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.	1. Complaints in relation to Welsh language recorded on Datix. 2. Need to update website to include how to complain about the Welsh language standards.	30/05/2019			
116	You must keep a record, (following assessments of your employees' Welsh language skills made in accordance with Standard 96) of the number of employees who have Welsh language skills at the end of each financial year, and where you have that information, you must keep a record of the skill level of those employees.	1. New resource required to support staff to increase skills levels from 0 to 1. 2. Mass update of skills required to ensure data is accurate.	30/05/2019	Inaccurate data. work needed to ensure level 0 skills are updated. New resource pack and training being developed		
117	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with Standard 106) as posts where - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	No action required	30/05/2019	Information received from NWSSP in March each year		N/A
118	You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.	1. New Welsh language webpage needed. 2. Welsh language scheme needs to be approved by WLC and sent to stakeholders for consultation. 3. Arrange launch of new Welsh language scheme and promote with staff	30/05/2019			
119	You must - (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and (b) publish a document that records that procedure on your website.	1. All complaints are logged on Datix and managed by Corporate Governance. 2. Need to include information on website.	30/05/2019	SOP-CS-001 - Managing Service Recipient Feedback, V8 approved & in IMS. Recommend conversation between CLJ and COL on where this is monitored. For Ex, Quality and Regulatory Group. Also, there's resource constraint for SharePoint development to comply with this.		
120	(1) You must produce a report (an "annual report") in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year. (2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to - (a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on	Report will be written by the Welsh Language Manager each year	30/05/2019	21/22 Annual report completed		

Standard No	Standard	Actions	Imposition Date	Progress	Status (RAG Assessment)	Planned Completion Date
	the basis of the records you kept in accordance with standard 115); (b) the number of employees who have Welsh Language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116); © the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where - (i) Welsh language skills were essential; (ii) Welsh language skills needed to be learnt when appointed to the post; (iii) Welsh language skills were desirable; or (iv) Welsh language skills were not necessary. (3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates. (4) You must ensure that a current copy of your annual report is available on your website.					
121	You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are under a duty to comply.	Welsh language manager will provide information on request and attend meetings with the WLC Officers throughout the year	30/05/2019			

DIGITAL HEALTH AND CARE WALES
DECLARATIONS INTERESTS AND DECLARATIONS OF GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA

Agenda Item	4.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 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 Declarations of Interests Register for DHCW; **NOTE** the Declarations of Gifts, Hospitality, Sponsorship and Honoraria declarations to end of April 2022.	

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 and is 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 D (item 4.4iv)

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 All Board members declarations of interest were received and captured on the register for 2021/22 which was previously shared with the Audit and Assurance Committee. The final register is included at item 4.4i Appendix A, this saw a compliance rate of 87% for all 8a's and above for the year.

2.2 Included at item 4.4ii Appendix B is the new register for 2022/23 as at 10 April 2022 which will focus initially on all staff 8a and above. We would expect to see all Board members and Directors to be present on this register at the July 2022 Audit and Assurance Committee.

2.3 An escalation process has been put in place by the Corporate Governance team to address if staff banded 8a and above have been requested to complete a declaration of interest form but is has not been submitted.

2.4 Significant progress has been made in this area and the Corporate Governance team are now pursuing best practice and asking all staff to complete a declarations of interest form.

2.5 To actively promote the Standards of Behaviour Policy and Declarations of Interests, Gifts, Hospitality and Honoraria across the organisation, the Corporate Governance team deliver a presentation at the monthly DHCW Corporate Induction, in addition work is underway to develop a Communications plan and this will be shared with the Committee at the next meeting in July 2022.

2.6 The Committee are asked to note that 4 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	1	0	1	£56.49	£0
Honorarium	0	0	0	£0	£0
Hospitality	3	0	3	£270.36	£0
Grand Total	4	0	4	£326.85	£0

2.7 Further details can be found in the Gifts, hospitality and honoraria register at item 4.4iii Appendix C.

2.8 The hospitality accepted included those below, in-line with the standards of behaviour policy this hospitality was approved by the lead director:

- Federation for Informatics Professionals dinner
- Google – International Women's Day lunch and dinner

2.9 The gift accepted was the free gift as part of the Google International Women's Day event at a minimal value.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Committee is asked to note the requirement to complete a new declaration of interest for 2022/23. This can include confirming the existing 2021/22 declarations are still valid.

4 RECOMMENDATION

The Committee is being asked to:

NOTE the Declarations of Interests Register for DHCW;
NOTE the Declarations of Gifts, Hospitality, Sponsorship and Honoraria declarations to end of April 2022.

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: N/A
No, (detail included below as to reasoning)	Outcome: N/A
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	
	No, there are no specific quality and safety implications

QUALITY AND SAFETY IMPLICATIONS/IMPACT	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 4.4i – Declarations of Interest Register

Date Received	Name	Title	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
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. This role ceased on 30/06/21	Paid
15/04/2021	Rhidian Hurle	Cyfarwyddwr Clinigol / Prif Swyddog Gwybodaeth Clinigol/Medical Director	Other		Ongoing	Partner is a GP in NHS Wales. No change for 2022/23	Paid
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. No change for 2022/23	Unpaid role
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;				
16/04/2021	Helen Thomas	Cyfarwyddwr Dros Dro Gwasanaeth Gwybodeg GIG Cymru/ Chief Executive Officer	I confirm a nil declaration;				
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 directorships in private or limited companies;	05/03/2001	Ongoing	Personal Director of BioLauncher Ltd	Paid
21/04/2021	Michelle Sell	Prif Swyddog Gweithredu/Chief Operating Officer	I confirm a nil declaration;				
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
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
12/05/2021	Gary Bullock	Cyfarwyddwr Cymorth a Datblygu Cymwysiadau/Director of Application Development and Support	I confirm a nil declaration;				
14/05/2021	Rachael Powell	Dirprwy Gyfarwyddwr Wybodaeth /Deputy Director of Information	I confirm a nil declaration;				
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 directorships in private or limited companies		Ongoing	Family own Arfordir Holdings Ltd.	Is not paid by company.
26/05/2021	Sophie Fuller	Rheolwr Llywodraethu Corfforaethol a Sicrwydd/Corporate Governance and Assurance Manager	I confirm a nil declaration;				
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. Therefore there are discussions taking place with SAIL to access the Nottingham data (not SAIL data).
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	
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
23/05/2021	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	2016	Ongoing	Grace Quantock Trailblazing Wellness Ltd	Paid
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 directorships in private or limited companies	2016	Ongoing	Board Member & Deputy Chair of Regulation and Standards – Social Care Wales	Paid
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 directorships in private or limited companies	2019	Ongoing	Associate Non-executive Director - Wye Valley NHS Trust	Paid
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 directorships in private or limited companies	2020	Ongoing	Wales Committee – Equality and Human Rights Commission	Paid
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 directorships in private or limited companies	01/03/2021	Ongoing	Senior Independent Panel Member – Welsh Government	Paid
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 directorships in private or limited companies	2020	Ongoing	Partner is a paid Director of Grace Quantock Trailblazing Wellness Ltd	Paid
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
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

Agenda Item 4.4i – Declarations of Interest Register

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
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
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
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
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
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
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 directorships in private or limited companies	25/08/2020	Ongoing	Non-executive director and Chair of Governance, Remuneration and Audit Committee – Coastal Housing	Paid
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 directorships in private or limited companies	01/03/2020	Ongoing	Non-Executive Director at Greenstream Flooring CIC	Unpaid
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 directorships in private or limited companies	01/04/2021	Ongoing	Member of the Independent Remuneration Panel for Wales	Paid
18/07/2021	Sarah Brooks	OD Culture and Engagement Lead	Nil Declaration		Ongoing		
18/07/2021	Anne Marie Cunningham	Associate Medical Director of informatics (Primary Care)	Nil Declaration		Ongoing		
19/07/2021	Martin Prosser	Head of Infrastructure Operations	Nil Declaration		Ongoing		
19/07/2021	Frances Beadle	National Clinical Informatics Lead for Nursing	Nil Declaration		Ongoing		
19/07/2021	Andrew Warburton	Programme Lead - Information Services and Health Boards	Nil Declaration		Ongoing		
19/07/2021	Shikala Mansfield	Head of Workforce and Organisational Development	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies		Ongoing	Non Executive Director of Chwarae Teg	
19/07/2021	Shikala Mansfield	Head of Workforce and Organisational Development	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies		Ongoing	Non Executive Director of Cardiff City Football Club Foundation	

Agenda Item 4.4i – Declarations of Interest Register

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 directorships in private or limited companies		Ongoing	Vice Chair Governor of Fitzalan High School	
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 directorships in private or limited companies		Ongoing	School Governor of St. Peter's Primary School	
19/07/2021	Paul Evans	Acting Head Clinical and Informatics Assurance	Nil Declaration		Ongoing		
19/07/2021	Caroline Busby	Primary Care Planning and Coordination Lead	Nil Declaration		Ongoing		
19/07/2021	Donna Charley	Primary Care Services Lead	Nil Declaration		Ongoing		
19/07/2021	Andrew Bond	Head of Service Improvement	Nil Declaration		Ongoing		
19/07/2021	Cecilia Jones	Engagement Lead	Nil Declaration		Ongoing		
19/07/2021	Julie Ash	Head of Corporate Services	Nil Declaration		Ongoing		
20/07/2021	Trevor Hughes	Information Programmes and Planning Lead	Nil Declaration		Ongoing		
21/07/2021	Tracy Norris	Service Desk Lead	Nil Declaration		Ongoing		
21/07/2021	Harriet Stone	Business Change Manager	Nil Declaration		Ongoing		
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 directorships 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.	
23/07/2021	Alison Maguire	Programme Lead	Nil Declaration		Ongoing		
27/07/2021	Gillian Friend	Head of Communications	Nil Declaration		Ongoing		
27/07/2021	Heather Bickers	Primary Care Services Lead	Nil Declaration		Ongoing		
29/07/2021	Roberta Houghton	Primary Care IT Support Services Lead	Nil Declaration		Ongoing		
30/07/2021	Martin Dickinson	Head of Primary Care	Nil Declaration		Ongoing		
04/08/2021	Simon Williams	Head of Service Management	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	From 2011	Ongoing	Co Director / Owner of Pulse Form & Fitness Ltd	
19/08/2021	Julian Jones	Cyber Security Operations Lead	Nil Declaration		Ongoing		
19/08/2021	Matthew Thomas	Lead Applications Design Architect	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	February 2020	Ongoing	From incorporation of Architrace Ltd in Feb 2020	
19/08/2021	Gethin Bateman	Serious Clinical Incident Investigation	Nil Declaration		Ongoing		

Agenda Item 4.4i – Declarations of Interest Register

19/08/2021	Sarah Roberts	Business Lead Client Services	Nil Declaration		Ongoing		
19/08/2021	Jonathan Punt	Senior Product Specialist	Nil Declaration		Ongoing		
19/08/2021	Nadia Simpson	Business Change Manager	Nil Declaration		Ongoing		
19/08/2021	Laurence James	Programme Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -		Ongoing	Sallie Davies - Deputy Medical Director Cwm Taf Morgannwg UHB - cousin	
19/08/2021	Matthew Thomas	Design Architect (Client Services)	Nil Declaration		Ongoing		
19/08/2021	Eluned Cousins	Rheolwr Arweiniol Gwybodaeth (Gofal Sylfaenol)	Nil Declaration		Ongoing		
19/08/2021	Peter Dunn	Infrstructure Design Architect	Nil Declaration		Ongoing		
19/08/2021	Ben Rowlands	Principal Project Manager	Nil Declaration		Ongoing		
19/08/2021	Jonathan Jones	Senior Solutions Architect	Nil Declaration		Ongoing		
19/08/2021	Carl Owen	Monitoring Services Manager	Nil Declaration		Ongoing		
19/08/2021	Laura Panes	Strategic Procurement and Contracts	Nil Declaration		Ongoing		
19/08/2021	Heather Wallace	Lead Application Design Architect	Nil Declaration		Ongoing		
19/08/2021	Rebecca Cook	NDR Programme Director	Nil Declaration		Ongoing		
19/08/2021	Andy Shanahan	Cyber Security	Nil Declaration		Ongoing		
19/08/2021	Rhys Dauncey	Client Services Development Lead	Nil Declaration		Ongoing		
19/08/2021	Phil Samuel	Primary Care Systems Development Lead	Nil Declaration		Ongoing		
19/08/2021	Kimberley Chapman	Infrastructure Principal Project Manager	Nil Declaration		Ongoing		
19/08/2021	Abby Forster	Principal Planning Manager	Nil Declaration		Ongoing		
19/08/2021	Joanna Dundon	National Clinical Informatics Lead	Nil Declaration		Ongoing		
19/08/2021	John Sweeney	Information Sharing and Integration Governance Manager	Nil Declaration		Ongoing		
19/08/2021	Rhodri Evans	Senior Solutions Architect	Nil Declaration		Ongoing		
19/08/2021	Mat Friedlander Moseley	Principal Project Manager	Nil Declaration		Ongoing		
19/08/2021	Phil Ransome	Principal Project Manager	Nil Declaration		Ongoing		
19/08/2021	Rob Ludman	Service Management Team Manager	Committee member, South Wales Branch of British Computer Society (Charity) `	Sept 2017	Ongoing		
19/08/2021	Mohamed Amin	Operations Lead (Core Services)	Nil Declaration		Ongoing		

Agenda Item 4.4i – Declarations of Interest Register

19/08/2021	Huw Angle	Senior Solutions Architect	Nil Declaration		Ongoing		
19/08/2021	Chris Habberley	Senior Project Manager	Nil Declaration		Ongoing		
19/08/2021	Stephen Winder	Lead Application Design Architect	Nil Declaration		Ongoing		
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
19/08/2021	Karen Shepherd	Clinical Specialist Configuration Lead	Nil Declaration		Ongoing		
19/08/2021	Ed Brown	Primary Care Business Services Lead	Nil Declaration		Ongoing		
19/08/2021	Rachel Sully	NHS Wales e-Library and Knowledge Services	Nil Declaration		Ongoing		
19/08/2021	Jeannette Short	Primary Care Support and Information	Nil Declaration		Ongoing		
19/08/2021	Karla Scott	Programme Manager	Nil Declaration		Ongoing		
20/08/2021	James Goddard	Hospital e-Prescribing lead	Nil Declaration		Ongoing		
20/08/2021	Keith Reeves	Service Management Team Manager	Nil Declaration		Ongoing		
23/08/2021	Matt Palmer	Head of Infrastructure Design	Nil Declaration		Ongoing		
23/08/2021	Rachel Stirrup	Contracts Manager, Commercial Services	Nil Declaration		Ongoing		
23/08/2021	Stephen Price	Application Manager	Nil Declaration		Ongoing		
23/08/2021	Jennifer May Selby	Senior Product Specialist	Nil Declaration		Ongoing		
23/08/2021	Mark Catherall	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
23/08/2021	Rhys Bryant	ICS Manager	Nil Declaration		Ongoing		
24/08/2021	Alex Percival	Strategic Commercial and Contracts Manager	Nil Declaration		Ongoing		
19/08/2021	Tom England	Product Lead - NDR	Nil Declaration		Ongoing		
25/08/2021	Fiona Churchill	Senior business analyst	Nil Declaration		Ongoing		
25/08/2021	Noel Bevan	Service Management Lead	Nil Declaration		Ongoing		
25/08/2021	Robert Jones	Chief Architect	Nil Declaration		Ongoing		
25/08/2021	Gillian Bell	Software Development Clinical Specialist Configuration Lead	Nil Declaration		Ongoing		
26/08/2021	Rebecca McGrane	Programme Manager	Nil Declaration		Ongoing		
24/08/2021	Nigel Payne	Principal Project Manager	Nil Declaration		Ongoing		
29/08/2021	Sophie Kift	Principal Project Manager	Nil Declaration		Ongoing		
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 4.4i – Declarations of Interest Register

			charity or voluntary body in the field of health				
31/08/2021	Marcin Haberski	Senior Solutions Architect	Nil Declaration		Ongoing		
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	
01/09/2021	Richard Matthews	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
02/09/2021	Angela Hagget	Organisational Performance Lead	Nil Declaration		Ongoing		
02/09/2021	David Owen	Infrastructure Operations Lead	Nil Declaration		Ongoing		
02/09/2021	Lindsay Price	Principal Project Manager	Nil Declaration		Ongoing		
02/09/2021	Mike Evans	Design Architect (Client Services)	Nil Declaration		Ongoing		
02/09/2021	Jonathan Pinkney	Principal Project Manager	Nil Declaration		Ongoing		
02/09/2021	Simon Scourfield	Primary Care Operations Management	Nil Declaration		Ongoing		
02/09/2021	Amit Patel	Senior Solutions Architect	Nil Declaration		Ongoing		
02/09/2021	Christopher Dalgety	Senior Solutions Architect	Nil Declaration		Ongoing		
02/09/2021	Allan Bateman	Arweinydd Ffurfweddiad Arbenigol Clinigol / Biofeddygol Cenedlaethol	Nil Declaration		Ongoing		
02/09/2021	Sian Williams	Head of Financial Services and Reporting	Nil Declaration		Ongoing		
02/09/2021	Oliver Morrisey	Infrastructure Operations Technology Lead	Nil Declaration		Ongoing		
02/09/2021	Edward Bertram	WCCIS Programme Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	since 2004	Ongoing	Manager Director of Enterprise Information Technologies Ltd	
02/09/2021	Hywel Williams	Senior Product Specialist	Nil Declaration				
02/09/2021	Naveen Madhavan	Senior Product Specialist (Pathology)	Nil Declaration		Ongoing		
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	

Agenda Item 4.4i – Declarations of Interest Register

03/09/2021	Amanda Carter	Senior Product Specialist	Nil Declaration				
03/09/2021	Jodi Hughes	National Clinical /Biomedical Specialist	Nil Declaration				
03/09/2021	Paul Owen	Senior Product Specialist	Nil Declaration				
03/09/2021	Nigel Pearce	Operations Manager (Client Services)	Nil Declaration				
03/09/2021	Geoff Norton	Software Development Manager	Nil Declaration				
03/09/2021	Brent Varley	National Diagnostic IT Programme Lead	Nil Declaration				
03/09/2021	Rowena Jones	Service Management Team Manager	Nil Declaration				
02/09/2021	Tracey Francis	Welsh Reference Data and Terminology	Nil Declaration		Ongoing		
14/09/2021	Ian Taylor	Finance Manager	Nil Declaration		Ongoing		
14/09/2021	Michelle Cook	Principal Project Manager	Nil Declaration		Ongoing		
13/09/2021	Robin Burfield	Senior Product Specialist	Nil Declaration		Ongoing		
13/09/2021	Matthew Harper	Infrastructure Design Architect	Nil Declaration		Ongoing		
13/09/2021	Jamie Graham	Infrastructure Programme Manager and Interim Head of Cyber Security	Nil Declaration		Ongoing		
13/09/2021	Ruth Chapman	Assistant Director of Planning	Nil Declaration		Ongoing		
13/09/2021	Tim Dawe	Senior Product Specialist	Nil Declaration		Ongoing		
13/09/2021	Ian Cox	Head of Client Services	Nil Declaration		Ongoing		
13/09/2021	Mark Evans	Senior Solutions Architect	Nil Declaration		Ongoing		
13/09/2021	Michael Gibbs	Infrastructure Design and Support Architect	Nil Declaration		Ongoing		
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 directorships in private or limited companies		Ongoing	Co-Chair Person, Open Platforms Committee, The Apperta Foundation CIC (limited company (registration number 09483987))	
09/09/2021	Rhys Hopkins	Senior Solutions Architect	Nil Declaration		Ongoing		
08/09/2021	Stuart Davies	Application Manager	Nil Declaration		Ongoing		
06/09/2021	Cora Suckley	DPO Service Manager	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies		Ongoing	School Governor	
06/09/2021	Alan Boyce	Senior Product Specialist	Directorships - Public or private appointments, employment or consultancies. Company directorships 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	

Agenda Item 4.4i – Declarations of Interest Register

			1/100th (i.e. share) of private companies, businesses or consultancies				
06/09/2021	Michael Jenkins	Senior Product Specialist	Nil Declaration		Ongoing		
06/09/2021	Gareth Evans	Diagnostic Applications Manager	Nil Declaration		Ongoing		
06/09/2021	Carl Davies	Applications Manager	Nil Declaration		Ongoing		
09/09/2021	Barry McDermid	Senior Solutions Architect	Nil Declaration		Ongoing		
06/09/2021	Eugene O'Sullivan	Senior Product Specialist	Nil Declaration		Ongoing		
14/09/2021	Julian Jones	Cyber Security Operations	Nil Declaration		Ongoing		
14/09/2021	Martin Williams	Business Intelligence & Health Analytics Lead	Nil Declaration		Ongoing		
06/10/2021	Marian Wyn Davies	Aelod Anibynnol lechyd 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	
14/09/2021	Bryan Main	Operational Lead client services	Nil Declaration		Ongoing		
14/09/2021	Darren Reynolds	National Monitoring Solution Development Manager	Nil Declaration		Ongoing		
14/09/2021	Darren Lloyd	Head of Information Governance	Nil Declaration		Ongoing		
14/09/2021	Paul Mason	Information Standards Management Lead	Nil Declaration		Ongoing		
14/09/2021	Matthew Perrott	Deputy Head of Commercial Services	Nil Declaration		Ongoing		
15/09/2021	Rob Murray	Test Manager	Nil Declaration		Ongoing		
20/10/2021	Neeleem Saha	Lead Technical Design Architect	Nil Declaration		Ongoing		
20/10/2021	Daniel Nash	SQL Operations Lead	Nil Declaration		Ongoing		
20/10/2021	Alyson Smith	Head of Organisational Performance	Nil Declaration		Ongoing		
20/10/2021	Paul Lawrence	Senior Product Specialist	Nil Declaration		Ongoing		
20/10/21	Ben Creasey	Server and Storage Operator	Nil Declaration		Ongoing		
20/10/21	George Olney	Asst Chief Architect, National Data Resource	Nil Declaration		Ongoing		
20/10/21	Karen Shepherd	Clinical Specialist Configuration Lead (Hospital Pharmacy)	Nil Declaration		Ongoing		
21/10/21	Dave Price	Data	Nil Declaration		Ongoing		
22/10/21	Rachael Watson	Senior Solution Architect	Nil Declaration		Ongoing		
26/10/21	Heidi Morris	Head of Community and Mental Health Information Services	Nil Declaration		Ongoing		
1/11/21	Kenneth Leake	Integration & Reference Applications Manager	Nil Declaration		Ongoing		
2/11/21	David Selway	Independent Board Member	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a			Bron Afon Community Housing	

Agenda Item 4.4i – Declarations of Interest Register

			charity or voluntary body in the field of health and social care - Questions 16,17,18, 19;				
2/11/21	Nicola Turner	Senior Product Specialist	Nil Declaration		Ongoing		
15/12/21	Peter Cumpstone	National Clinical Information Lead for Therapies	Nil Declaration		Ongoing		
15/12/21	Julian Jones	Cyber Security Operations Lead	Nil Declaration		Ongoing		
15/12/21	Joanne Jamieson	Senior Workforce Business Partner	Nil Declaration		Ongoing		
15/12/21	Shane Herat	Project Manager	Nil Declaration		Ongoing		
15/12/21	Roy Williams	Senior Produce Specialist	Nil Declaration		Ongoing		
15/12/21	Kevin Seward	Cyber Security Compliance Lead	Nil Declaration		Ongoing		
15/12/21	Mark Frayne	Assistant Chief Architect	Nil Declaration		Ongoing		
16/12/21	Laurence Borge	Principal Project Manager (DHCW - Service Transformation)	Nil Declaration		Ongoing		
7/1/22	Kirsty O'Leary	Strategic Contracts Support Manager	Other - Questions 20, 21, 22, 23;			Previously employed by Net Consulting Ltd who has been a supplier to DHCW previously and has responded to a Live procurement.	I won't be actively participating during any evaluation session that involved Net Consulting Ltd and if they are successful in any procurement, I will not be managing their contract from a commercial perspective
11/2/22	Gareth John	Head of Information Services Delivery and Development	Nil Declaration		Ongoing		
11/2/22	Joe Hunt	Primary Care Technical Manager	Nil Declaration		Ongoing		
11/2/22	Gemma Sullivan	Principal Project Manager	Nil Declaration		Ongoing		
11/2/22	Katherine Lewis	Principal Project Manager	Nil Declaration		Ongoing		
11/2/22	Rhian Hamer	Programme Director	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11;			Rhian Hamer Consultancy Ltd	
11/2/22	Joanne Davies	Senior Product Specialist	Nil Declaration		Ongoing		
14/2/22	Victoria Davies	Principal project manager	Nil Declaration		Ongoing		
16/2/22	Gary Jones	Programme Manager	Nil Declaration		Ongoing		
17/2/22	Harriet Stone	Business Change Manager	Other - Questions 20, 21, 22, 23;			Spouse/Partner or other Close Family and/or Friend	My daughter Lowri Stone works in Client Services as a Band 4 Service Desk Analyst
25/2/22	Kelly Tremlett	Planning and Coordination Support Manager	Nil Declaration		Ongoing		
7/3/22	Jason Cox	Senior Technical Lead	Nil Declaration		Ongoing		
7/3/22	Mark Cox	Associate Director of Finance	Nil Declaration		Ongoing		

Agenda Item 4.4i – Declarations of Interest Register

7/3/22	Daniel Hallett	National Informatics Lead (Community Pharmacy)	Nil Declaration		Ongoing		
7/3/22	Shirley Hughes	Principal Project Manager	Nil Declaration		Ongoing		
7/3/22	Jonathan Hagen	Principal Project Manager	Nil Declaration		Ongoing		
7/3/22	Joel Kanyeihamba	Infrastructure Design Architect	Other - Questions 20, 21, 22, 23;	27/10/2020	Ongoing	Trustee	My wife, Katherine Kanyeihamba, is a current Trustee of The FAN Charity.
16/3/22	Josh Jordan	Senior Solutions Architect	Nil Declaration		Ongoing		
16/3/22	Tim O'Sullivan	Head of Research and Academia	Nil Declaration		Ongoing		
16/3/22	Dhilushka Maheswaran	Senior Product Specialist	Nil Declaration		Ongoing		
16/3/22	David Pearton	Business Analyst	Nil Declaration		Ongoing		
17/3/22	Paul Williams	Network Services Manager	Nil Declaration		Ongoing		
17/3/22	Huw Jones	Principal Integration Specialist (WPAS)	Nil Declaration		Ongoing		
21/3/22	Chris Ash	Data Centre Facilities Specialist	Nil Declaration		Ongoing		
25/3/22	Julian Jones	Cyber Security Operational Lead	Nil Declaration		Ongoing		

Agenda Item 4.4ii Appendix B – Declarations of Interest Register 22_23

Date Received	Name	Title	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
6/4/22	Simon Jones	Chair	Nil Declaration		Ongoing		
6/4/22	Aaron Williams	Infrastructure Design Architect	Nil Declaration		Ongoing		
6/4/22	Ifan Evans	Executive Director, Strategy	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11; Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies - Questions 12,13,14, 15; Other - Questions 20, 21, 22, 23;	(1) 1994 (2) 2014	Ongoing	(1) Evannance Investment Co Ltd (2) (2) Jemico Cyfyngedig (3) Spouse is Chief Marketing Officer of Ogi Fibre, a fibre to the premises provider in south Wales	None of the companies transact or have a relationship with DHCW. Will continuously monitor and should I become aware of any potential conflict I would immediately make Board Secretary and CEO aware and discuss appropriate actions to manage potential conflict
14/4/22	Victoria O'Higgins	Principal Project Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11;	2019	Ongoing	Changeabilities Limited	There is no conflict in my current role.
14/4/22	Amy Vaughan-Thomas	Senior Solutions Architect	Nil Declaration		Ongoing		
14/4/22	Mike Prasad	Cyber Resilience Lead	Nil Declaration		Ongoing		
14/4/22	Joanne Forster	Senior Product Specialist	Nil Declaration		Ongoing		
14/4/22	Jake Plumley	Senior Solutions Architect	Nil Declaration		Ongoing		
14/4/22	Andrew Fletcher	Associate Board Member	Nil Declaration		Ongoing		
14/4/22	Marc Cole	Networking Team Technical Lead	Nil Declaration		Ongoing		
14/4/22	Geraint Jones	Infrastructure Design Architect	Nil Declaration		Ongoing		
14/4/22	Paul Speyer	Service Management Lead	Nil Declaration		Ongoing		
14/4/22	Chris Darling	Board Secretary	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11		Ongoing	Chair of Tir a Mor Scouting	
18/4/22	Rhidian Hurle	Medical Director	Nil Declaration		Ongoing		
18/4/22	Elizabeth Sayce	Planning and Coordination Lead	Nil Declaration		Ongoing		
19/4/22	Keith Farrar	Deputy SRO / Strategic Adviser	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11;	1/07/2014	Ongoing	Director, Intelligent Care Solutions Ltd	
19/4/22	Jamie Manning	Validation Manager	Nil Declaration		Ongoing		

19/04/22	Ruth Glazzard	Vice Chair	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11;		Ongoing	Centre for Digital Public Services Wales	CDPS is a paid position at £198/day with a 2 day a month commitment.
19/04/22	Rachel Fudge	Senior Finance Business Partner	Nil Declaration		Ongoing		
21/4/22	Rowan Gardner	Independent Member	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies -Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	05/03/2021	Ongoing Ongoing	Biolauncher Ltd Precision Life Ltd	As a founder of the company, I hold shares in this private company. PrecisionLife has raised capital from external investors and myself. The Company announced the first close of an investment round on January 31, 2022. This transaction did not change the number of shares that I hold nor did I receive any proceeds from the investment round.
25/4/22	David Selway	Independent Board Member	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	1 Sept 2019 2 Oct 2021	Ongoing Ongoing	1 Amey Consulting 2 Bron Afon Community Housing	
25/04/22	Helen Thomas	Chief Executive Officer	Nil Declaration		Ongoing		

Item 4.4iii Appendix C

REGISTER FOR NWIS GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA

DIGITAL HEALTH AND CARE WALES

To date 31 March 2022

Date entered on Register	Name	*Designation or Department*	Provided by / From	Date Gift, Hospitality, Honoraria or sponsorship received/to be received	Details	Value	Type	Authorised by	Accepted or Declined
25/03/2022	Helen Thomas	Chief Executive Officer	Google	23/03/2022	IWD related gifts as part of the IWD Google Cloud International Womens Day Lunch	£56.49		Simon Jones	Accepted

Item 4.4iv Appendix D 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. <u>DO NOT:</u> ▪ 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	4.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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			
VAT	Value Added Tax	DHCW	Digital Health and Care Wales
GP	General Practitioners		

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 January 19th and 31st March 2022 five orders over £0.750m were raised totalling £5.136m giving a cumulative total of £45.75m for the financial year.

2.2 Of the five orders raised since the last audit report, one relates to COVID-19 Response (ref A18) covering Microsoft CRM licencing supporting Test, Trace & Protect Services. Two relate to the Digital for Public and Patient Services work packages 2 and 3, (with work package 1 falling below £750K threshold). Item A14 refers to the annual HP managed print service contract for GP's service and finally A15 relates to a GP's supplier payment raised to In Practice Systems.

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) January 19th – March 31st

Ref	Date Raised	Area	Supplier	Description
A14	21/03/2022	GP Systems Maintenance Support	HP INC UK LTD	ORDER TO COVER THE COSTS OF HP MANAGED PRINT PER CLICK COSTS QTR 1 -4 P428 2022-23
A15	25/03/2022	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD	GP'S SUPPORT & MAINTENANCE -

A16	18/03/2022	DSPP	KAINOS SOFTWARE LTD	P659 Lot 1 DSPP Application Partner Work Package 3 (Milestone 1)
A17	18/03/2022	DSPP	KAINOS SOFTWARE LTD	P659 Lot 1 DSPP Application Partner Work Package 2
A18	20/01/2022	COVID-19 Response	MICROSOFT LTD	P647 VALUE CALL OFF FOR DEVELOPMENT RESOURCES FOR MS DYNAMICS CRM SOLUTION FOR TTP.

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 April 1st 2021 and March 31st 2022 11 suppliers in table A have had a cumulative order request of over £0.750m (excluding single orders/contracts reported with Appendix A).

For note the only supplier not reported in previous periods and excluded from Appendix A with cumulative orders which combine to over £0.750m includes:

- Item B24: Provision of Work packages 1,2,and 3 to deliver DSPP by Kainos Software LTD.

Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year April 1st 2021 – 31st March 2022

Ref	No of Orders	Area	Supplier	Description
B14	51	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs
B15	113	Computer Hardware	DELL COMPUTER CORPORATION LTD	Misc. hardware, laptops and server support
B16	7	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services
B17	27	Computer Software	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support
B18	19	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support
B19	147	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme
B20	89	Computer Software	TRUSTMARQUE SOLUTIONS LTD	Cloud Storage/Services & Miscellaneous Software Licences
B21	55	Application Development	ALEXANDER MANN SOLUTIONS LTD	Misc. Professional Technical Services
B22	42	Subscriptions & Electronic Knowledgebases	EBSCO INFORMATION SERVICES	Electronic Journals, Databases and Subscriptions
B23	6	Computer Software	INFORMATICA SYSTEMS LTD	Data Quality Standards System Maintenance & SAIL Data extracts
B24	5	Computer Software	KAINOS SOFTWARE LTD	Work packages and milestones DSPP

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

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: 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
Executive Director of Finance	19/4/22	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

Agenda item 4.5i

HIGH VALUE PURCHASE ORDER TRACKER

Ref	Area	Supplier	Service/Good Detail	Date Order Raised	Amount £	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) 2021-22	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 4th 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						
	Reported at Audit & Assurance Committee 3rd May 2022					
A14	COVID-19 Response	HP INC UK LTD	ORDER TO COVER THE COSTS OF HP MANAGED PRINT PER CLICK COSTS QTR 1 -4 P428 2022-23	21/03/2022	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract

A15	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD	IPS SUPPORT & MAINTENANCE	25/03/2022	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
A16	DSPP	KAINOS SOFTWARE LTD	P659 Lot 1 DSPP Application Partner Work Package 3 (Milestone 1)	18/03/2022	>£0.750m	Board meeting of the 29th of July 2021
A17	DSPP	KAINOS SOFTWARE LTD	P659 Lot 1 DSPP Application Partner Work Package 2	18/03/2022	>£0.750m	Board meeting of the 29th of July 2021
A18	COVID-19 Response	MICROSOFT LTD	P647 VALUE CALL OFF FOR DEVELOPMENT RESOURCES FOR MS DYNAMICS CRM SOLUTION FOR TTP.	20/01/2022	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
	Total				**£5.136**	
Grand Total High Value Purchase Orders					**£45.75**	

Agenda item 4.5ii

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 rack rental costs	51	>£0.750m
B5	Computer Hardware	DELL COMPUTER CORPORATION	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**
	Reported at Audit & Assurance Committee 3rd May 2022				
B14	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rack rental costs	51	>£0.750m
B15	Computer Hardware	DELL COMPUTER CORPORATION	Misc. hardware, laptops and server support	113	>£0.750m
B16	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services	7	>£0.750m
B17	Computer Software	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	27	>£0.750m
B18	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support	19	>£0.750m
B19	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme	147	>£0.750m
B20	Computer Software	TRUSTMARQUE SOLUTIONS LTD	Cloud Services/Storage & Miscellaneous Software Licences	89	>£0.750m
B21	Application Development	ALEXANDER MANN SOLUTIONS LTD	Misc. Professional Technical Services	55	>£0.750m
B22	Subscriptions & Electronic Knowledgebases	EBSCO INFORMATION SERVICES	Electronic Journals, Databases and Subscriptions	42	>£0.750m
B23	Computer Software	INFORMATICA SYSTEMS LTD	Data Quality Standards System Maintenance & SAIL Data extracts	6	>£0.750m
B24	Computer Software	KAINOS SOFTWARE LTD	P659 Lot 1 DSPP Application Partner Work Package 3-A078, work package 2 -A078, work package 1 dev/test/prod	5	>£0.750m
	Total				**24.513m**

DIGITAL HEALTH AND CARE WALES
LOSSES AND SPECIAL PAYMENTS

Agenda Item	4.6

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Audit and Assurance Committee is being asked to: NOTE the details of losses and special payment for the period 1st April 2021 – 31st March 2022.	

Acronyms			
VAT	Value Added Tax	DHCW	Digital Health and Care Wales
GP	General Practitioners	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 The Standing Financial Instructions of Digital Health and Care Wales requires the Director of Finance to report all losses and special payments to the Audit and Assurance Committee. This paper covers the period 1st April 2021 to 31st March 2022.

1.2 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

1.3 Chapter 6 of the Manual for Accounts provides details of the types of items that are considered 'Losses and Special Payments'. It sets out how these items must be dealt with, reported and accounted for by NHS Wales health bodies. The required treatment will depend upon the category and value of each loss. Further details on the categories and the maximum values that DHCW is able to approve are given in appendix 1.

1.4 Details of all losses and special payments incurred by DHCW are included in this report to the Audit & Assurance Committee for noting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 For the period 1st April 2021 to 31st March 2022 DHCW incurred the following 'losses and special payments':

2.2 Table 1: Losses by Category 1st April-31st 2021 March 2022

Category of Loss / Special Payment	Description	Number of cases	Amount Paid £'000
7e	Ex-gratia Payment (7e: Settlement)	1	15.0
5c	Other compensation payments made under legal obligation	1	1,158.4
TOTAL		2	1,173.4

2.3 In accordance with the requirements of the Standing Financial Instructions DHCW has a process to record and report any losses and special payments incurred to the Audit & Assurance Committee and has updated the Losses and Special Payments Register (LASPAR) references 22L5XEG0001 (ex gratia payment) and 22L5XEC0001 (other payments).

2.4 The financial implications are summarised within table 1. DHCW has received full funding from Welsh Government for item 2, whilst item 1 has been managed within the 21-22 funding envelope.

2.5 In accordance with the requirements of the Standing Financial Instructions DHCW has a process to record and report any losses and special payments incurred to the Audit & Assurance Committee.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

4.1 The Audit and Assurance Committee are asked to **NOTE** the contents of this 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	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: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not Applicable	

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	19/4/22	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	Yes, please see detail below The financial implications are identified in section 2 above.
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

Appendix 1 – Categories of Losses & Special Payments (from Chapter 6 Manual for Accounts)

Category of loss/special payment	Delegated Limits £
A. Losses	
1. Losses of cash due to:	
a. theft, fraud, etc.	50,000
b. overpayments of salaries, wages, fees and allowances	50,000
c. other causes	50,000
2. Fruitless payments	250,000
3. Bad debt and claims abandoned:	
a. private patients	50,000
b. overseas visitors	50,000
c. other	50,000
4. Damage to buildings, loss of equipment and property	
a. theft, fraud etc.	50,000
b. other	50,000
A. Special payments	
5. Compensation payments made under legal obligation	
a. Directed by the Courts	Full
b. Directed by the NHS Pensions Agency	Full
c. Other compensation payments made under legal obligation	Full
6. Extra contractual payments to contractors	50,000
7. Ex gratia payments	
a. loss of personal effects	50,000
b. clinical negligence with advice	1,000,000
c. personal injury with advice	1,000,000
d. other clinical negligence cases and personal injury claims	50,000

e. other	50,000
f. maladministration no financial loss	NIL
g. patient referrals outside the UK and EEA guidelines	NIL
8. Extra statutory and extra regulatory payments	NIL

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

DIGITAL HEALTH AND CARE WALES
PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda Item	4.7

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 2022

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

Executive Sponsor	Ifan Evans, Director of Digital Strategy
Prepared By	Nathan Beynon, Senior Category Manager
Presented By	Julie Francis, Head of Commercial Services

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PCR 2015	Public Contracts Regulations 2015	DSPP	Digital Services for Patients and the Public
CCN	Change Control Note	WG	Welsh Government
FEDIP	Federation for Informatics Professionals in Health and Social Care		

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 1st December 2021 to 31st March 2022 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	3
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	0
12.17	Contract Extensions: Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	6

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 4.7i Appendix A)
- Change control notes (set out in item 4.7i 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

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 4.7i 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
Infrastructure	P719	21/12/2021-20/12/2024	STA	Checkpoint Firewalls	Sep2	£167,430.75	The Authority had been made aware that 'Checkpoint' was increasing their product pricing (RRP) by 7% on 1st January 2022 due to price rises in the supply chain caused by the global silicon shortage. In accordance with Procurement Law - Under Regulation 32.5(b) of the Public Contracts Regulations (2015) the "Authority may award a negotiated contract without Prior Publication subject to the following: "a change of supplier would oblige the contracting authority to acquire supplies having different technical characteristics which would result in incompatibility or disproportionate technical difficulties in operation and maintenance". The STA has been made on the basis that SEP2, our Checkpoint partner, understands the configuration of the Checkpoint Firewalls and provides the existing support contract to the Authority. If the Authority were to have sought an alternative solution to the Checkpoint Appliances, it would need to develop and maintain skills with another technological solution provider and would need another support partner. This would have the effect of disproportionate technical difficulties for the Authority. The Authority would have to duplicate all technical infrastructure configurations to re-establish the VPNs with the various third parties and the Authority will need to arrange downtime or 'at risk' windows to do the work if a new supplier was appointed. Also, it would result in additional costs to the Authority for the reasons outlined.	*Approved-contract Under regulation 32 of Public Contracts Regulations 2015*	First Submission

The following all relate to DHCW activity. There are 3 Single Tender Actions (STA) and 6 Change Control Notes (CCN).

Item 4.7i 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 and OD	P754	01/04/2022-31/03/2022	STA	Membership Renewal	British Computer Society ("BCS") Organisational Membership Renewal	£49,450.00	Within the IT profession, there is only one professional body, The British Computer Society (BCS) for the registration and professionalism of Health Informatics across the UK.	Approved	First submission
Workforce and OD	P789	01/04/2022-31/03/2025	STA	FEDIP Professional Services and Support	Federation for Informatics Professionals in Health and Social Care	£67,500.00	Building on work already undertaken for the organisation DHCW required FEDIP's expertise and resources to assist with and work collaboratively to help further professionalise the Health and Care Informatics workforce in Wales. FEDIP has access to unique resources pertaining to Health and Care Informatics within the UK public sector which are unavailable elsewhere. Finally, the member organisations of FEDIP are the corporate professional bodies that DHCW already supports which also endorses the single tender approach.	Approved	First submission
Workforce and OD	P701B	10/09/2021-09/09/2022	CCN	CDW	E-Learning Platform	£32,400.00	The total number of required licenses by DHCW had increased during the term of the contract. A CCN has been used to purchase an additional 120 licences within 50% of the original contract value. In accordance with 72.1 There is no material change to the scope of the contract and the proposed increase in contract value does not exceed 50% of the original contract award	*Approved-schedule 72.1(C) of the Public Contracts Regulations (2015)*	First submission
Workforce and OD	P702	01/02/2021-31/01/2022	CCN	Transformational Partners (Wales) Limited	Consultancy for Organisational Development and Coaching	£0.00	The contract is a work package call-off based contract with a maximum value of £24,875.00 ex VAT for the duration of the contract and this commenced on 1st February 2021 with a current expiration of 31st January 2022. DHCW have not utilised the full value of the contract, as there has not been suitable availability	*Approved-under Regulation 72(1)(b) of the Public Contracts Regulations*	First submission

							within DHCW for the training to take place and not all executive positions have been appointed to. Extending the current contract will enable DHCW to call-off the Executive Coaching and Strategic Organisation Development support work package(s) post 31st January 2022, saving money by reducing the costs of running a new procurement and to utilise the remaining value under the existing contract.	*(2015)*	
Client Services	P715	01/05/2021-30/04/2023	CCN	Computacenter	Asset Cloud by WASP	£4,203.47.00	The extension in value was (an additional 20 user licenses) were procured to allow further functionality to be developed and expanded usage within Client Services teams. PCR2015 allows for a modification to contract so long as costs do not exceed 50% of the original contract value so long as there is not material change in contract scope.	*Approved-schedule 72.1(C) of the Public Contracts Regulations (2015)*	First submission
DQS	P307	01/-06/2022 - 30/06/2024	CCN	DQS	Informatica Systems Ltd	£982,400.00	The extension was necessary to ensure the continuity of the Data Quality Services to NHS Wales. The Contract has been extended to facilitate the provision of GPs with the essential data required to manage the Covid-19 pandemic, whilst also providing sufficient time to undertake a new procurement and to "on board" if required onto a new solution. A replacement contract will be in place by November 2022. The Public Contracts Regulations 2015 permit such exemptions via the contract modification process – in this case via Regulation 72(1)(b). This allows modification of existing contracts where a change of contractor would present serious technical difficulties	*Approved Schedule 72.1 B of the Public Contract Regulations 2015 ("PCR2015)*	First submission[1]
DSPP	P655	03/09/	CCN	DSPP	Spirit of the	£270,000.00	The extension in value was necessary to	*Approved*	First

[1] Previously submitted to Velindre's Board.

Item 4.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

		2020 - 03/09/ 2022		Consultancy	Public Sector		provide continuity of service as it had not been possible to step up the internal resources to take forward the Programme due to the ongoing Covid-19 Pandemic and the need to reprioritise Programme resources to address short-term requirements. It would have been disproportionately costly and disruptive to an essential programme of work to seek alternative resources in the short-term. During this period the requirement to develop a Covid Booster App had also been added to the scope of the programme. This was an unforeseen development arising because of the pandemic and changes in the government guidelines regarding the pandemic management and the vaccine programme. Additional resources have been utilised under the scope of this agreement to ensure that this priority requirement is addressed. The recommended approach is to modify the contract by extending it under the grounds permitted in Regulation 72(1)(b). This allows modification of existing contracts where a change of contractor would present serious technical difficulties.	*Schedule 72.1 B of the Public Contract Regulations 2015 ("PCR2015)*	submission
Test, Trace & Protect	P642.17	01/06/ 2020 - 31/05/ 2022	CCN	Microsoft Dynamics Integrated Telephony Software for Test Trace Protect ("TTP")	Solgari	£1,162,458.00	The term/value extension was necessary to ensure continuity of service following a procurement process that failed to receive a bid that provided a comparable solution tot hat offered by the incumbent. As the current contract would have ceased on 31/05/2022 there is insufficient time to re-run a procurement and manage a possible implementation	*Approved Schedule 72.1 B of the Public Contract Regulations 2015 ("PCR2015)*	First submission

Item 4.7i Appendix A – DHCW Single Tender and Quotation Activity and Change Control Notes

							and migration. Additionally, as NHS Wales has started to see the number of reported Covid-19 cases decline and easing of covid measures, it is anticipated that from June 2022, the number of licences required to run the telephony solution for contact tracing will be reduced to circa 1000 users (down from 4,000), with the number of calls made reducing as well. It would have been disproportionate use of resource and public money to pursue the replacement of this solution during a period of unknown demand and duration. The recommended approach is to modify the contract by extending it under the grounds permitted in Regulation 72(1)(b). This allows modification of existing contracts where a change of contractor would present serious technical difficulties.		
					Total Value ex VAT	£2,735,842.22			

DIGITAL HEALTH AND CARE WALES
AUDIT AND ASSURANCE COMMITTEE
QUALITY, REGULATORY AND CYBER RESILIENCE UNIT REPORT

Agenda Item	4.8

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 2022

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	QIAL	Quality Improvement Action List
eQMS	electronic Quality Management System	ISO	International Organization for Standardisation
IMS	Integrated Management Systems	IMTP	Integrated Medium-Term Plan

1 SITUATION

1.1 There were 2 external audits during this period.

- ISO 9001 Quality Management System Requirements – 13th Jan
- ISO 14001 Environmental Management Systems – 10th Jan

Both audits were successful with no new non-conformances raised, one Opportunity for Improvement was raised against ISO 14001. All previous non-conformances closed. 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 has 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 approved by 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 is under continual development with Validation training content specifically added in the last quarter. This has become the focal point for all things quality and regulatory based and continues to be a valuable tool during external audits as it streamlines activities and enables all essential information to be easily located.

1.4 The roll out and on-boarding of the electronic Quality Management System (eQMS) iPassport continues. A plan and implementation strategy have been developed and resourced via IMTP. Directorates have accepted the milestones relevant to iPassport roll out. DHCW Active Directory has been imported into iPassport which has given all staff access to the system. A support model is now in place utilising Action Point. This fits with wider Documentation strategy for the whole organisation which is being considered as part of the document management workshops.

1.5 A monthly Quality and Regulatory metrics report have been developed in line with team objectives and will be presented to the monthly Quality and Regulatory Group meetings for consideration.

1.6 There is continuing focus on developing the Medical Devices strategy and an implementation plan. This generates the details and expectations of the regulations and the plan to meet the requirements of an end-to-end compliant software lifecycle including assessment, release, and submission.

1.7 The Cyber Resilience Unit operational IMTP was presented to the Directors of Digital Per Group and validated by Welsh Government. The unit has undertaken a baseline cyber assessment of each NHS Wales organisation and submitted its findings to Welsh Government, which has been circulated to NHS Wales Chief Executives, members of the NHS Wales Leadership Group and the Directors of Digital Peer Group.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 There are upcoming audits planned in Quarter 1 2022/23; ISO 27001 Information Security Management Systems (Certification Audit), ISO 9001 Quality Management System Standard and ISO 14001 Environmental Management Systems (Surveillance Audits).

2.2 A risk based internal audit programme has been developed to underpin compliance against each of the standard's requirements for internal audit. Supporting this we have a specialist resource who has developed a training programme for internal auditors which is currently being rolled out to standard. Self-inspections and 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 114 open to 83 and overdue items now reduced to 14. The team are working with individuals from each Directorate to improve this further. Integrated Management Systems (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 2 successful audits with no non-compliances and one recommendation 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 and the on-boarding of departments to iPassport. This is now part of the annual plan process with milestones relating to iPassport implementation accepted by directorates. Training videos on the use of iPassport have been uploaded to the Quality Portal to aid staff development across DHCW.

3.4 Improved Compliance and commitment to the internal and external audit programme with a view to becoming more aware of impact of regulatory requirements in the organisation.

4 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:	

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

DIGITAL HEALTH AND CARE WALES
AUDIT WALES BASELINE GOVERNANCE REVIEW REPORT UPDATE

Agenda Item	4.9

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 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 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
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 overall finding was **"DHCW is making positive progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources under challenging operating circumstances"**.

2.3 The findings were considered by the Audit and Assurance Committee on the 18 January and the report and associated action plan were received by the SHA Board on the 27 January.

2.4 Please note the completed action regarding the virtual etiquette training in preparation for the recording and posting of Committee meetings starting from April 2022.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The action plan is included at item 4.9i Appendix A.

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

4.9i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

Opportunity	Detail	Planned Activity	Owner(s)	Due Date	Update
Becoming a trusted digital partner	DHCW has an opportunity to extend its brand as a Trusted Digital Partner; capitalising on a diverse range of experienced public and commercial sector independent members to bring new thinking and a fresh leadership approach	• IM Digital Network - LIVE • Strategic Exec to Exec engagement sessions • Board Intelligence Approach – IN DEVELOPMENT	Simon Jones, Chair / Helen Thomas, CEO	June 2022 for the agreed approach to Board soft intelligence gathering	• Work is underway to agree the Board soft intelligence approach and will be presented to the Chair and Chief Executive in June 22
Innovation in engagement and communication with stakeholders and partners	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	• Stakeholder engagement strategy plan implementation • Implementation the DHCW communications strategy • Explore decision support tool options	Ifan Evans, Executive Director of Strategy, Rhidian Hurle, Executive Medical Director Chris Darling, Board Secretary	December 2022	• The stakeholder engagement implementation plan was agreed by the Board in January 2022 and is currently being implemented • The DHCW communication strategy is currently being re-drafted with planned sign off for July 2022
Effective reporting and documentation	DHCW is developing a distinctive house style for digestible, easy read reports and documents. This could be further tested and extended.	Marian Wyn Jones and Rowan Gardner have agreed to work with the organisational performance team on the next iteration of the SHA Integrated Performance Report	Ifan Evans, Executive Director of Strategy, Michelle Sell, Director of Planning and Performance	July 2022	• Initial work has begun on the next iteration of the SHA Integrated Performance Report
Openness and transparency	DHCW may want to consider opportunities to further enhance public transparency of Board business by making recordings of Committee meetings available on its website.	Begin to record the Committee meetings from the new financial year and publish to the website	Chris Darling, Board Secretary	April 2022	COMPLETE • Virtual Etiquette training has now been provided
Board membership expansion	• Keep under review the fact that there isn't a qualified accountant amongst the Independent Members. • Maximise the benefit of the diversity of Board members experiences	Utilise the Board member vacancy to proactively recruit to skills gaps and promote diversity	Simon Jones, Chair	September 2022 in collaboration with the Public Appointments Unit in Welsh Government	• Work has begun to recruit to the Independent Member vacancy focusing on the skills gap and promoting diversity to the Board

4.9i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

Long term strategy	DHCW needs to progress work on the organisation's strategy to provide further clarity on its long-term vision and objectives	Production of DHCW long term strategy Board Development sessions on the LT strategy	Ifan Evans, Executive Director of Strategy	November 2022	• The development of the long-term strategy is planned into the Board development programme within 22/23
Co-design and feedback	As DCHW develops its external partnerships there is an opportunity for systematic capture and use of narrative data to support programme co-design and delivery; increasing value creation and benefits realisation as a 'trusted digital partner' and leader of the new digital culture in Wales.	• Implementation of the stakeholder engagement plan – customer relationship management element • Development of DHCW Feedback portal currently limited to service desk but expanding content feeds	Ifan Evans, Executive Director of Strategy, Phil Chatterton, Director of Operations	December 2022	• Work has begun on requirements gathering for the customer relationship management tool • The roll out of the feedback portal across the organisation has become

ONGOING ACTIVITY IDENTIFIED FOR FURTHER DISCUSSION AND OVERSIGHT

Opportunity	Detail	Planned Activity	Owner(s)	Monitoring
Board behaviours	Ensure the importance of maintaining a fresh outlook and culture is retained by the Board	Board Behaviours workshop including effective challenge and strengths and preferences	Chris Darling, Board Secretary	Workshop outcomes and actions
Committee effectiveness	Maintain the progress and momentum of the DG&S Committee with the changeover of Committee Chair	Agenda setting sessions, Committee pre-meets and regular catch ups scheduled with the new Chair	Chris Darling, Board Secretary	Regular check in meetings and effectiveness self-assessment
Leadership and accountability	Ensure clarity on leadership and accountability for critical areas e.g. cyber security, Information Governance etc., with all of DHCW's partners is vital to ensure a coordinated and timely response	Implementation of Executive Structure Development of Directorate sub-structures	Helen Thomas, Chief Executive Officer	Directorate Performance Reviews
Vision and Strategy	Ensure the vision and strategy have the right balance between national consistency and local flexibility. Ensure there is sufficient focus on care as well as health.	Long term vision work will make these considerations to strengthen existing relationships and forge new organisational relationships to widen the breadth of input.	Ifan Evans, Executive Director of Strategy	Board development sessions and SHA Board meetings
Stakeholder Engagement	Monitor the implementation of the stakeholder engagement plan	Bi-monthly reporting to Board via progress report	Ifan Evans, Director of Strategy	SHA Board meetings

4.9i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

Financial oversight	Monitor the draw-down of programme funds and use of single tenders	• Bi-monthly financial reporting to the SHA Board • Bi-monthly strategic procurement report to the Board	Claire Osmundsen-Little, Executive Director of Finance, Michelle Sell, Director of Planning, Performance and Commercial	SHA Board meeting
Recruitment and Retention	Focus on the workforce challenges facing the organisation including: timely recruitment, staff retention, and succession planning	Quarterly reporting to the Audit and Assurance Committee on activity focused on recruitment and retention	Director of People and Organisational Development	Audit and Assurance Committee Meeting
Workforce Strategy	Enact key aspects of the Draft People Strategy at pace building on key strategic alliances including Wales Institute of Digital Information (WIDI) to further building capacity and capability.	Bi-monthly progress reporting to the Board	Director of People and Organisational Development	SHA Board meetings

DIGITAL HEALTH AND CARE WALES
DHCW ESTATES AND COMPLIANCE REPORT

Agenda Item	4.10

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 2022

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

Executive Sponsor	Claire Osmundsen-Little
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: **NOTE** the DHCW Estates, Environmental and Health & Safety Report	

Acronyms			
DHCW	Digital Health and Care Wales	NWSSP	NHS Wales Shared Services Partnership
SHE	Safety, Health & Environmental	MTCO2e	Metric tons of carbon dioxide equivalent
NWIS	NHS Wales Informatics Service		

1 SITUATION/BACKGROUND

1.1 This report includes information relating to the Estate, including progress made against the DHCW Decarbonisation Strategic Delivery Plan, ISO 14001 certification, compliance statistics and health and safety statistics.

1.2 The latest Estates and Compliance Monthly Report is attached for the Committee's attention. The report covers progress to the month of March 2022.

1.3 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:

- Decarbonisation Working Group
- Environmental Awareness Group
- Safety, Health and Environmental (SHE) Group
- Water Safety Group

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. There is a Health and Social Services Group (HSSG) Climate Change Project looking specifically at this area under Target 38 of the NHS Decarbonisation Plan – Approach to Healthcare. DHCW have recently been invited to join this Board. Target 38 is split into 5 sub-categories:

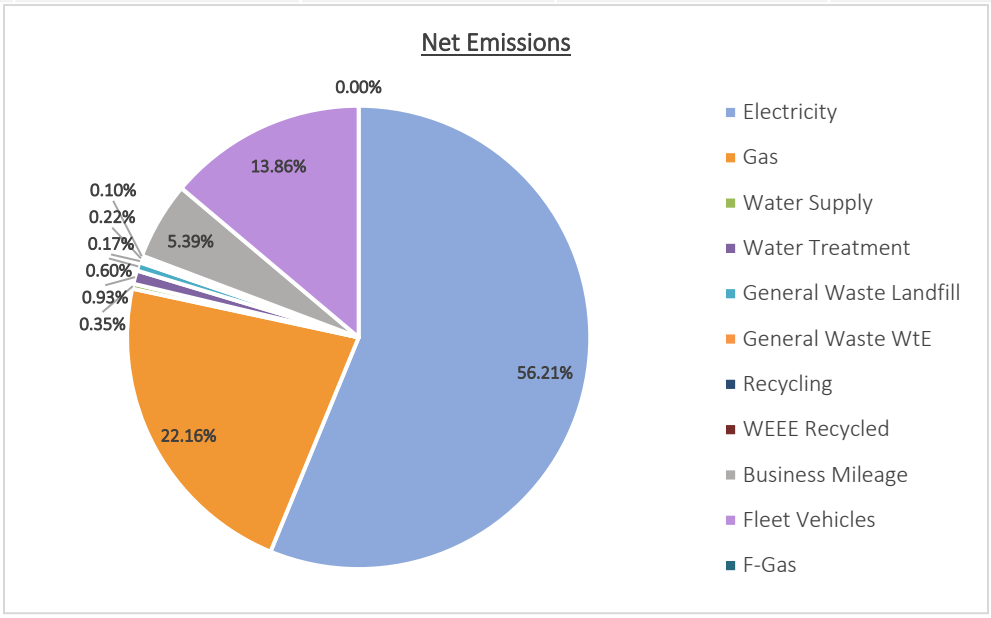
38	Continue to utilise technology to increase the	Build upon the progress made during the Covid-19 pandemic and maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and

	efficiency of engagements between staff and the public where suitable.	patient travel. It is acknowledged that this is not the case universally and traditional methods of care will be encouraged in scenarios where senior medical staff consider this more effective.
		Continue to use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services. Also consider the opportunity for developing an NHS Wales app (similar to the NHS England app).
		Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.
		Develop a best practice approach for the use of digital technology and further explore digital consultation technology. In particular, align this with the Welsh future healthcare journey visions and the concept of providing care closer to home.
		Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.

DHCW will work with NHS Wales Shared Services Partnership (NWSSP) Procurement Services to develop low carbon procurement strategies which will have a significant effect on the emissions data.

The diagram below provides data relating to our operational carbon footprint at the end of March 2022:

Emissions	Performance 2021/22 vs 2019/20:	Carbon Footprint 2021/22:	Carbon Footprint per m2:	Carbon Footprint per person:
Gross	**-53%**	257.138 MtCO2e	0.04 MtCO2e	0.29 MtCO2e
Net	**-59%**	148.964 MtCO2e	0.023 MtCO2e	0.168 MtCO2e



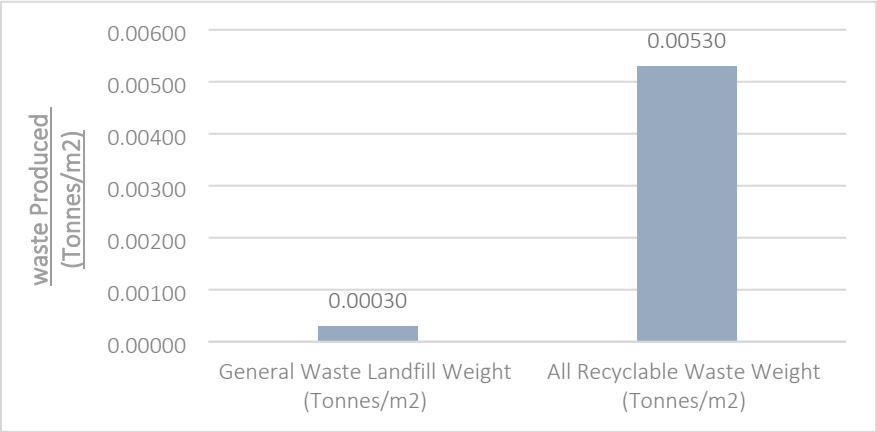
2.2 Environmental Management System

DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system. It helps organizations improve their environmental performance through more efficient use of resources and reduction of waste, gaining a competitive advantage and the trust of stakeholders. Further information is contained in the attached report.

The graph shows the accumulative recyclable waste weight (tonnes per m2) during 2021/22.

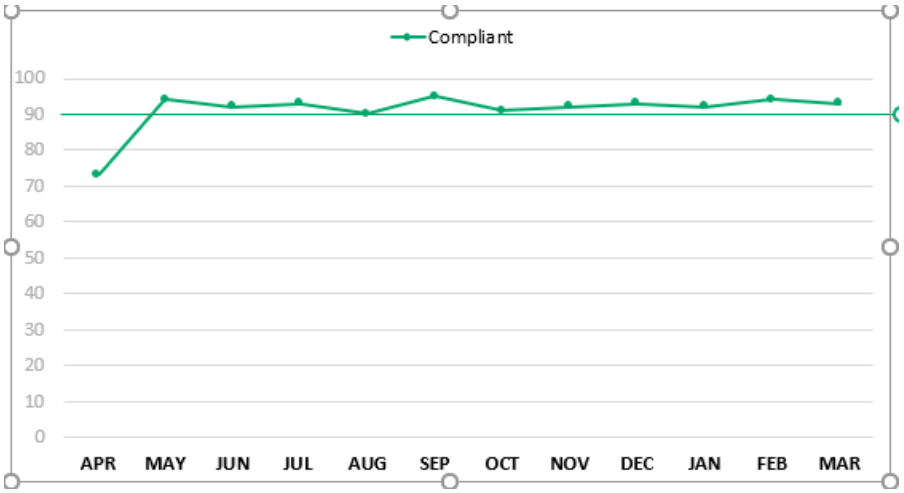
99% of DHCW's waste has been recycled, repurposed or reused (Target is 68%).



2.3 Estates Compliance

Overall Compliance of plant systems and equipment is it 93%, against our target of 90%.

This means that as of the end of March 2022 we have 228 services complete, 19 with a due date passed and 10 that require testing within one month, to prevent them from going out of date. The graph below shows performance throughout the year:



This line denotes the minimum % compliance requirement of 90%

2.4 Health & Safety

The table below provides data relating to the management of health and safety for 2021/22:

Total Incidents	Covid-19 Incidents	Non-Work Related Ill Health Incidents	RIDDOR Reportable Incidents	First Aid Provided	First Aiders	Mental Health First Aiders	Health, Safety and Welfare Training	Moving and Handling - Level 1 Training
6	0	1	0	0	15	40	92%	88%

5 incidents took place in Ty Glan-yr-Afon and 1 at a Data Centre.

We have received, reviewed and acted upon (where appropriate) 13 Welsh Government Alerts.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The DHCW Decarbonisation Strategic Delivery Plan was approved at the March 2022 Board and submitted with the Integrated Medium Term Plan to Welsh Government on 31st March 2022. We are required to report on a 6 monthly basis to Welsh Government providing details of emissions and linked activity. All actions identified within our Decarbonisation Plan have been completed on time and others are ongoing and due to be achieved by the target date. Actions undertaken to date include:

- Agreement of actions to deliver a 1% year on year energy efficiency reduction
- Installation of additional Electric Vehicle (EV) Charging Points
- Obtained an understanding of NWSSP carbon accounting tool for procurement of goods and services
- Used technology to facilitate remote working and reduced travel
- Commenced a trial of EV Fleet Vehicles

3.2 Our Environment annual trend is positive, we are working to our decarbonisation plan road map, to further enhance our controls in this area. We continue to measure water, energy usage and waste disposal in order to reduce CO2 levels. We will continue to review the structure and frequency of environment reporting.

4 RECOMMENDATION

The Committee is being asked to:
NOTE the DHCW Estates, Environmental and Health & Safety Report

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

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	1st 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.
	The report provides details of health and safety incidents and compliance
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Compliance with Welsh Government targets published in their Delivery Plan issued via a Welsh Health Circular
	No, there are no specific financial implication related to the

FINANCIAL IMPLICATION/IMPACT	activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	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.

Estates Compliance REPORT

March 2022

NHS Digital Health and Care Wales

ESTATES COMPLIANCE REPORT

CONTENTS

3	Executive Summary
4	Estates Compliance
5	Key
6	Overall Compliance
7	Compliance Responsibility
8	Monthly Compliance Trend
9	Key Areas
10	Compliance Action Plan Overview
11	Planned Preventative Maintenance (PPM) Overview
12-20	Environmental Performance

Executive Summary

Estates Compliance

At the end of March 2022 our overall compliance was 93%. This has reduced from 94% last month.

Our overall compliance has been maintained by conducting a large number of testing across all premises and effectively liaising with our landlords to locate documentation. We plan to continue to focus at each site on prioritising the undertaking of out of date services to help to further improve overall compliance.

Planned preventative maintenance is currently at 97%. Actions resulting from water/fire risk assessments and asbestos surveys are being managed.

We are looking at our long term estates strategy and are working with agility during this period following Covid-19 to develop new ways of working.

Environment

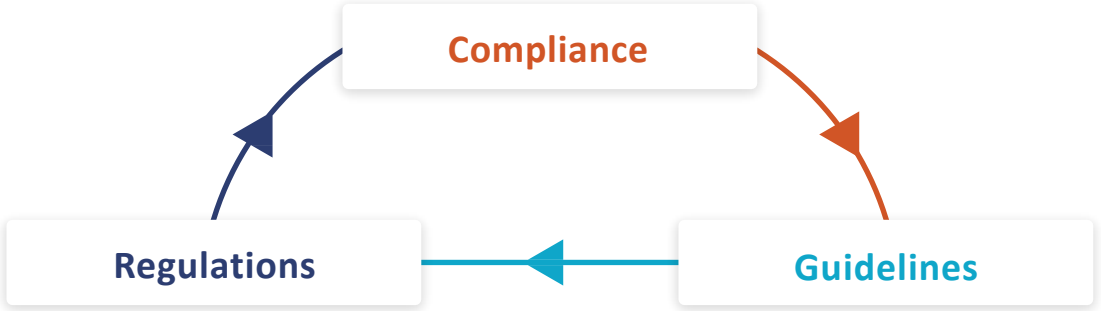
Our Environment annual trend is positive, we are working to our decarbonisation plan road map, to further enhance our controls in this area. We continue to measure water, energy usage and waste disposal in order to reduce CO2 levels. We plan to review the structure and frequency of environment reporting.

Estates Compliance

At DHCW, we are fully aware of our responsibilities for ensuring that the workplace is kept safe by compliance with legislation.

We have a robust programme of planned, preventative maintenance (PPM) and schedule of inspections that need to be undertaken across the entire Estate.

We monitor, on a monthly basis, progress of actions arising as a result of various surveys and inspections, such as Fire, Legionella and Asbestos.



This report details the statutory and mandatory compliance performance of systems and equipment within Digital Health and Care Wales (DHCW) premises, to confirm that they meet with legal requirements, and to safeguard DHCW employees.

Throughout this report compliance is measured by site, type of system or equipment and based on DHCW or Landlord responsibility.

KEY

Green

Systems and equipment that are fully compliant

Yellow

Systems and equipment that are due to be serviced in one month or less

Red

Systems and equipment that are no longer compliant

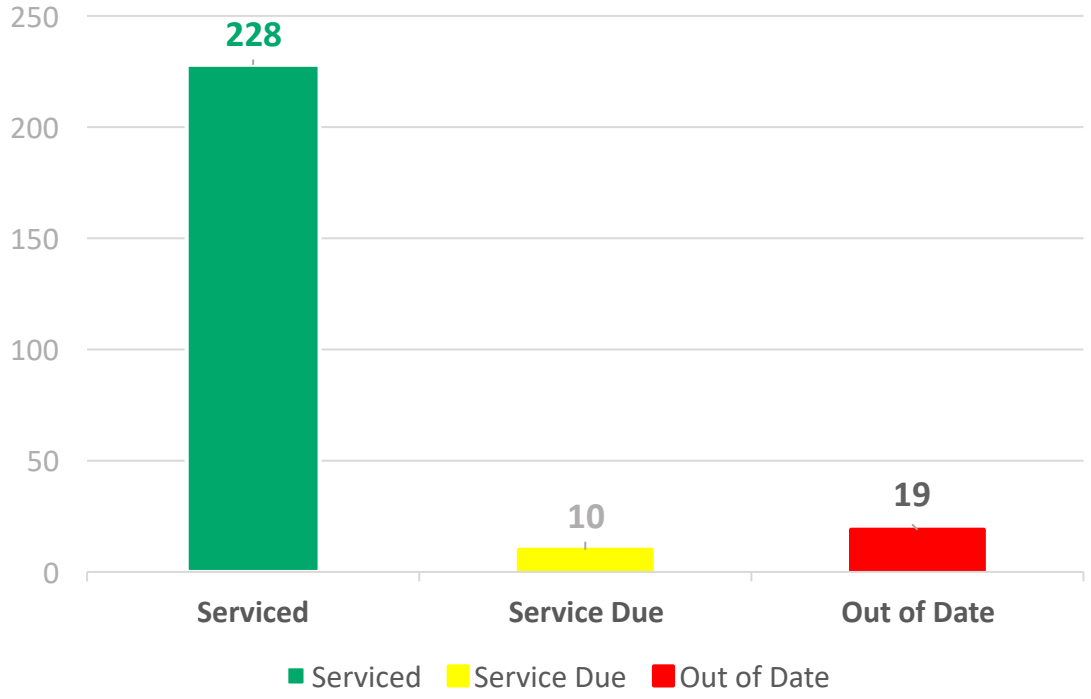
Arrows denote:-

▲ Percentage is higher than previous month

▼ Percentage is lower than previous month

◀ Percentage is the same as the previous month

All percentages include ■ and ■ totals added together.



Overall Compliance of plant systems and equipment is it 93%, against our target of 90%.

This means that as of the end of March 2022 we have 228 services complete, 19 out of date and 10 that require testing within one month, to prevent them from going out of date.

OVERALL COMPLIANCE

Number of System & Equipment that Require Testing.

This Month	Last Month
▼ 93%	94%

COMPLIANCE RESPONSIBILITY

Landlord Compliance Responsibility

SERVICED
SERVICE DUE
OUT OF DATE

DHCW Compliance Responsibility

We plan to liaise with our landlords in order to locate the required compliance documentation.

This Month	Last Month
▼ 89%	93%

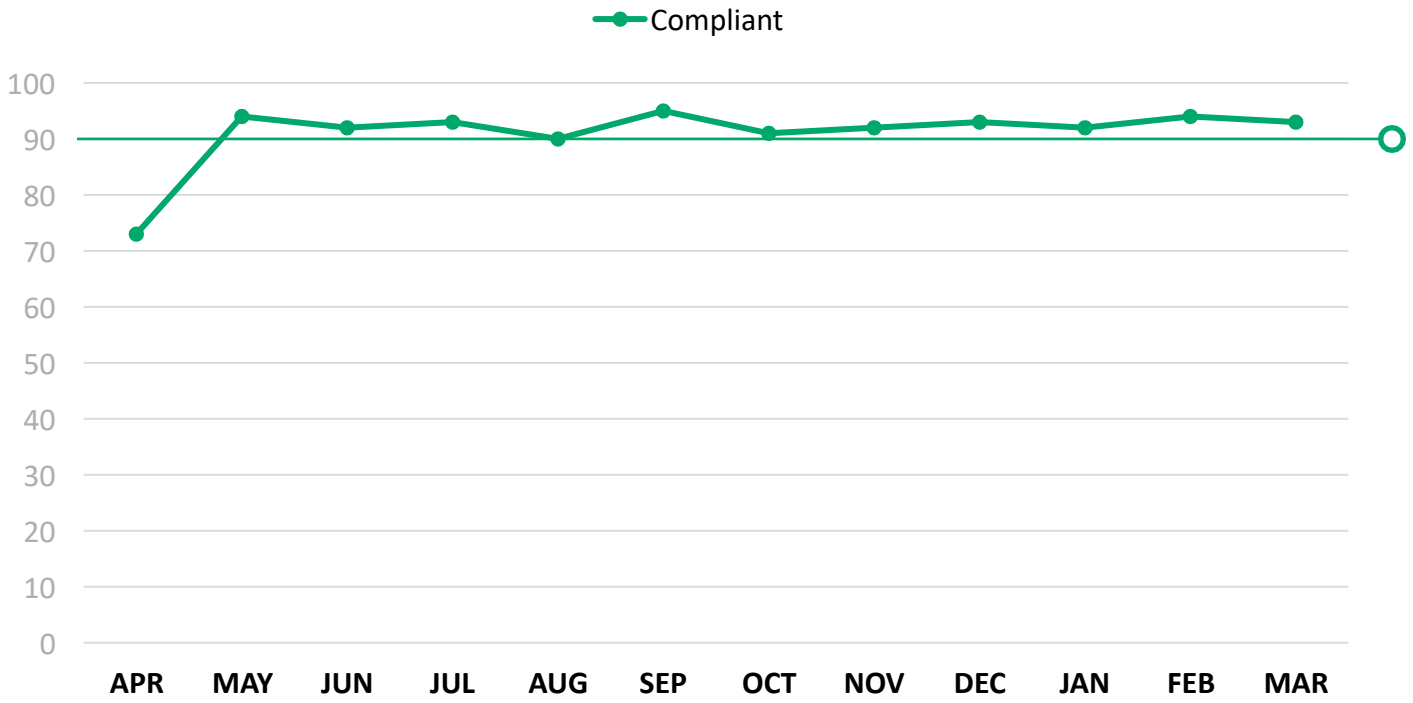
This Month	Last Month
◀ 95%	95%

We are in communication with our contractors in order to arrange required compliance testing.

Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point	Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point
1	5	3	8	1	1	0	3	0	3	4	0

The above chart shows a breakdown per site of the 10 service due and 19 out of date compliance items. We are arranging testing for the 10 service due items. In regards to the out of date services, we are awaiting documentation from our contractors for the 8 services that DHCW are responsible for and we are liaising with our landlords for the remaining 11 out of date services, which are within their areas of responsibility.

MONTHLY COMPLIANCE TREND



This line denotes the minimum % compliance requirement of 90%

This Month	Last Month
▼ 93%	94%

APR	73%
MAY	94%
JUN	92%
JUL	93%
AUG	90%
SEP	95%
OCT	91%
NOV	92%
DEC	93%
JAN	92%
FEB	94%
MAR	93%

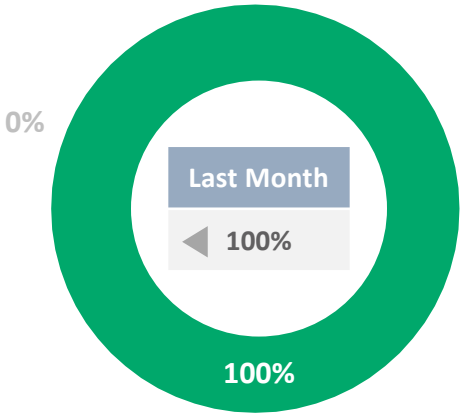
As you can see in the above chart, we have started the year being above the 90% threshold.

Since May 2021 we have maintained an above target compliance performance.

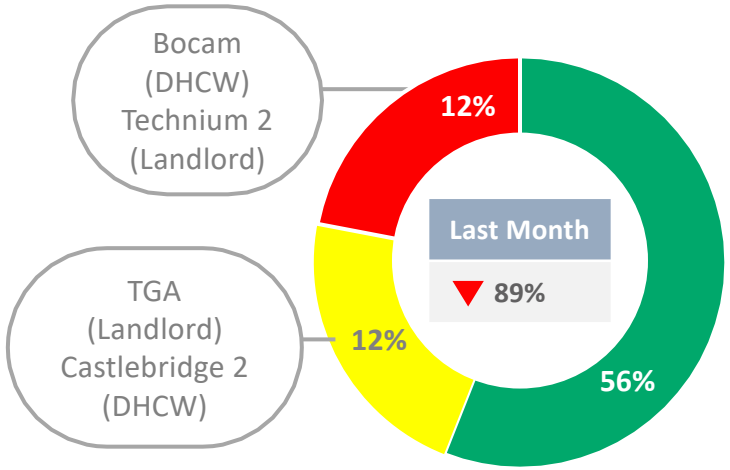
KEY AREAS

Compliance | Compliance due / awaiting confirmation | Non Compliance

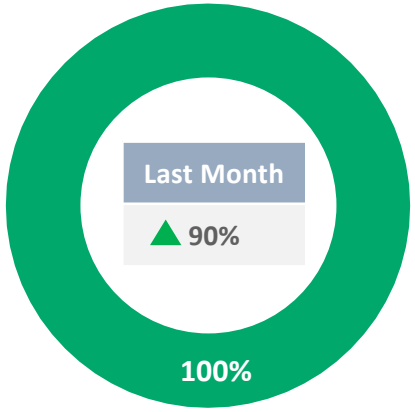
Asbestos Compliance Percentage



Legionella Compliance Percentage



Fire Risk Assessment Compliance Percentage



The graphs show the compliance percentage of Asbestos surveys, as well as Legionella (Water) and Fire risk assessments. We will contact our landlords at Technium 2 and TGA to request the water risk assessment renewal. At Bocam and Castlebridge 2 we will make arrangements with our contractors for the renewal of the water risk assessments.

Compliance Action Plan Overview

This Month	Last Month
◀ 100%	100%

Compliance Criteria		Overall Compliance
	Green – Action complete	**81%**
	Yellow – Action on target to be completed by agreed date	**19%**
	Orange – Action not on target for completion by agreed date	**0%**
	Red – No Action taken 6 months beyond agreed completion date	**0%**

A number of new actions have been added recently as a result of new assessments having taken place. Our compliance is currently at 81%, with 19% of actions on target. 149 actions have been complete and no actions have turned red.

Compliance Category	Compliance Subcategory	Number of Actions across DHCW by Priority											
		High				Medium				Low			
Fire	Fire Risk Assessment	0	0	0	0	19	2	0	0	47	7	0	0
Water	Legionella Risk (and other water related) Assessment	31	14	0	0	10	5	0	0	19	7	0	0
Asbestos	Asbestos Risk Assessment	0	0	0	0	0	0	0	0	23	0	0	0

PLANNED PREVENTATIVE MAINTENANCE (PPM) OVERVIEW

Routine testing has been completed as planned at the majority of sites and is currently at 97%.

Compliance Criteria	
	Green – PPM above 90% compliant
	Yellow – PPM 80% - 89% compliant
	Red – PPM 79% compliant and below

Tŷ Glan-Yr-Afon		% Complete
Total Inspections	156	98%
Total Complete	153	

Bocam		% Complete
Total Inspections	77	99%
Total Complete	76	

Mamhilad		% Complete
Total Inspections	45	93%
Total Complete	42	

Technium 2		% Complete
Total Inspections	53	91%
Total Complete	48	

Media Point		% Complete
Total Inspections	32	97%
Total Complete	31	

Castlebridge 2		% Complete
Total Inspections	64	100%
Total Complete	64	

DHCW – 2021		% Complete
Total Inspections	427	97%
Total Complete	414	

This Month	Last Month
▲ 97%	96%

Environmental Performance

At DHCW, we acknowledge the potential impact that we may have on the environment due to the nature of our business practices; therefore, we are fully committed to reducing this impact across the scope of our operations and the services that we deliver.

This report details how DHCW has performed against our goals to reduce water consumption and energy (gas and electricity) emissions, and increase the amount of waste that we recycle as an organisation.

IT waste and other emission reporting categories performance is also communicated.

ISO 14001 PERFORMANCE

The DHCW Decarbonisation Group has been established to work through and help ensure delivery of the roadmap set out in the Decarbonisation Plan. In light of DHCW's Decarbonisation Strategic Delivery Plan, key members of DHCW's Decarbonisation Group have now also joined NWSSP's 'Sustainable Development Group' and the All Wales 'Decarbonisation - Community of Experts Group', this will enable greater cohesion and All Wales collaborative approach to decarbonisation.

We are up to date with the SHE Inspection Audit Schedule. We now have 12 SHE related corrective actions that are in progress, as a result of recent inspections, which primarily relate to compliance documentation.

Each of our 10 KPI's (targets and objectives) are on track to be achieved; however, we are awaiting final data for March before we can confirm. We plan to set new objectives during April 2022. Our significant Environmental Aspects and Legal obligations will be reviewed during April 2022.

The needs and expectations of interested parties, a SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of internal and external issues and a PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis of external issues have been documented in the Sustainability Strategy, which will be reviewed and re-published in April 2022.

ISO14001 external audit update – During our most recent audit in January 2022, Two Min NC and One Maj NC were successfully closed out. One new OFI was identified. We are awaiting confirmation of a date for the next ISO 9001 and ISO 14001 combined surveillance external audit.

QIAL Actions in progress	QIAL Actions Closed	Queries and Complaints	Environmental, Waste and Energy Training
1	3	0	87%

SHE Inspection Actions - Outstanding

Last Month	24
This Month	▼12

Environmental Awareness Campaign

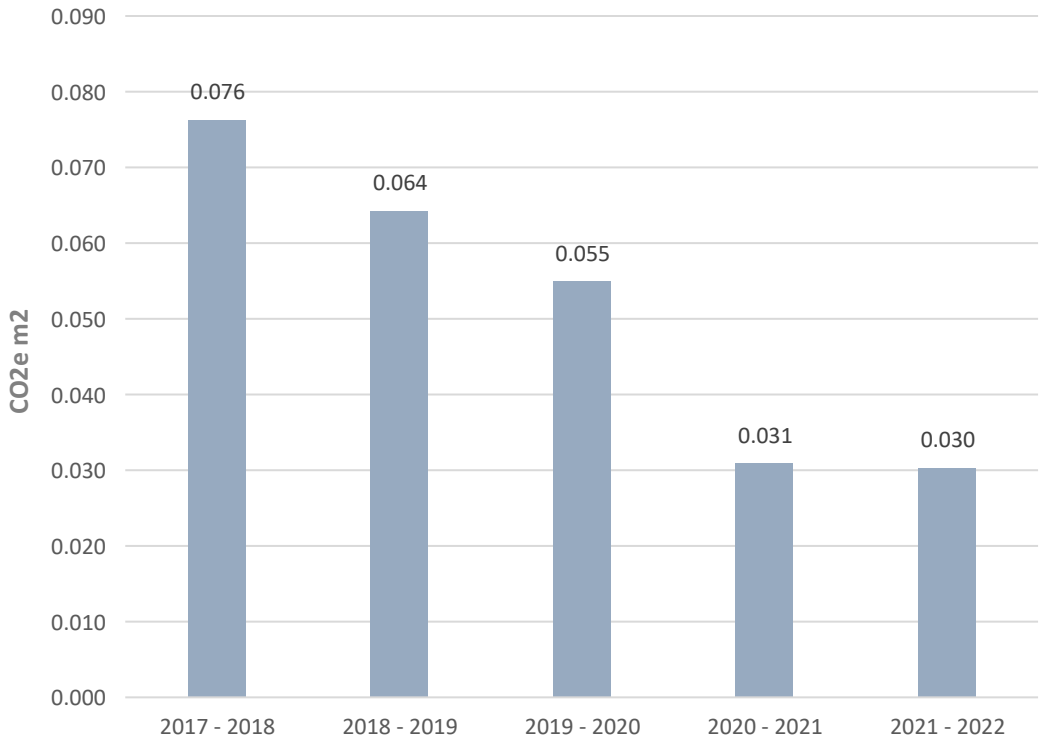
This month's campaign provided guidance for our employees relating to **Air Conditioning in the Workplace**.

Environmental Training

Two members of the Corporate Services team successfully completed ISO14001:2015 Environmental Management System Requirements and Implementation training courses, which were delivered by BSI. Training will also be provided by BSI for Road to Net-Zero Training.

ELECTRICITY FIGURES

QTR 1-4 21/22



Electricity emissions target: 12% reduction against 2017/18 baseline

Please note: the graph includes REGO supplied electricity.

Total Electricity Accumulative CO2 Emissions per m2

The graph shows DHCW's accumulative CO2 emissions, from electricity usage (per m2) during QTR 1-4 2021/22, as well as a comparison to previous years.

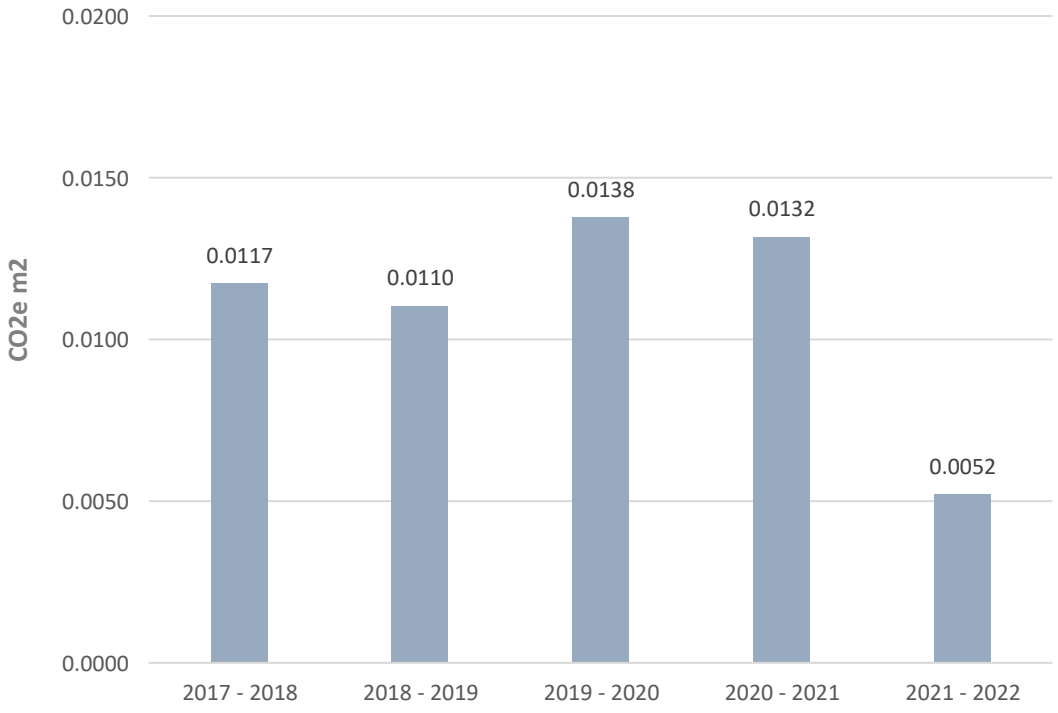
From the data we can see a:

- **3% decrease** in 2021/22 compared to 2020/21
- **60% reduction** in 2021/22 compared to our baseline year (2017/18)

***Please note that not all data has been received for QTR 4**

GAS FIGURES

QTR 1-4 21/22



Gas emissions target: 12% reduction against 2017/18 baseline year

F-Gas

We have had NO F-Gas leaks at any of our sites

Total Gas Accumulative CO2 Emissions per m2

The graph shows DHCW's accumulative CO2 emissions, from gas usage (per m2) during QTR 1-4 2021/22, as well as a comparison to previous years.

From the data we can see a:

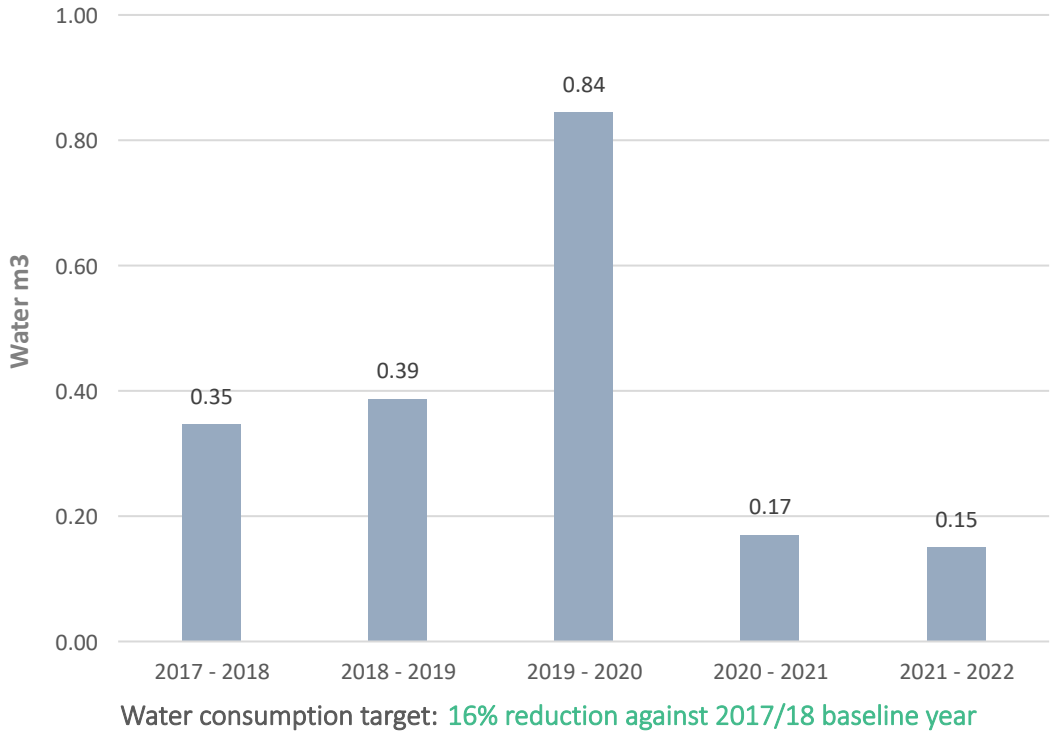
- **61% reduction** in 2021/22 compared to 2020/21
- **56% reduction** in 2021/22 compared to our baseline year (2017/18)

***Please note that not all data has been received for QTR 4**

At Tŷ Glan-yr-Afon we experienced a slow gradual gas leak, which had effected our gas emissions. This has now been resolved and emission data has been corrected accordingly.

WATER FIGURES

QTR 1-4 21/22



Water consumption target: 16% reduction against 2017/18 baseline year

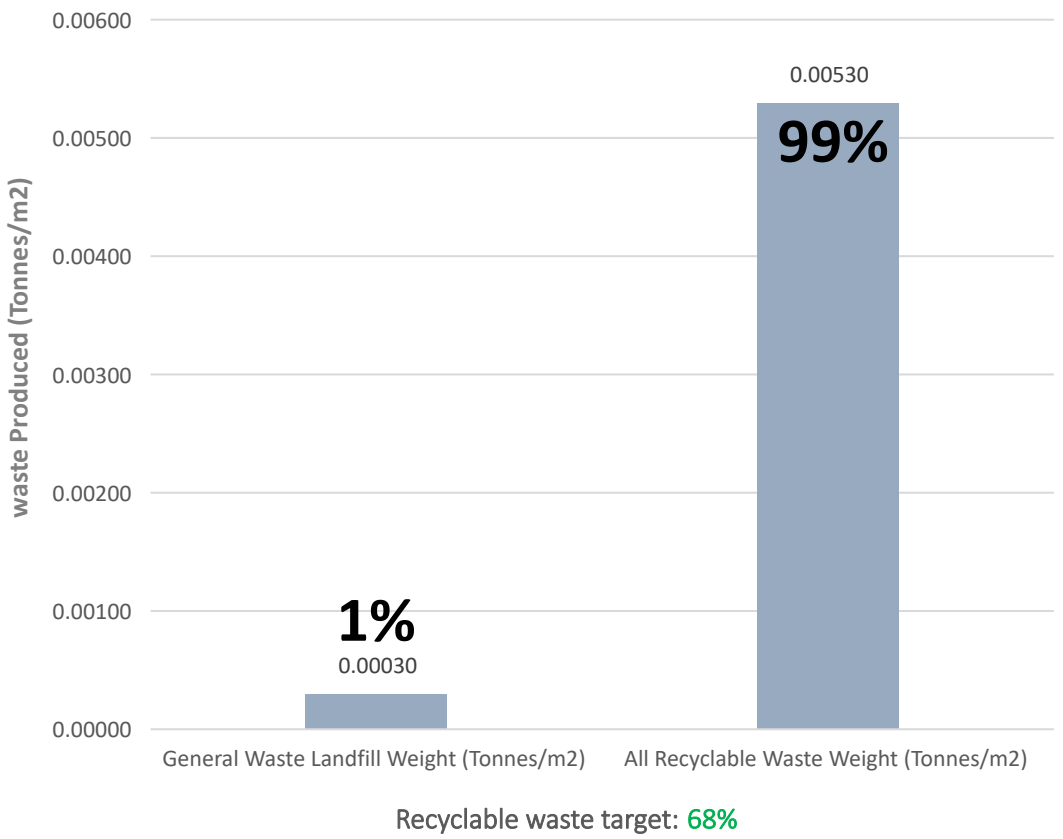
Total Water Accumulative Consumption Per m2

The graph shows DHCW's accumulative water consumption (per m2) during QTR 1-4 2021/22, as well as a comparison to previous years.

From the data we can see a:

- **12% reduction** in 2021/22 compared to 2020/21
- **57% reduction** in 2021/22 compared to our baseline year (2017/18)

***Please note that not all data has been received for QTR 4**



Recyclable waste target: 68%

WASTE FIGURES

QTR 1-4 21/22

The graph shows the accumulative recyclable waste weight (tonnes per m2) during 2021/22.

From the data we can see that **99% of DHCW's waste has been recycled, repurposed or reused.**

***Please note that not all data has been received for QTR 4**

IT WASTE FIGURES YTD 21/22

Type	Units Collected
Boxes of cables, chargers, adapters	12
Docking Port	330
HDD Destroy	1
Laptops	317
Mixed WEEE	25
Mobile phones	20
Monitors (flatscreen)	435
Networking gear, switches, hubs	64
Overhead projectors	4
PC's	402
Printers - desktop	127
Printers - free standing	1
Scanners	11
Servers	39
Tablet	8
Telephones	62
TV's	6
UPS	31
User terminals and systems	1
Battery	3
IT Parts	23
Total	**1922**

DHCW IT Waste Produced

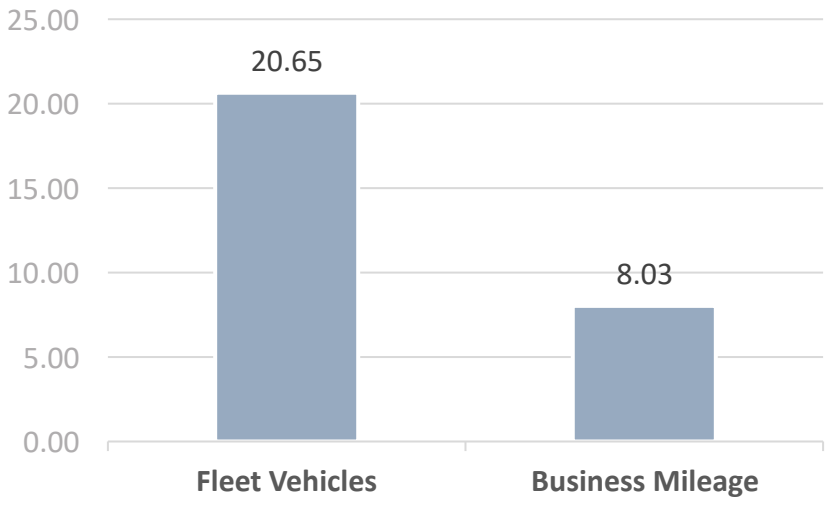
The table (left) shows the total number of IT equipment units (by type) that have been recycled, repurposed or reused, so far in 2021/22.

Total Units
1922

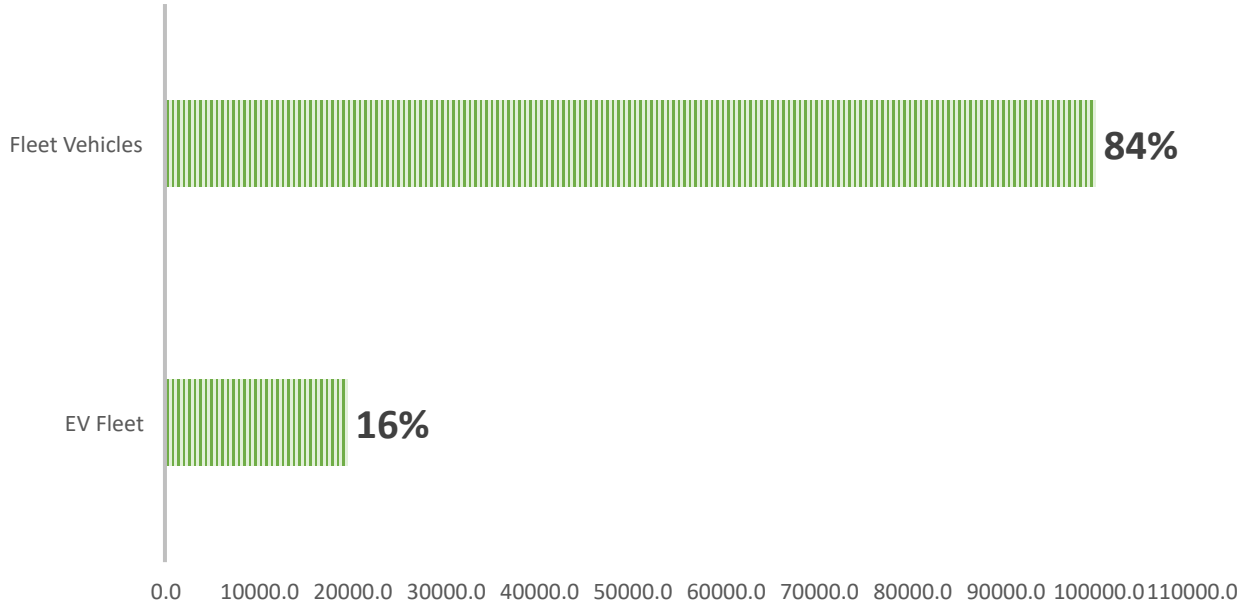
SUSTAINABLE TRAVEL

Tonnes of CO2 Emissions YTD 21/22

The below graph shows Fleet Vehicle, Business Mileage and F-Gas emissions (MtCO2e) data.



FLEET VEHICLE MILES TRAVELLED 2021-2022



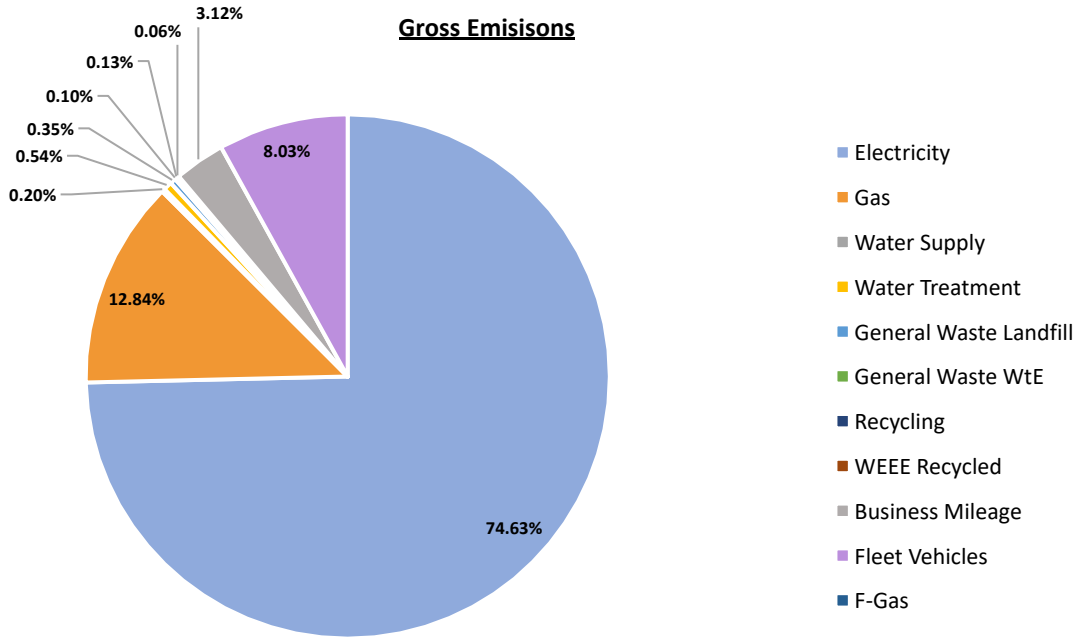
The above graph displays the miles travelled by our EV fleet vehicles vs fleet vehicles (powered by other fuel sources). Currently 16% of our fleet miles travelled were via renewable resources. We have recently leased two additional electric vehicles which will help to increase our EV fleet miles travelled.

CARBON FOOTPRINT

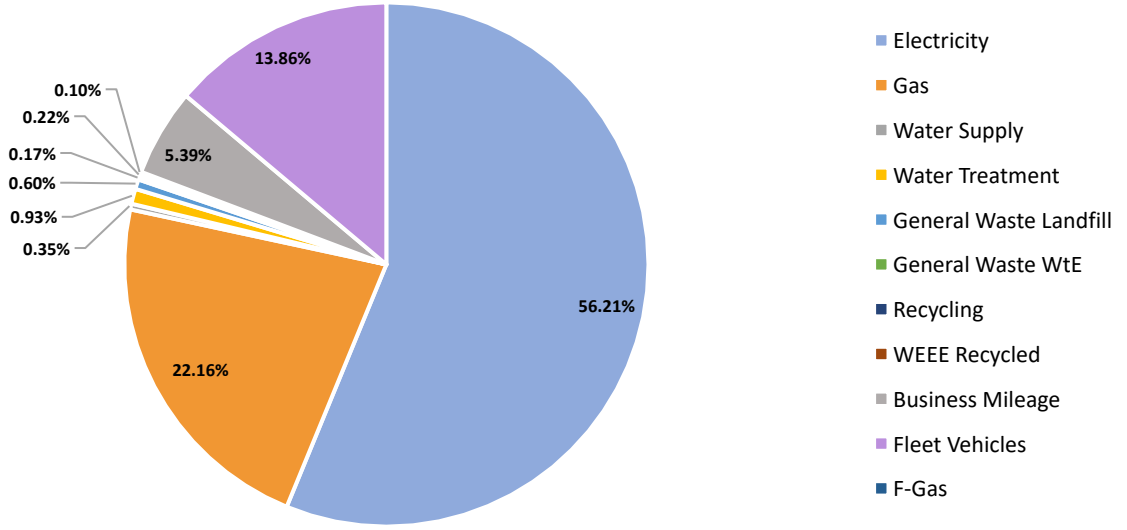
Emissions	Performance 2021/22 vs 2019/20:	Carbon Footprint 2021/22:	Carbon Footprint per m2:	Carbon Footprint per person:
Gross	-53%	257.138 MtCO2e	0.04 MtCO2e	0.29 MtCO2e
Net	-59%	148.964 MtCO2e	0.023 MtCO2e	0.168 MtCO2e

Please note: Our Net emissions are calculated based on Gross emissions minus REGO supplied electricity.

Gross Emisisons



Net Emissions



DIGITAL HEALTH AND CARE WALES
CONTRACT EXTENSION STANDARD OPERATING PROCEDURES

Agenda Item	4.11

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 2022

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

Executive Sponsor	Ifan Evans, Director of Digital Strategy
Prepared By	Julie Francis, Head of Commercial Services
Presented By	Julie Francis, Head of Commercial Services

Purpose of the Report	For Noting
Recommendation	
The Audit Assurance Committee is being asked to NOTE that a Standard Operating Procedure has been developed to address the governance procedure for Contract Extensions in accordance with Standing Financial Instructions Paragraph 12.17	

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			
SOP	Standard Operating Procedure	DHCW	Digital Health and Care Wales
PCR 2015	Public Contract Regulations	SHA	Special Health Authorities

1 SITUATION/BACKGROUND

1.1 In response to a discussion with the Chair of the Audit and Assurance Committee, the Head of Commercial Services has developed a Standard Operating Procedure and associated flow diagram of the process by which contracts outside their original contract value and or term are dealt with compliantly and in accordance with the Procurement Regulations(PCR2015) and the organisation's Scheme of Delegation.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The SOP produced sets out the operational scenarios for such contract extension (as set out in the bullet points below), the governance approach and associated key documentation.

- Extension to term and or value that results in an increase to the £750,000.00 ex VAT threshold and exceeds the original approval threshold.
- Extension to value and/or term – to an agreement that has already been approved by the Board.
- Extension to term and/or value – within the Chief Executive's limit.
- Extension to term that does not increase value.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The SOP is shared with the Committee for their assurance that it will form a component part of the Integrated Management System and business as usual processes. It will be "embedded" further via the training and educational approach to be delivered via the Commercial Services Team across the organisation.

4 RECOMMENDATION

The Audit and Assurance Committee is being asked to NOTE the Standard Operating Procedure.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

DHCW QUALITY STANDARDS	ISO 20000
If more than one standard applies, please list below: ISO 27001, ISO9001, ISO14001	

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

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

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 greater the number and value of extensions required, the more risk there is of challenge from competitor suppliers within the marketplace, who may consider that as an organisation we are trying to "close the market down". Such perceptions associated with the challenge could result in costly court proceedings, operational instability and reputational damage to Digital Health and Care Wales if any such extensions are deemed illegal.
	Yes, please see detail below

FINANCIAL IMPLICATION/IMPACT	As detailed in legal impact above
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

<ID Reference>

DIGITAL HEALTH AND CARE WALES
PROCESS FLOW CHART

Contract Extensions (outside the term of an existing agreement)

Document Version	V1

Status	Approved

Document author:	Julie Francis, Head of Commercial Services
Approved by	Michelle Sell Chief Operating Officer
Date approved:	11 April 2022
Review date:	10 April 2023

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

STRATEGIC OBJECTIVE	All Objective apply

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:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Choose an item.	Outcome:
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered		
COMMITTEE OR GROUP	DATE	OUTCOME
Chief Operating Officer	05 April 2022	Approved
Director of Digital Strategy	12 April 2022	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 There are potential legal implications in the event that a legal challenge is submitted on the basis that the contract extension falls outside the remit of the Procurement Regulations 2015 (PCR2015)
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below In the event that a legal challenge succeeds and is upheld then there would be a financial impact to 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

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
08 April 2022	D01	Julie Francis Head of Commercial Services	Issue for review
11 April 2022	D02	Julie Francis Head of Commercial Services	Minor updates

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
11 April 2022	D02	Michelle Sell	Chief Operating Officer

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Julie Francis
Role:	Head of Commercial Services
Signature:	13/04/2022 X Julie Francis Author Signed by: Julie Francis (JU000244)

Approver's Name:	Michelle Sell
Role:	Chief Operating Officer
Signature:	13/04/2022 X Michelle Sell Approver Signed by: Michelle Sell (MI000317)

1.4 DOCUMENT LOCATION

Type	Location

Electronic	

2 PROCESS FLOWCHART

2.1 Process Overview and Context

Under DHCW's Standing Financial Instructions paragraph 12.17 [1]there is a requirement to report the award of additional funding outside the terms of the contract (these are either executed via a Contract Change note (CCN) or a Variation of Terms). The organisation should be seeking to minimise the use of such extensions as the ethos of public procurement law is to encourage open competition within markets.

Modifications of contract are permitted within the PCR2015 [2]under specific circumstances (see Appendix 1) and can only be enacted up to a value of 50% of the initial contract value and cannot materially change the scope of that contract.

The greater the number and value of extensions required, the more risk there is of challenge from competitor suppliers within the market-place, who may consider that as an organisation we are trying to "close the market down". Such perceptions associated with the challenge could result in costly court proceedings, operational instability and reputational damage to Digital Health and Care Wales if any such extensions are deemed illegal.

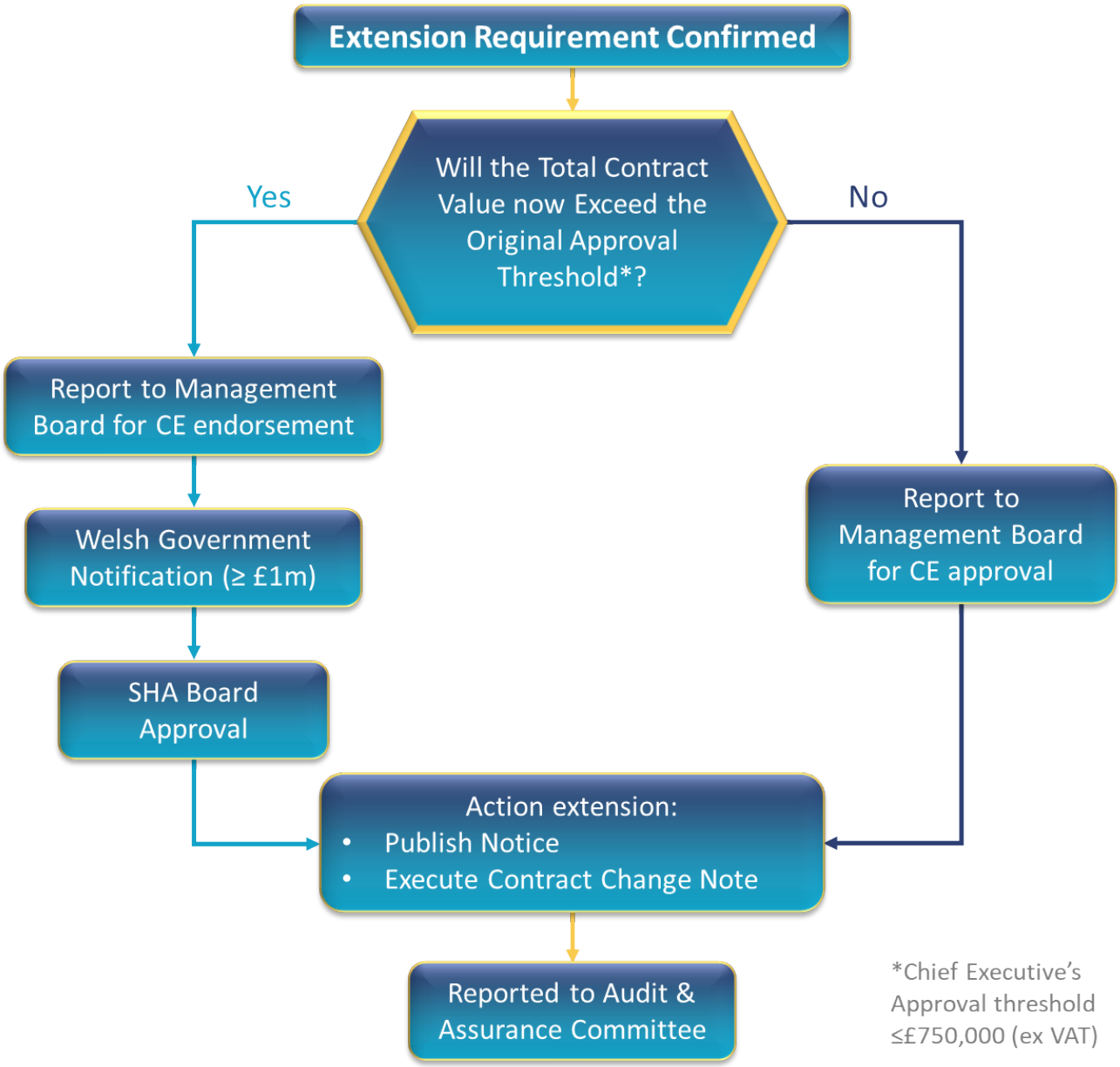
[1] 2.1b Appendix 2 DHCW Schedule 2.1 Model SFIs - Final - Version 1 - March 2021
[2] The Public Contracts Regulations 2015

The following are the potential scenarios where such extensions may be required, and the governance requirements as set out in table 1 and the process flows must be followed:

Table 1:

Description	Governance Requirements	Procurement Products
Extension to term and or value that results in an increase to the £750,000.00 ex VAT threshold and exceed original approval threshold.	Welsh Government (if extension results in a value of over £1m ex VAT) SHA Board Audit Committee (retrospectively)	• Extension Paper • Notification Paper to Welsh Government • Board Template Documentation • Audit Committee Documentation • Contractual Change Note/Variation
Extension to value and/or term – to an agreement that has already been approved by the Board.	Management Board Audit Committee (retrospectively) [3]	• Extension Paper • Audit Committee Documentation • Contractual Change Note/Variation
Extension to term and/or value – within the CE's limit	Management Board Audit Committee (retrospectively)	• Extension Paper • Audit Committee Documentation • Contractual Change Note/Variation
Extension to term that does not increase value.	Management Board	• Extension Paper • Contractual Change Note/Variation

[3] If the agreement was previously approved by the governance arrangements of the predecessor organisation – it will be reported to the SHA Board to Note – for their information.



*Chief Executive's Approval threshold ≤£750,000 (ex VAT)

APPENDIX 1

Contracts and Framework Agreements may be modified without a new procurement procedure for additional works or services as follows:

a) for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor—

(i)cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, or

(ii)would cause significant inconvenience or substantial duplication of costs for the contracting authority,

provided that any increase in price does not exceed 50% of the value of the original contract;

b) where all of the following conditions are fulfilled:—

(i)the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;

(ii)the modification does not alter the overall nature of the contract;

(iii)any increase in price does not exceed 50% of the value of the original contract or framework agreement.

3 REFERENCES

DOCUMENT	VERSION
2.1b Appendix 2 DHCW Schedule 2.1 Model SFIs	Final - Version 1 - March 2021
The Public Contracts Regulation 2015	

4 DEFINITIONS

TERM	DEFINITION

5 ATTACHMENTS

DIGITAL HEALTH AND CARE WALES
STANDING ORDERS ANNUAL REVIEW REPORT

Agenda Item	4.13

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 May 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 Assurance
Recommendation	
The Committee is being asked to: **NOTE** the changes to the Standing Orders approved at SHA Board; **NOTE** the progress to date in their implementation; **NOTE** the revised Committee and Advisory Group Terms of Reference approved by the SHA Board	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO	Standing Orders		

1 SITUATION/BACKGROUND

1.1 Iechyd a Gofal Digidol Cymru/Digital Health and Care Wales (DHCW) became operational on 1 April 2021. Digital Health and Care Wales (Membership and Procedures) Regulations 2020 provides that Digital Health and Care Wales (DHCW) must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders.

1.2 The DHCW Board considered and agreed to adopt the Standing Orders for the regulation of their proceedings and business on the 1 April 2021. They are designed to translate the statutory requirements set out in legislation into day-to-day operating practice. The Standing Orders include the Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions. The SOs provide the regulatory framework for the business conduct of DHCW.

1.3 There were proposed changes which were adopted at the subsequent May 2021 Board meeting.

1.4 Whilst DHCW has the authority to amend the Model Standing Orders any amendment or variation must not contravene directions issued by Welsh Ministers or statutory requirements. The following provisions cannot be varied without the consent of Welsh Ministers:

- Section A – Introduction – The role of the Board Secretary
- Non-officer Members – Paragraph 1.1.4
- Associate Members – May include the Chief Digital Officer for NHS Wales – Paragraph 1.1.7
- Tenure of Board Members – Paragraph 1.3
- Committees Established by DHCW – Paragraph 3.4.1
- Advisory Groups – as a minimum to include the Local Partnership Forum (LPF)
- Arrangements relating to meetings, with particular emphasis on timescales and the quorum
- Matters reserved for the Board where the full Board is required to retain responsibility or is in accordance with statutory requirements.
- Removal of requirements of the Committee model terms of reference, although these can be added to.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Committee are asked to note the following changes to the Standing Orders included HERE with tracked changes:

- Front Cover – Dates updated
- Section 7.2.5 – The date by which the 22/23 Annual General Meeting should take place
- The Scheme of Delegation has been updated in line with identified responsibilities and the appointment to the Director vacancies on the Board in a permanent or interim capacity
- Local Partnership Forum Terms of Reference:
    - The management representatives have been updated to reflect the new executive structure.
    - The staff representatives have been updated after consultation with the members of the Local Partnership Forum
    - The Secretaries paragraph in section 4 has been updated to include the Corporate Governance team
    - Section 8 was added to identify the regular reporting to Board provided by the group

2.2 The Committee are asked to note there are no changes to the Standing Financial Instructions or Grant vs Procurement guidance.

2.3 The Committee are also asked to note the compliance overview for the year ending 31 March 2022 included at item 4.13i Appendix A. The plan for the compliance overview next year, is to review section by section so we are able to monitor the organisations progress. This will be presented to the Audit and Assurance Committee in February 2023.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Committee are asked to note the approved Terms of Reference for the relevant Committees and Advisory Groups.

3.2 All DHCW Special Health Authority members and officers must be made aware of these SOs and, where appropriate, should be familiar with their detailed content. The approved SO's have now been uploaded to the DHCW Internet site and DHCW SharePoint site.

4 RECOMMENDATION

The Committee is being asked to:
NOTE the changes to the Standing Orders approved at SHA Board;
NOTE the progress to date in their implementation;
NOTE the revised Committee and Advisory Group Terms of Reference approved by the SHA Board

5 MPACT 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	Governance, leadership and acccountability
If more than one standard applies, please list below: Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: March 2021
Yes, applicable	Outcome: Positive
Statement: The EQIA was undertaken by the Welsh Government and assessed as Positive.	

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
SHA Board	27/05/2021	Approved
Management Board	March 2022	Noted
SHA Board	31/03/2022	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The SOs are a key foundation of DHCW's governance and accountability framework. A robust governance and accountability framework is more likely to impact favourably on the safety and experience of patients and staff.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The SOs are designed to translate the statutory requirements for DHCW set out in legislation into day-to-day operating practice.
	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

Section in Standing Orders	Key points of note
Section 1 – Membership, Tenure and the roles and responsibilities of the Board	• Board Members – Currently there are 9 voting Board members, 1 additional executive appointment has been made and will join the Board in April 2022, one Independent Member vacancy is in the process of being appointed to. The Board has been quorate at all Board meetings to date. • The Welsh Government, or DHCW acting with the consent of the Welsh Ministers, may appoint up to 2 Associate Members. They may include the Chief Digital Officer for NHS Wales. This position is planned to work from the NHS Executive and could join the DHCW Board as an Associate Member once appointed. • Annual Eligibility – The Board members have been asked to complete a self-declaration of eligibility to serve in March 2022. This will be undertaken on an annual basis. • Board Champion roles have been identified and agreed with Board Members by the Chair, a report on their activities will be presented to the Board later in the year.
Section 2 – Reservation and Delegation of DHCW Functions	• Section 2.0.3 outlines that DHCW retain full responsibility for any functions delegated to others to carry out on its behalf. DHCW have introduced a number of partnership agreements including Memorandum of Understanding (MOU) and Provision of Service Agreements (POSA) to outline the roles and responsibilities expected from these relationships. • There has been no Chair's action taken during 2021/22.
Section 3 – Committees	• DHCW have adhered to the recommended Committee structure and have not yet established any further Committees, but the option remains to establish additional Committee's as the Board sees fit. The organisation has established the Independent Member Digital Network which brings together Independent Members from across the NHS in Wales. • Paragraph 3.1.1 details that each Committee must have standing orders of terms of reference that meet the requirements listed. The Terms of reference for each Committee and Advisory Group of the Board are brought to the March Board for approval and are included in the appendices of the Standing Orders. • Section 3.4.5 outlines the membership of the Committees, there has been a change within the year to the membership of the Digital Governance and Safety Committee due to an Independent Member stepping down. Recruitment is underway to fill the vacancy and it is expected that an additional member will join the Digital Governance and Safety Committee to increase resilience in quoracy once that vacancy is filled.
Section 4 – NHS Wales Shared Services Partnership	The Director of Finance is the DHCW representative on the NHS Wales Shared Services Partnership
Section 5 – Working in Partnership	• The Independent Member Digital Network has been established to build relationships across the system • Strategic partnerships with NHS Digital have been formalised via an MOU and POSA • Executive to Executive engagement sessions are undertaken on a regular basis with other health boards and trusts • The Board approved the DHCW Stakeholder Engagement Strategy in September 2021 and the associated action plan in January 2022.
Section 6 – Advisory Groups	• DHCW have formalised the Local Partnership Forum which is held in private due to the sensitive nature of discussions • The Local Partnership Forum will present an annual report to the March Board.

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<tr>
<td>Section 7 – Meetings</td>
<td>

There is ongoing consideration for in person vs virtual meetings, a survey is currently underway with Board members to gather feedback to inform future arrangements.
There have been a number of meetings held in private across the year, below is a breakdown of the meeting numbers and their reasoning, this will continue to be monitored by the Corporate Governance team to ensure reasoning is accurate and relevant and where possible in future arrangements will be made to include public session:

<table>
<tr><th>Meeting</th><th>Number of meetings held in private</th><th>Reasons in order</th></tr>
<tr><td>SHA Board</td><td>2</td><td>LINC Business Case - Commercially Sensitive
RISP Business Case – Commercially Sensitive
Cyber Security Risks – Sensitive Information</td></tr>
<tr><td>Audit and Assurance Committee</td><td>4</td><td>Cyber Security Risks and Cyber Security Internal Audit Report – Sensitive Information
Cyber Security Risks – Audit tracker, Cyber Security Risks and Cyber Resilience Unit Status Report and Annual Plan - Sensitive Information
Audit Tracker – Cyber Audit Recommendations and Cyber Security Risks - Sensitive Information
Audit Tracker – Cyber Security Audits and Cyber Security Risks - Sensitive Information</td></tr>
<tr><td>Digital Governance and Safety Committee</td><td>4</td><td>Cyber Security Report, Cyber Resilience Unit Report, Cyber Security Internal Audit Report and Cyber Security Risks – Sensitive Information
Cyber Security Report and Audit Wales All-Wales Cyber Report – Sensitive Information
Cyber Security Report and NIAAS Update – Sensitive information and commercially sensitive</td></tr>
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<tr><td></td><td></td><td>• Cyber Security Risks and CANSIC Update – Sensitive information</td></tr>
<tr><td>Remuneration and Terms of Service Committee</td><td>5 – this is a private meeting</td><td>• Potentially Identifiable/Sensitive Information</td></tr>
<tr><td>Local Partnership Forum</td><td>5 – this is a private meeting</td><td>• Potentially Identifiable/Sensitive Information</td></tr>
</table>

All Meetings including those held in private are reported to the Board via a highlight report.
For the Digital Governance and Safety Committee, Audit and Assurance and now Local Partnership Forum, an abridged version of the private minutes are provided to the public via the DHCW website

</td></tr>
<tr><td>Section 8 – Values and Standards of Behaviour</td><td>DHCW has a values and standards of behaviour framework outlined in the standards of behaviour policy published to the DHCW website. The practicalities of the policy, declarations of interest, gifts, hospitality, sponsorship and honoraria are reported to every Audit and Assurance Committee.</td></tr>
<tr><td>Section 9 – Signing and Sealing Documents</td><td>

The register for the use of the common seal is kept by the Corporate Governance team and reported via the Chair's report at Board meetings. There has been one instance of the use of the common seal in 21/22.
The common seal is kept in the DHCW safe.
The Chief Executive undertakes signing on behalf of the organisation.

</td></tr>
<tr><td>Section 10 – Gaining assurance on the conduct of DHCW Business</td><td>

The risk and board assurance framework strategy was approved by Board in May 2021 and work has been ongoing to define the risk appetite for the organisation, the risk impact domains. This has now been completed.
The Board Assurance Framework Report assurance mapping has been undertaken and the final work in readiness for approval by the Board in May 2022 is underway.
The DHCW Governance Assurance Framework was endorsed by Audit and Assurance Committee and approved by the DHCW SHA Board in January 2022.
DHCW have worked across 21/22 with Internal Audit to undertake their review work in line with their plan, which was approved by the audit and assurance Committee in May 2021.
The Committees, Advisory Groups and the Board have undertaken an effectiveness self-assessment, the outcome reports are included for review by the March Board.
DHCW have worked across 21/22 with Audit Wales to undertake their review work in line with their plan, which was approved by the audit and assurance Committee in May 2021.

</td></tr>
<tr><td>Section 11 – Demonstrating Accountability</td><td>

The Board approved the governance assurance framework which outlines how the organisation conducts its business and works collaboratively to deliver.
The Board approved the DHCW Annual Plan 2021/22 at the Board meeting in May 2021. The Board has been involved in the development of the IMTP for 2022-25 and will received the IMTP 22-25 for approval in March 2022, which also gives an overview of how the organisation works collaboratively to deliver its priorities.
DHCW will prepare its first Annual Report 2021/22 which will be received for approval at the extraordinary Board meeting planned for the 14 June 2022.

</td></tr>
</table>

	• The Integrated Organisational Performance Report is received at every Board meeting to provide an opportunity for oversight and scrutiny
Section 12 – Review of Standing orders	• The draft standing orders underwent an equality impact assessment by Welsh Government, there have been no material changes indicating the original findings of positive impact remain intact. • The standing orders must be reviewed on an annual basis and are presented to the Board for approval at the March 2022 Board.

DIGITAL HEALTH AND CARE WALES

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Agenda Item	4.14

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 May 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	Claire Osmundsen Little, Executive Director of Finance

Purpose of the Report	For Noting
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 4.14i 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

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	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	24 March 2022

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

Recruitment Modernisation Programme

The Director of People and Organisational Development and the Deputy Director of Employment Services gave a detailed presentation of the work being undertaken in Recruitment to support the significant increase in activity since the start of the pandemic. Looking back to when NWSSP was first established in 2011, significant progress has been made in streamlining the recruitment process, demonstrated by a reduction in the average time-to-hire from 132 to 71 days. New services have been taken on and the Welsh Language functionality has been enhanced. Last summer, further initiatives were progressed relating to the Workforce Directors' Responsiveness Programme including enhancements to TRAC, development of the applicant web page, and maintaining virtual pre-employment checks.

During late summer 2021, the service was faced with unprecedented and unplanned levels of recruitment across NHS Wales due to the Covid response, resulting in the usual high level of compliance with KPI targets not being sustained. This led to the need to review the way in which recruitment is undertaken in Wales and where applicable modernise the service further through changes to processes, technology, and education.

The Deputy Director provided details of specific initiatives under each of the headings of process, technology, and education. One key technological initiative is investment in pre-employment check software that enables identification documents to be held in ESR and viewed via the ESR app. This has been promoted by the Home Office, however the technology is not currently available, but it will be fundamental to virtual pre-employment checks continuing after the current proposed Home Office end-date of September 2022. Due to the short notice provided by the Home Office over this software, funding to purchase it still needs to be confirmed.

The Modernisation Action Plan is to be taken to the All-Wales Workforce and OD peer group meeting in early April, with a formal update to the May Committee.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the January meeting. This included chairing her first Welsh Risk Pool Committee which had been very informative; attending the Hywel Dda Sustainability Committee; and also attending the NHS Wales Chairs' meeting which allowed her to keep updated on the latest developments and issues. Going forward there will be a number of attendances at board meetings, starting with Digital Health Care Wales and then Health Education and Improvement Wales. The Chair is keen that these are not used solely for NWSSP to update on performance, but to elicit a two-way exchange of ideas and information.

Managing Director Update

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

- The IMTP has now been formally submitted to Welsh Government for their consideration;
- As part of a UK-wide response to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements (PPE, ventilators, and medical consumables). Thus far, over £131k of surplus items has already been sent to Ukraine from NWSSP;
- The purchase of Matrix House in Swansea was completed by the end of March. The building is currently 75% occupied by NHS Wales, with Public Health Wales and the Welsh Ambulance Service NHS Trust as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub at some point; and
- The Minister for Health and Social Care visited our Imperial Park 5 Warehouse on 17th March, providing an opportunity to demonstrate to her the extensive range of services that now operate from this facility.

Items Requiring SSPC Approval/Endorsement

Lease Car Salary Sacrifice

In July 2021, the Committee agreed to reduce the CO2 emissions for Salary Sacrifice vehicles through the NHS Fleet scheme. Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:

- Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars;
- Only certain EV and hybrid cars meet the lower CO2 limits – therefore a large number of small fuel-efficient cars e.g. 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas

In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.

In view of this, it was proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1st April 2022 but not to allow diesel vehicles to be ordered. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.

It was also noted that NWSSP do not administer this Service to all Health Boards and Trusts, and it was agreed that the provision of the administration of service to an all-Wales service should be explored

The Committee **APPROVED** the proposed:

- Adjustment in the CO2 emissions;
- Removal of the ability to order new diesel cars on the scheme

Items For Noting

Energy Update

The Committee received a paper relating to the current situation with energy prices. Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying.

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.

The recent increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, the EPMRG will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported that NWSSP was on track to meet each of its revenue financial targets for 2021/22 and the projected outturn on the Welsh Risk Pool was in line with the Integrated Medium-Term Plan. Additional capital funding had been received in quarters three and four, but plans were in place to ensure the funding was fully utilised by the end of the financial year.

Performance – Most KPIs are on track except for those relating to Recruitment Services which was the subject of the deep dive earlier in the agenda. The move towards qualitative output focused measures continues within NWSSP.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.93% for the last quarter. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. The ESR database has been modified such that most of the facilities it provides can be accessed and delivered in Welsh

Corporate Risk Register – there are two red risks. The first relates to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, which was the subject of the earlier deep dive. The second refers to the energy price increases which again was the subject of an earlier agenda item.

Papers for Information

The following items were provided for information only:

- PMO Highlight Report
- Audit Committee Highlight Report
- Quality and Safety Assurance Report
- 2022/23 Forward Plan
- Finance Monitoring Returns (Months 10 and 11)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	19 May 2022

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	All Wales NHS Audit Committee Chair's Meeting
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Paul Newman, Audit and Risk Assurance Committee Chair
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mr Paul Newman, Audit and Risk Assurance Committee Chair

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of the paper is to present the Audit and Risk Assurance Committee with an update from the proceedings of the All Wales NHS Audit Committee Chairs' meeting held on 9th February 2022, chaired by Mr Paul Newman, Chair of Hywel Dda University Health Board (HDdUHB) Audit and Risk Assurance Committee.

Cefndir / Background

The All Wales NHS Audit Committee Chairs' meeting provides an opportunity to share information regarding common issues which arise within NHS bodies across NHS Wales and to share best practice. The forum is supported by attendance from a nominated Board Secretary from the All Wales Board Secretaries Network (AWBSN). In addition, meetings are attended by representatives from NHS Wales Shared Services Partnership Internal Audit (NWSSP IA), as providers of audit assurance through the independent and objective assessment of governance, risk management and internal control. Also in attendance are representatives from Audit Wales (AW), in their capacity as external auditors who also provide information and advice.

Asesiad / Assessment

The following is a summary of the main issues discussed at the meeting on 9th February 2022:

1. **NWSSP Internal Audit** provided a presentation, which focused on the 2020/21 audit progress, changes to audit methodology, Board Secretaries work, All Wales summary papers and the IMTP 2022-25. Key points which were covered included:

   - 32% of work planned for 2021/22 is still in progress (the level of work in progress being attributable to the number of requests received by Internal Audit to pause or delay reviews). Assurance was provided that the remaining audits will be delivered by the end of the year, and that the team's access to people and information remains reasonably good.

- Changes to audit methodology for 2022/23 include a review of the approach to planning *ie*. some minor amendments to existing templates and increased focus upon core areas of governance (risk management, financial sustainability, clinical governance and quality, IT and digital services, decarbonisation, cyber-risk, performance management, the Nurse Staffing Act, service catch-ups, Chairs Action, outcomes and benefits realisation and wider business continuity).

- In regard to audit opinion, the approach taken by Internal Audit for 2022/23 will be broadly consistent with that taken for the previous year and is explained in the Annual Report, with most Audit committees having understood the proposed approach and any changes being subject to sign-off by committees. The Head of Internal Audit document itself will be shortened, with the appendices removed, and consideration will be given to how best the work undertaken by Internal Audit can contribute to the wider assurance agenda, including developing an understanding of the impact of implementing recommendations and benefits realisation.

- Internal Audit will continue to meet with Board Secretaries (BS) on a monthly basis. A BS Sub-Group has been re-established which will support a range of workstreams, including the implementation of changes to the Planning/Opinion approach, development of KPIs and the replacement of the *TeamMate Audit Solutions* electronic papers system.

- 3 All Wales papers have been issued since the previous meeting on 6th October 2021 (Control of Contractors, Fire Safety and Water Safety). Further papers were due in Summer 2022 (Waste Management, Major Capital Programmes and a summary of the All-Wales papers issued, as requested by the Directors of Finance).

- A draft IMTP has been produced which focuses upon people and training, quality impact measures, key risks post-COVID and decarbonisation, marketing and service promotion and quality enhancement. Further work is being undertaken to develop the linkage between audit recommendations and KPIs and closer working with counter-fraud and Post-Payment Verification (as requested by Directors of Finance). An audit of the Nurse Agency verification process is also planned.

- There are no 'No Assurance' ratings for audits conducted across Wales in the current year.

- While a reduced number of audits have been undertaken in the current year, reflecting the impact of the pandemic upon organisations' capacity, discussions are being held with Board Secretaries regarding an increase in the audit programme for the coming year.

2. Assurance and Learning for Organisations from All Wales (AW) Audit Reports

Discussions at the previous AWACC meeting on 6th October 2021 had highlighted challenges in sharing learning from audit across organisations and had reflected agreement that it would be useful for Audit Chairs to share learning points from audit across their respective organisations. The production of concise Summary papers by the Internal Audit Team is intended to provide an overview of findings relating to individual subject areas. These papers would continue to be produced, and consideration was being given to summarising key messages from all audit outputs at year-end within a single report, to include both positive and negative findings. A request was made to Audit Wales to focus upon translating good practice into recommendations wherever possible.

Audit Wales has established a Research and Development (R&D) function in order to add value through the identification of best practice at a UK-wide level and were invited to share thoughts regarding what should be included in the R&D work programme which is currently being developed and which will be informed by a stakeholder consultation exercise. The wider scope of learning which will be identified by the R&D function was welcomed, given

the potential of some issues - such as cyber threats - to impact upon all organisations, and the significant benefits to be derived from sharing relevant learning from across and beyond Wales and from outside the health and care sector.

The Group highlighted the need for consideration to be given to the way in which findings from audit reports prepared for hosted organisations are followed up and utilised, given that – by their nature – the outcomes of these audits often have the potential to affect all organisations, and suggested that in its work programme AWACC considers:

- How committees and Board Secretaries ensure that learning from identified best practice is adopted and consistency in approach is embedded within each organisation.
- How learning from the outcomes of audits of those areas where Limited Assurance is commonly provided can be shared and utilised to target resources most effectively to address potential risk.

3. **Audit Wales provided an update on the external audit programme**. Key points included:

- The following short sector-specific reports have been published looking at key trends, opportunities and challenges:
  - '*Taking Care of the Carers?*': this report should be in the process of review by Health Board committees, and that key learning from findings would be shared at a future AWACC meeting.
  - *Care Homes Commissioning for Older People*: this report was likewise currently being reviewed by committees and learning points would be presented at a future AWACC meeting.
  - *Joint working Between Emergency Services*: the findings from this report reflect an All Wales position.
- During the final quarter of the current financial year, Audit Wales will be reviewing its audit work programme for 2022-23 and undertaking consultation with stakeholders to help identify priorities and specific areas of focus. This will include workforce planning and a review of how Audit Wales delivers the Structured Assessment – for example, through the use of deep dive reviews. Audit Wales is happy to take suggestions regarding the subjects of future deep dives.
- Future Audit Wales work will be based upon a holistic view of inter-related areas - for example, a planned review of Unscheduled Care will look at health and social care systems in the round across Wales and a forward-planned review of digital use and capacity will cover a range of different business sectors.
- The Group discussed performance management and informed decision-making arrangements. While performance reporting is mainly based upon organisations' performance frameworks, it will be helpful to review performance management and identify opportunities to utilise outcomes within a wider business context.
- The deadline for the submission of annual accounts to Welsh Government is 15th June 2022 and the Group was advised that, while Audit Wales is some weeks behind in its work for 2021/22, it is hoped that the final accounts will meet the deadline and so be ready for the ARAC meetings in May/June 2022. ARAC meetings may need to be re-scheduled for later dates in June where necessary to accommodate this deadline.

4. **Update from AWBSN:** An update was provided from the AWBSN meetings held on 24th September 2021, 22nd October 2021 and 19th November 2021, summarising the key decisions made and issues discussed by the Network. The draft minutes of the AWBSN meeting held on 28th January 2022 were also circulated.

   Opportunities to reduce end-of-year reporting are being explored by a BSN working group which is working with Welsh Government and which is seeking to develop some consistency in the content of reports across organisations.

5. **AWACC Work Programme:** It was proposed that it might be helpful for AWACC to focus upon individual issues arising in Audit Committee and Board meetings and to identify and share best practice relating to these, recognising that while each member would hold subjective views regarding what constitutes good practice, this will add value to the Committee's discussions. Audit Trackers and Board Assurance Frameworks were suggested for the May 2022 meeting.

   Inconsistency in the implementation of Welsh Language standards across Health Boards was highlighted and it was suggested that it might be helpful for the Group to develop an overview of how this is approached within each organisation, recognising that while it is not easily measurable, it represents a potential subject for future audit.

6. **Chair and Support Arrangements:** A new Chair and Board Secretary support would be required from the September 2022 meeting due to the current Chair and Board Secretary undertaking these roles for 1 and 2 years respectively.

7. **The next meeting** will take place on 19th May 2022.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is requested to receive this report for information.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Assurance reports to Committees and Board aligned to relevant standards.
Rhestr Termau: Glossary of Terms:	AWBSN – All Wales Board Secretaries' Network CIW – Care Inspectorate Wales HEIW – Health Education and Improvement Wales HIW – Healthcare Inspectorate Wales ICF – Integrated Care Fund IMTP – Integrated Medium Term Plan KPIs – Key Performance Indicators RPB – Regional Partnership Board TF – Transformation Fund
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary Chair, Audit & Risk Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no direct financial implications within this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	There are no direct quality or patient care implications within this report.
Gweithlu: Workforce:	There are no direct workforce implications within this report.
Risg: Risk:	There are no direct implications within this report.
Cyfreithiol: Legal:	There are no legal workforce implications within this report.
Enw Da: Reputational:	There are no direct implications within this report.
Gyfrinachedd: Privacy:	There are no direct implications within this report.
Cydraddoldeb: Equality:	• Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No