

# Y Pwyllgor Archwilio a Sicrwydd

Tue 17 October 2023, 09:30 - 12:30

## Agenda

09:30 - 09:35  
5 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a chyflwyniadau

I'w Nodi

Cadeirydd

1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi

Cadeirydd

1.3 Datganiadau o Fuddiannau

I'w Nodi

Cadeirydd

09:35 - 09:45  
10 min

2. AGENDA CYDSYNIO

2.1 Cofnodion cyfarfod 03 Gorffennaf heb eu cadarnhau - Cofnodion cryno  
Cyhoeddus/Preifat a chyfarfod 18 Gorffennaf 2023 - Cofnodion Cyhoeddus

I'w Cymeradwyo

Cadeirydd

-  2.1i AAMinutes 03072023 Public Minutes Cymraeg.pdf (19 pages)
-  2.1ii Abridged AA private 03072023 Minutes Cymraeg.pdf (6 pages)
-  2.1iii A&A minutes 18072023 Cymraeg.pdf (7 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi

Cyfarwyddwr Gweithredol Cyllid

-  2.2 NHS Wales Shared Services Partnership Committee Assurance Report.pdf (4 pages)

2.3 Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

-  2.3 Forward Workplan.pdf (4 pages)

2.4 Polisiâu:

I'w Cymeradwyo

Ysgrifennydd y Bwrdd

-  2.4 Policy Report.pdf (6 pages)

2.4i POL-WFOD-025 Gweithdrefn a Chanllawiau Polisi Seibiant i Astudio

-  2.4i Existing Policy Revision Cover Sheet POL-WFOD-025.pdf (1 pages)

2.4ii POL-CG-010 Offer Sgrin Arddangos

-  2.4ii Existing Policy Revision Cover Sheet POL-CG-010.pdf (1 pages)

2.4iii POL-CG-013 Rheoli Sylweddau Peryglus i Iechyd



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09:45 - 09:50

5 min

### 3. BUSNES Y CYFARFOD

#### 3.1 Cofnod Gweithredu

*I'w Nodi*

*Cadeirydd*

 3.1 Action Log PUBLIC.pdf (1 pages)

09:50 - 10:45

55 min

### 4. ARCHWILIO AC ATAL TWYLL

#### 4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

*I'w Nodi*

*Archwilio Mewnol PCGC*

 4.1 Internal Audit Progress Report.pdf (4 pages)

#### 4.2 Adroddiadau Adolygiad Archwilio Mewnol

*Er Sicrwydd*


*Archwilio Mewnol PCGC*

 4.2 Internal Audit Reviews Report.pdf (5 pages)

##### 4.2i Gweithio hybrid

 4.2i DHCW-2324-05 Hybrid Working Final Internal Audit Report v2.pdf (27 pages)

##### 4.2ii Fframwaith Sicrwydd y Bwrdd

 4.2ii DHCW 2324-03 BAF - Internal Audit Final Report\_.pdf (15 pages)

#### 4.3 Diweddariad Archwilio Cymru i'r Pwyllgor

*Er Sicrwydd*

*Archwilio Cymru*

- Gofal Sylfaenol

 4.3 Audit Wales Committee Update.pdf (10 pages)

 4.3i 3800A2023 Review of the GMS Digital Programme Board.pdf (18 pages)

 4.3ii 3800A2023 Review of the GMS Digital Programme Board - OR.pdf (3 pages)

#### 4.4 Gwersi a Ddysgwyd o'r broses Archwilio Cyfrifon a'r Adroddiad Blynnyddol

*Er Sicrwydd*

*Cyfarwyddwr Cyswllt Cyllid*

 4.4 Audit Committee 2022-23 Annual Accounts Lessons Learnt Action Plan Final F-02.pdf (6 pages)

#### 4.5 Cofnodion Gweithredu Archwilio

*I'w Nodi*

*Pennaeth Llywodraethu Corfforaethol*

 4.5 Audit Action Log.pdf (6 pages)

#### 4.6 Adroddiad Diweddarau ar Atal Twyll Lleol

*I'w Nodi*

*Gwasanaethau Atal Twyll Caerdydd a'r Fro*

 4.6 Local Counter Fraud Update Report.pdf (4 pages)

**Egwyl – 10 munud**

## 5. ADRODDIADAU LLYWODRAETHU

### 5.1 Adroddiad Rheoli Risg Corfforaethol

*I'w Trafod* *Ysgrifennydd y Bwrdd*




- Dadansoddiad Tueddiadau Risg Corfforaethol

 5.1 Corporate Risk Management Report.pdf (8 pages)  
 5.1i Board and Committee Trending 2023.pdf (7 pages)

### 5.2 Uwchgyfeiriadau Fframwaith Sicrwydd y Bwrdd (Cenhadaeth Strategol 5) Archwiliad Dwfn

*I'w Trafod* *Ysgrifennydd y Bwrdd/Cyfarwyddwr Gweithredol Cyllid*

- Cyllid - Ymateb Ariannol i Her Ariannol
- Cynhwysiant Digidol

 5.2 BAF Report Cover Paper.pdf (5 pages)  
 5.2i BAF Finance Deep Dive Report.pdf (3 pages)  
 5.2ii BAF Digital Inclusion.pdf (3 pages)

### 5.3 Adroddiad yr Iaith Gymraeg

*Er Sicrwydd* *Pennaeth Llywodraethu Corfforaethol*

 5.3 Welsh Language Report.pdf (6 pages)

### 5.4 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

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

 5.4 Procurement and Scheme of Delegation Compliance Report.pdf (5 pages)

### 5.5 Trefniadau Llywodraethu Rhaglen


*I'w Trafod* *Ysgrifennydd y Bwrdd*

 5.5 Programme Governance arrangements.pdf (5 pages)

### 5.6 Diweddariad Cyllid

*I'w Nodi* *Cyfarwyddwr Cyswllt Cyllid*

- Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

 5.6 High Value Purchase Orders October 2023 F-02.pdf (6 pages)

### 5.7 Diweddariad Cydymffurfiaeth Ansawdd a Rheoleiddio ac Adroddiad yr Uned Seibergadernid

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

 5.7 DHCW Quality and Regulatory Update Report 17 October 2023.pdf (8 pages)

### 5.8 Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth

*I'w Nodi* *Pennaeth Gwasanaethau Corfforaethol*

 5.8 Decarbonisation, Estates & Compliance Report.pdf (6 pages)

## 6. MATERION I GLOI

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

*I'w Trafod*      *Cadeirydd*

### 6.2 Unrhyw Faterion Brys eraill

*I'w Trafod*      *Cadeirydd*

### 6.3 Dyddiad y cyfarfodydd nesaf: 13 Chwefror 2024

*I'w Nodi*      *Cadeirydd*

## Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕒 09:30 – 12:20

📅 03/07/2023

📍 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (DHCW)
Alistair Klaas Neill	AN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru (DHCW)
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (DHCW)
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Henry Bales	HB	Dirprwy Reolwr Atal Twyll	Atal Twyll Lleol Caerdydd a'r Fro
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru (DHCW)

Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru (DHCW)
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	Iechyd a Gofal Digidol Cymru (DHCW)
Lisa Harte (ar gyfer eitem 4.2)	LH	Rheolwr Archwilio	Archwilio Mewnol Partneriaeth Cydwasaethau GIG Cymru
Carwyn Lloyd-Jones	CL-J	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru (DHCW)
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru (DHCW)
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Sabel Wiliam	SW	Archwilio Cymru	Archwilio Cymru
Ymddiheuriadau			
Darren Griffiths	DG	Arweinydd Archwilio (Perfformiad)	Archwilio Cymru
Gareth Lavington	GL	Arbenigwr Atal Twyll Lleol Arweiniol	Atal Twyll Lleol Caerdydd a'r Fro
David Tomalin	DT	Uwch Arweinydd Archwilio	Archwilio Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru (DHCW)	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd
AIA	Awdurdod Iechyd Arbennig	WASPI	Cytundeb Rhannu Gwybodaeth Bersonol Cymru

BAF	Fframwaith Sicrwydd y Bwrdd		
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Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>		
1.1	<p><b>Croeso a Chyflwyniadau</b></p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.</p> <p>Rhodddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.</p> <p>Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan Iechyd a Gofal Digidol Cymru yn dilyn y cyfarfod.</p>	Nodwyd	Dim i'w nodi
1.2	<p><b>Ymddiheuriadau absenoldeb</b></p> <p>Nodwyd yr ymddiheuriadau canlynol:-</p> <ul style="list-style-type: none"> <li>• Darren Griffiths, Archwilio Cymru</li> <li>• David Tomalin, Archwilio Cymru</li> <li>• Gareth Lavington, Atal Twyll Caerdydd a'r Fro</li> </ul>	Nodwyd	Dim i'w nodi
1.3	<p><b>Datganiadau o Fuddiannau</b></p> <p>Datganodd Marian Wyn Jones, y Cadeirydd ei buddiant yn eitem 5.3 Adroddiad Iaith Gymraeg ar ôl bod yn rhan o Grŵp Gorchwyl a Gorffen Llywodraeth Cymru a ddatblygodd y Cynllun Gweithredu 'Mwy na Geiriau'.</p> <p>Penderfynodd y Pwyllgor:</p> <p><b>NODI'R</b> un Datganiad o Fuddiant</p>	Nodwyd	Dim i'w nodi
<b>2</b>	<b>AGENDA CYDSYNIO - I'W CHYMERADWYO</b>		
2.1	<p><b>Cofnodion heb eu cadarnhau o gyfarfodydd 18 Ebrill 2023 – Talfyriad Cyhoeddus a Phreifat.</b></p> <p>Penderfynodd y Pwyllgor:</p> <p><b>GYMERADWYO'R</b> cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.</p>	Cymeradwywyd	Dim i'w nodi

2.2	<b>Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</b> <b>Penderfynodd y Pwyllgor:</b> <b>NODI</b> Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru	Nodwyd	Dim i'w nodi
2.3	<b>Blaengynllun Gwaith</b> <b>Penderfynodd y Pwyllgor:</b> <b>NODI</b> cynnwys Blaengynllun Gwaith y Pwyllgor.	Nodwyd	Dim i'w nodi
2.4	<b>Polisiâu</b> <b>Penderfynodd y Pwyllgor:</b> <b>GYMERADWYO'r</b> tri pholisi: <ul style="list-style-type: none"> <li>Polisi Iechyd Meddwl, Llesiant a Rheoli Straen</li> <li>Polisi Pecynnau Amheus a Bygythiadau Bom</li> <li>Polisi Defnyddio'r Gymraeg yn Fewnol</li> </ul>	Cymeradwywyd	Dim i'w nodi
2.5	<b>Diweddariad Ymholiad COVID-19</b> Rhoddwyd sicrwydd bod y diweddariad o heddiw wedi'i drefnu ar gyfer cyfarfod AIA Gorffennaf ac y byddai'n cael ei gyflwyno i gyfarfodydd yn y dyfodol pan fo hynny'n briodol. <b>Penderfynodd y Pwyllgor:</b> <b>NODI'R</b> Adroddiad Diweddarau ar yr Ymchwiliad i COVID-19	Nodwyd	Dim i'w nodi
2.6	<b>Datganiad Datgarboneiddio ar Drafnidiaeth a Chaffael</b> <b>Penderfynodd y Pwyllgor:</b> <b>NODI'R</b> Datganiad Datgarboneiddio ar Drafnidiaeth a Chaffael	Nodwyd	Dim i'w nodi
2.7	<b>Adroddiad Cylchlythyr Iechyd Cymru</b> <b>Penderfynodd y Pwyllgor:</b> <b>DDERBYN</b> Adroddiad Cylchlythyr Iechyd Cymru <b>er SICRWYDD</b> .	Er Sicrwydd	Dim i'w nodi

### RHAN 3 – BUSNES Y CYFARFOD

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

4.1	<p><b>Adroddiad Cynnydd yr Archwiliad Mewnol</b></p> <p>Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol Dros Dro Partneriaeth Cydwasanaethau GIG Cymru (StC) y Cynllun Cynnydd Archwilio Mewnol sef casgliad cynllun 2022/2023.</p> <p>Darparodd StC yr uchafbwyntiau o'r adroddiad cynnydd gan gynghori:-</p> <ul style="list-style-type: none"> <li>• Roedd yr adroddiad yn cynnwys dau adroddiad terfynol cynllun 2022/2023.</li> <li>• Byddai un o'r adroddiadau sy'n ymwneud â'r Cynllun Gwella Seiberddiogelwch yn cael ei drafod yn sesiwn breifat y cyfarfod ond cadarnhawyd ei fod wedi derbyn sgôr sicrwydd cyffredinol <b>Sylweddol</b>. Roedd yr ail adroddiad, Y Ganolfan Ragoriaeth, i'w drafod yn fanwl yn yr eitem nesaf.</li> <li>• Ar y cyfan, cwblhawyd 14 adolygiad, gyda phump sylweddol a saith sicrwydd rhesymol. Byddai'r Farn yn cael ei chwblhau erbyn y cyfarfod nesaf.</li> </ul> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> diweddariad Archwilio Mewnol ar gyfer <b>SICRWYDD</b>.</p>	Er Sicrwydd	Dim i'w nodi
4.2	<p><b>Adroddiadau Adolygiad Archwilio Mewnol</b></p> <p><b>Canolfan Ragoriaeth</b></p> <p>Cafodd yr adolygiad sgôr Sicrwydd <b>Rhesymol</b>.</p> <p>Amlinellodd Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru, y gwaith a wnaed yn yr adolygiad.</p> <ul style="list-style-type: none"> <li>• Roedd rhai argymhellion ond canfuwyd bod cynnydd y gwaith prosiect yn dda.</li> <li>• Roedd rheolaethau da ar waith, gweithredwyd ar y trefniadau llywodraethu ac roedd statws y prosiect yn cael ei fonitro.</li> <li>• Codwyd argymhelliad ynghylch cryfhau rhai o'r rheolaethau, a fyddai'n dod yn bwysicach fyth wrth i fwy o brosiectau a rhaglenni gwaith gael eu datblygu.</li> </ul> <p>Ychwanegodd Claire Osmundsen-Little (CO-L), Cyfarwyddwr Gweithredol Cyllid y bu nifer o adolygiadau amrywiol yng nghynllun 2022/23 gyda rhai yn cael eu hychwanegu yn ystod y flwyddyn.</p> <p>Cadarnhaodd StC y bydd y cynllun ar gyfer 2023/2024 yn canolbwyntio llawer mwy ar 'fusnes fel arfer' yn ogystal ag</p>	Er Sicrwydd	Dim i'w nodi

adolygiadau cylchdro i gael sylw ehangach, ond yn ystod yr ychydig flynyddoedd cyntaf, a ystyriwyd yn gyfnod pontio wrth i Iechyd a Gofal Digidol Cymru sefydlu ei hun, canolbwyntiwyd ar risgiau uchel a oedd yn dod i'r amlwg.

Nododd CO-L fod nifer o themâu yn deillio o'r adolygiad; sef codi'r cwestiwn o ran achosion busnes yn ymwneud â'r maes digidol. Roedd yr adolygiad hefyd yn herio'r meddylfryd ynghylch darpariaeth sy'n seiliedig ar gynnyrch. Cadarnhaodd COL fod gwaith ar y strategaeth rheoli dogfennau ar y gweill a fydd yn cynorthwyo dealltwriaeth o sut i ddosbarthu a fframio dogfennau.

Roedd Carwyn Lloyd-Jones, Cyfarwyddwr TGCh (CL-J) yn bresennol i ymateb i ymholiadau a godwyd ar yr adolygiad a chadarnhaodd ei fod yn adroddiad defnyddiol i dynnu sylw at y broses o drosglwyddo o rywbeth a oedd yn cael ei reoli'n bennaf a'i yrru gan gontractwyr i rywbeth lle'r oedd Iechyd a Gofal Digidol Cymru yn recriwtio ac yn adeiladu ei dîm ei hun i gymryd y gweithredu drosodd a'r gefnogaeth barhaus iddo.

Nododd y Pwyllgor nad oedd fframwaith rheoli prosiect cyffredin yn yr adroddiad. Ymatebodd CL-J bod nifer o ffactorau a phwysau a oedd wedi atal hyn rhag cael ei ddatblygu, ond rhoddodd sicrwydd y byddai'r hyn a ddysgwyd o'r prosiect yn cael ei gymryd drwy Grŵp Adolygu Digwyddiad a Dysgu Iechyd a Gofal Digidol Cymru.

Cytunodd CD ei fod yn adroddiad defnyddiol a rhoddodd ei sylwadau ar ddwy adran o'r adroddiad:

- Trefniadau llywodraethu rhaglen h.y mae'n cyfeirio at arolygiaeth y Bwrdd/Pwyllgor nad yw mor gryf ag y gallai fod, er bod llywodraethu'r rhaglen yn gryf iawn.
- Y Fframwaith Rheoli Prosiect a thempledi/dogfennau safonol. Gyda dros 200 o staff rhaglen yn Iechyd a Gofal Digidol Cymru neu staff cysylltiedig â rhaglenni, roedd yn ffordd ddefnyddiol o atgoffa pobl o fanteision sicrhau bod dull safonol yn cael ei fabwysiadu ar draws y sefydliad.

Holodd Alistair Klaas Neill, Aelod Annibynnol (AKN) sut y gallai fod yn bosibl defnyddio cyfleoedd i ddod â chymaryddion allanol i mewn, h.y y rhai y gellid eu hystyried yn gymharydd a chyfeirbwynt priodol o ran materion archwilio mewnol, i sicrhau nad yw Iechyd a Gofal Digidol Cymru yn canolbwyntio'n fewnol.

	<p>Cadarnhaodd StC ei bod yn anodd defnyddio cymharydd allanol oherwydd natur unigryw Iechyd a Gofal Digidol Cymru ond aseswyd yr adolygiadau yn erbyn gwaelodlin/disgwyliadau sefydledig. Roedd gwaith yn gorgyffwrdd â chleientiaid eraill felly roedd dau safbwynt gwahanol.</p> <p>Sicrhaodd Lisa Harte (LH) y Pwyllgor fod yr adolygiad wedi'i gwblhau ar adeg pan oedd y rhaglen yn cael ei chau a bod y Ganolfan Ragoriaeth yn mynd i 'Fusnes fel Arfer' felly roedd yn ddefnyddiol cael yr wybodaeth ddiweddaraf am ddysgu sefydliadol ehangach.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>DDERBYN</b> yr adroddiad ar gyfer <b>SICRWYDD</b>.</p>		
4.3	<p><b>Diweddariad Archwilio Cymru i'r Pwyllgor</b></p> <p>Cyflwynodd Nathan Couch (NC), Archwilio Cymru Ddiweddariad Pwyllgor Archwilio Cymru a rhoddodd ddiweddariad am y gwaith archwilio ariannol a pherfformiad cyfredol ac a gynlluniwyd a thynnodd sylw at y pwyntiau allweddol canlynol: -</p> <ul style="list-style-type: none"> <li>• Rhoddodd Sabel Wiliam (SW) ddiweddariad ar y datganiadau ariannol yn cadarnhau y bydd yr archwiliad o gyfrifon yn cael ei gyflwyno i'r Pwyllgor Archwilio a Sicrwydd ar 12 Gorffennaf. Ychwanegodd Mark Cox (MC), Cyfarwyddwr Cyswllt Cyllid, er mai'r un broses oedd hi bob blwyddyn, cyflwynodd eleni her ychwanegol y safonau archwilio newydd. Diolchodd MC i Archwilio Cymru am eu cefnogaeth a chynghor drwy gydol y broses.</li> <li>• Gwaith Archwilio Perfformiad - roedd nifer o adolygiadau wedi'u cynllunio neu ar y gweill. Roedd gwaith maes Asesiad Strwythuredig 2023/24 wedi'i gynllunio ar gyfer Gorffennaf a dechrau Awst. Byddai'r adroddiad yn cael ei ystyried yng nghyfarfod mis Hydref, er bod hyn i'w gadarnhau, gyda chymeradwyaeth ffurfiol gan y Pwyllgor hwn a'r Bwrdd yn y Flwyddyn Newydd.</li> <li>• Roedd Rhaglen Ddigidol Gwasanaethau Meddygol Cyffredinol yn y cyfnod adrodd a'r bwriad oedd adrodd ar hyn yn y cyfarfod nesaf ym mis Hydref.</li> <li>• Gwaith prosiect lleol – Cynlluniwyd adolygiad o drefniadau Ymgysylltu â Rhanddeiliaid ar gyfer y flwyddyn newydd.</li> <li>• Nid oedd unrhyw gyhoeddiadau newydd perthnasol ers y cyfarfod diwethaf.</li> </ul>	Er Sicrwydd	<b>Cam Gweithredu:</b> Sleidiau Asesiad Strwythuredig i'w rhannu.

- Roedd Blaenraglen Waith Perfformiad ac Archwilio wedi'i chyhoeddi, a oedd yn canolbwyntio ar bedair thema; mynd i'r afael ag anghydraddoldeb, ymateb i'r argyfwng hinsawdd a natur, gwytnwch gwasanaethau a mynediad a gwasanaethau cyhoeddus wedi'u rheoli'n dda. O ddiddordeb arbennig i Iechyd a Gofal Digidol Cymru oedd y Ddyletswydd Economaidd-gymdeithasol, anghydraddoldebau Iechyd, dilyniant sero net, cyflawni strategaeth ddigidol Cymru a heriau gweithlu'r sector cyhoeddus.
- Nid oedd unrhyw ymgynghoriadau perthnasol gan Archwilio Cymru ar y gweill.

Roedd y Pwyllgor yn falch o weld y cydweithio cryf rhwng Archwilio Cymru ac Iechyd a Gofal Digidol Cymru.

Cyflwynodd NC rai sleidiau ar y dull a ddefnyddiwyd ar gyfer yr Asesiad Strwythuredig yn 2023.

- Bydd asesiad strwythuredig craidd yn canolbwyntio ar drefniadau corfforaethol mewn 4 maes.
  - Effeithiolrwydd, cydlyniant a thryloywder y Bwrdd a Phwyllgorau
  - Systemau corfforaethol o sicrwydd
  - Trefniadau cynllunio corfforaethol
  - Trefniadau cynllunio ariannol corfforaethol

Roedd rhai meysydd posibl ar gyfer cynnal archwiliad dwfn cylchol yn cynnwys:

- Y Gweithlu (2022)
- Adnoddau Digidol (2023)
- Llywodraethu Gwybodaeth/seiberddiogelwch
- Ystadau ac asedau ffisegol eraill
- Trefniadau comisiynu
- Gofal iechyd darbodus/gofal iechyd seiliedig ar werth
- Ymgysylltu â Phartneriaid a Rhanddeiliaid
- Trefniadau arweinyddiaeth a chynllun/strwythurau sefydliadol.

Y cwestiwn i'w ateb o Asesiad Strwythuredig 2023 oedd 'A yw trefniadau corfforaethol y sefydliad yn cefnogi llywodraethu da a'r defnydd effeithlon, effeithiol a darbodus o adnoddau?'

Byddai'r ffocws ar yr Asesiad Strwythuredig yn cymryd

	<p>agwedd symlach, h.y dull mwy seiliedig ar risg.</p> <p>Cadarnhaodd CD ei fod yn cefnogi'r dull hwn a'i fod wedi trafod ag Archwilio Cymru a fyddent yn gallu darparu ar gyfer maes gwaith y nodwyd bod angen adolygiad manylach arno ac roedd Archwilio Cymru wedi cytuno y byddent yn gallu darparu ar gyfer hyn.</p> <p><b>CAMAU GWEITHREDU: 20230703-A01</b> Roedd y sleidiau i'w rhannu gyda'r Pwyllgor.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI</b> Diweddariad Archwilio Cymru i'r Pwyllgor ar gyfer SICRWYDD.</p>		
4.4	<p><b>Cyfleoedd Asesu Strwythuredig ar gyfer Dysgu</b></p> <p>Cyflwynodd Laura Tolley, Pennaeth Llywodraethu Corfforaethol (LT) y Cyfleoedd Asesu Strwythuredig ar gyfer y Cynllun Gweithredu Dysgu a oedd wedi codi o'r Asesiad Strwythuredig ffurfiol cyntaf a thynnodd sylw at rai pwyntiau allweddol:-</p> <p>Canfu gwaith Asesiad Strwythuredig 2022 y canlynol am Iechyd a Gofal Digidol Cymru:</p> <ul style="list-style-type: none"> <li>• Roedd yn cael ei arwain yn dda ac roedd wedi gwneud cynnydd cadarnhaol o ran sefydlu a gwreiddio trefniadau priodol i gefnogi llywodraethu da;</li> <li>• Roedd ganddo ddulliau cynllunio effeithiol, ond roedd angen gwneud rhagor o waith i ddatblygu ei strategaeth tymor hwy a chynnwys cerrig milltir a thargedau mewn rhai cynlluniau i alluogi monitro cynnydd yn effeithiol;</li> <li>• Roedd ganddo ddull effeithiol ar y cyfan o gynllunio, monitro ac adrodd, mae model ariannu'r sefydliad yn cyflwyno risgiau y mae angen eu rheoli'n weithredol yn y tymor canolig i'r hirdymor; ac</li> <li>• Roedd yn ymroddedig iawn i gefnogi llesiant staff ac roedd dulliau strategol da ar waith ar gyfer rheoli ei adnoddau digidol a'r ystâd.</li> </ul> <p>Edrychodd yr adroddiad yn benodol ar gyfleoedd ar gyfer datblygiad pellach i Iechyd a Gofal Digidol Cymru ac roedd yn cynnwys Cynllun Gweithredu o 18 o gamau gweithredu, ac roedd naw ohonynt wedi'u cwblhau a'r naw arall yn mynd rhagddynt yn dda.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> Cyfleoedd Asesu Strwythuredig ar gyfer y Cynllun</p>	Nodwyd	Dim i'w nodi

	Gweithredu Dysgu		
4.5	<p><b>Traciwr Camau Gweithredu Archwilio</b></p> <p>Cadarnhaodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol (JA), yn dilyn cyngor gan Archwilio Mewnol, fod un cam gweithredu, yn dibynnu ar drydydd parti, yn cael ei reoli trwy gofnod ar wahân ar gyfer olrhain.</p> <p>Adolygwyd 53 o gamau gweithredu yn y cyfarfod diwethaf a chaewyd 21 gan adael cyfanswm o 32 o gamau gweithredu agored. Derbyniodd y Pwyllgor bum adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 22 cam gweithredu newydd. Roedd y rhain wedi'u hychwanegu at y cofnod a oedd bellach yn cynnwys cyfanswm o 54 o gamau gweithredu agored. O'r camau hyn, ystyriwyd bod 33 wedi'u cwblhau, 19 ar darged i'w cwblhau erbyn eu dyddiad targed, un nad oedd ar y trywydd iawn i'w gwblhau ac un a oedd wedi mynd heibio'r dyddiad gweithredu ond bellach wedi'i gwblhau ers cyhoeddi'r adroddiad.</p> <p>Oherwydd eu cynnwys technegol, byddai pum cam gweithredu yn cael eu hadolygu yn y sesiwn breifat.</p> <p>Roedd y Pwyllgor yn falch ac wedi'u calonogi o nodi'r cynnydd a wnaed o ran cwblhau'r camau gweithredu a oedd yn weddill.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R Traciwr Gweithredu Archwilio</b></p>	Nodwyd	Dim i'w nodi
4.6	<p><b>Adroddiad Diweddarau ar Atal Twyll Lleol</b></p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddarau Atal Twyll Lleol ar gyfer y cyfnod 1 Ebrill 2023 i 19 Mehefin 2023.</p> <p>Tynnodd Henry Bales, Dirprwy Bennaeth Atal Twyll (HB), sylw at y gwaith a wnaed yn ystod y cyfnod:</p> <ul style="list-style-type: none"> <li>Mae Atal Twyll yn mynychu ymsefydlu corfforaethol a mynychwyd dwy sesiwn yn ystod y cyfnod hwn.</li> <li>Hyfforddiant Staff - Bydd Pobl a Datblygiad Sefydliadol yn cael rhywfaint o hyfforddiant ymwybyddiaeth twyll penodol.</li> <li>Roedd cyfanswm o chwe digwyddiad gweminar wedi'u cynnal ac roedd dau aelod o Iechyd a Gofal Digidol Cymru yn bresennol.</li> <li>Roedd e-bost hyrwyddo wedi'i anfon at benaethiaid Adrannau i hyrwyddo'r dysgu newydd a'r ap Atal Twyll.</li> <li>Roedd rhai sefydliadau wedi gwneud yr hyfforddiant Atal Twyll yn orfodol er mwyn cynyddu'r nifer sy'n</li> </ul>	Nodwyd	<b>Cam Gweithredu:</b> HB i ddosbarthu canllawiau ar sut i gael mynediad at y modiwl E-ddysgu Atal Twyll ar ESR.

	<p>gwneud yr hyfforddiant ac roedd hwn hefyd yn cael ei dreialu gan Iechyd a Gofal Digidol Cymru yn yr adran Gyllid cyn cael ei gyflwyno i weddill y sefydliad erbyn diwedd y flwyddyn. Adroddwyd am rai problemau gyda lleoli'r modiwl E-ddysgu ar ESR. Cytunodd HB i ddosbarthu canllawiau. Cadarnhaodd CO-L mai bwriad Iechyd a Gofal Digidol Cymru oedd gwneud hyfforddiant Atal Twyll yn orfodol.</p> <ul style="list-style-type: none"> <li>• Roedd un atgyfeiriad newydd ynghylch salwch gweithwyr yn cael ei ymchwilio a byddai'n cael ei drafod mewn sesiwn breifat</li> <li>• Roedd cyfanswm o ddau Asesiad Risg Twyll wedi'u cwblhau</li> <li>• Cwblhaodd Iechyd a Gofal Digidol Cymru ei ymarfer Menter Twyll Genedlaethol cyntaf.</li> </ul> <p><b>CAMAU GWEITHREDU: 20230703-A02</b> HB i ddosbarthu canllawiau ar sut i gael mynediad at y modiwl E-ddysgu Atal Twyll ar ESR.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> Adroddiad Diweddarar ar Atal Twyll.</p>		
<b>RHAN 5</b>	<b>ADRODDIADAU LLYWODRAETHU</b>		
5.1	<p><b>Adroddiad Risg Corfforaethol</b></p> <p>Cyflwynodd CD drosolwg o'r Adroddiad Risg Corfforaethol a rhoddodd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> <li>• Cytunwyd ar ddatganiad derbynioldeb risg Iechyd a Gofal Digidol Cymru a goddefiannau ym Mwrdd AIA ym mis Mai.</li> <li>• Roedd 28 o risgiau ar y Gofrestr Risg Gorfforaethol a oedd wedi gostwng ychydig ers y cyfarfod diwethaf.</li> <li>• Newidiadau ar y gofrestr: Roedd saith risg newydd wedi'u hychwanegu ers y cyfarfod diwethaf. Ychwanegwyd y risg o gronni Dyled Dechnegol gan Sam Lloyd, Cyfarwyddwr Gweithredol Gweithredoedd, ac awgrymwyd y dylid ailddosbarthu'r risg hon a mynd i'r Pwyllgor Llywodraethu a Diogelwch Digidol i'w goruchwyllo. Roedd y risgiau newydd eraill i'w nodi; roedd dau yn gyllid cynaliadwy ar gyfer Cytundeb Rhannu Gwybodaeth Bersonol Cymru (WASPI) a chyllid cam 3 yr Adnodd Data Cenedlaethol. Cadarnhaodd CO-L fod cyllid chwe</li> </ul>	Nodwyd	<p><b>Cam Gweithredu:</b> Acronymau i'w cynnwys ym mhob adroddiad.</p>

mis wedi'i gytuno i ddechrau ar gyfer yr Adnodd Data Cenedlaethol ond yn dilyn cyfarfod â Llywodraeth Cymru, roedd 12 mis llawn bellach wedi'i gytuno ac roedd y llythyr ariannu ar y ffordd. Am na chafwyd cadarnhad ar ddechrau'r flwyddyn, rhoddwyd stop ar y recriwtio, felly byddai'n cael ei wirio a oedd angen y cyllid llawn bellach. Roedd angen mwy o sicrwydd yn y maes hwn gan mai dim ond blwyddyn o gyllid a gytunwyd.

- Cafodd deg risg eu dileu ers y cyfarfod diwethaf. Mae'r mwyafrif, sy'n ymwneud yn bennaf â risgiau ariannol, wedi gostwng mewn sgôr ond yn parhau i fod yn risgiau. Rhoddodd Mark Cox (MC) ddiweddariad byr ar y risgiau hyn.
- Y risg sefydliadol uchaf oedd y cynnydd yn incwm Cytundeb Lefel Gwasanaeth GIG Cymru a oedd bellach wedi dod oddi ar y Gofrestr Risg Gorfforaethol. Roedd y broses wedi cymryd llawer o amser ac wedi cynnwys y cynnydd sylweddol cyntaf i'r Cytundebau Lefel Gwasanaeth, ar ôl dyblu o 8m i 16m gyda throsglwyddo rhaglenni i 'Fusnes fel Arfer'. Rhoddodd CO-L ddiweddariad bod sefyllfa wedi'i chyrraedd lle'r oedd pob Bwrdd Iechyd yn cytuno i'r taliadau uwch ac na fu angen mynd at ganolwr.
- Byddai'r ddau risg preifat yn cael eu trafod yn y sesiwn Breifat.

Trafodwyd y mater o acronymau a gofynnwyd a ellid dweud y geiriau'n llawn yn y lle cyntaf cyn dychwelyd i'r acronym byddai'n ddefnyddiol.

**CAMAU GWEITHREDU: 20230703-A03** Gofynnwyd am gynnwys mynegai mwy manwl o acronymau ym mhob adroddiad.

Cytunodd y Pwyllgor mai'r Pwyllgor Llywodraethu a Diogelwch Digidol fyddai â'r brif oruchwyliaeth o'r risg o ran Dyled Dechnegol ond gan fod gan Iechyd a Gofal Digidol Cymru lefel uchel o asedau anniriaethol h.y systemau y mae angen i Archwilio a Sicrwydd eu dilysu fel Pwyllgor byddai'n cynnal diddordeb arbennig ychwanegol ynddo wrth symud ymlaen.

Roedd y Pwyllgor yn falch o nodi'r nifer uchel o risgiau sy'n cael eu hisraddio i'w rheoli ar lefel Cyfarwyddiaeth.

**Penderfynodd** y Pwyllgor:

**NODI'r** newid aseiniad risg DHCW0316 i'r Pwyllgor

	Llywodraethu a Diogelwch Digidol a statws y Gofrestr Risg Gorfforaethol a <b>THRAFOD</b> y Risgiau Corfforaethol a neilltuwyd i'r Pwyllgor Archwilio a Sicrwydd.		
5.2	<p><b>Archwiliad Dwfn o Fframwaith Sicrwydd y Bwrdd, Meysydd i'w Hadolygu</b></p> <p>Cyflwynodd CD Fframwaith Sicrwydd y Bwrdd a oedd yn dwyn ynghyd mewn un lle y risgiau strategol i gyflawni'r Cenhadaeth Strategol. Roedd pob Arweinydd Gweithredol wedi cytuno ar y Genhadaeth Strategol. Cymeradwywyd Fframwaith Sicrwydd y Bwrdd yng nghyfarfod Bwrdd AIA ym mis Mai a chymerodd argymhellion o'r Asesiad Strwythuredig o'r llynedd i gynnal archwiliadau dwfn i drafod meysydd sy'n berthnasol i'r Pwyllgorau.</p> <p>Rhoddodd CO-L y wybodaeth ddiweddaraf am Genhadaeth 5 ac yn arbennig y dirwedd ariannu cynaliadwy.</p> <p>Esboniodd CO-L fod Cenhadaeth 5 yn genhadaeth eithaf amrywiol a oedd wedi ysgogi llawer o drafod ar y cyd ynghylch beth ddylai'r sgôr lefel darged fod ac felly roedd cryn amrywiaeth o ran y risg ynghylch pob un o'r canlyniadau penodol.</p> <p>Roedd y Genhadaeth yn cynnwys gweithlu ac roedd yr adnoddau a'r recriwtio yn faes datblygu allweddol. Nod y gwaith oedd dangos y cynlluniau a'r hyn yr oedd modd ei gyflawni yn y cynlluniau hynny ar gyfer pob un o'r meysydd allweddol hynny, gydag arweinwyr yn darparu diweddariadau yn erbyn eu cynlluniau.</p> <p>O safbwynt cyllid, y mater allweddol oedd cyllid cynaliadwy a sut y gellid datblygu model ariannu cynaliadwy.</p> <p>Sicrhawyd bod y cynllun ar y trywydd cywir yn dilyn dau fis cyntaf y flwyddyn ariannol newydd ac nad oedd unrhyw beth o bryder na risg sylweddol o fewn y portffolio.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DRAFOD</b> archwiliad dwfn Fframwaith Sicrwydd y Bwrdd a <b>NODI'r</b> diweddariad ar Genhadaeth Strategol 5.</p>	Trafodwyd	Dim i'w nodi
5.3	<p><b>Adroddiad Iaith Gymraeg gan gynnwys Adolygiad Blynyddol Mwy Na Geiriau</b></p> <p>Cyflwynodd LT Adroddiad Blynyddol 'Mwy na Geiriau' sef y cyntaf ar gyfer y sefydliad, roedd yr adroddiad yn ymdrin â mis Medi 2022 i fis Mawrth 2023 ac amlinellodd y camau a gymerwyd gan Iechyd a Gofal Digidol Cymru yn</p>	Er Sicrwydd	<p><b>Cam Gweithredu:</b></p> <p>Yr adroddiad i gynnwys yn benodol faint o swyddi</p>

	<p>erbyn pwyntiau penodol yn y Cynllun 'Mwy na Geiriau'. Y dyddiad cau ar gyfer cyflwyno oedd diwedd Gorffennaf 2023 a byddai'n cael ei gyflwyno i Lywodraeth Cymru ar ôl y cyfarfod. Darparodd LT yr uchafbwyntiau canlynol:-</p> <ul style="list-style-type: none"> <li>• Roedd swydd-ddisgrifiadau'n cael eu cyfieithu i'r Gymraeg a swyddi'n cael eu hysbysebu ar safleoedd swyddi Gymraeg</li> <li>• Roedd nifer y staff heb unrhyw sgiliau Gymraeg yn lleihau.</li> <li>• Bu cynnydd yn y dyraniad cyllideb ar gyfer cyfieithu. Roedd Iechyd a Gofal Digidol Cymru yn gweithio ar y cyd â sefydliadau eraill y GIG i gaffael a rhannu system meddalwedd cof a fyddai'n helpu i leihau costau cyfieithu, ac roedd cynlluniau hefyd i recriwtio cyfieithydd mewnol.</li> <li>• Roedd ychydig o gamau coch ar Gynllun Gweithredu'r Gymraeg a oedd wedi'u diweddarau.</li> <li>• Roedd un rôl wedi'i hysbysebu fel rôl Gymraeg hanfodol (Lefel 4), roedd hon yn cael ei hysbysebu ar hyn o bryd.</li> <li>• Roedd gwaith yn mynd rhagddo i sicrhau bod cyfarfodydd, digwyddiadau a gohebiaeth yn ddwyieithog.</li> <li>• Derbyniwyd cyllid i ddatblygu safle Cymru Gyfan i rannu Arferion Gorau yn y Gymraeg a byddai dolen i'r wefan hon ar gael i'w rhannu yn y cyfarfod nesaf.</li> </ul> <p><b>CAM GWEITHREDU: 20230703-A04</b> Mewn perthynas â recriwtio, gofynnodd y Cadeirydd i'r adroddiad, yng nghyfarfod nesaf y Pwyllgor, gynnwys faint o swyddi newydd a aseswyd ar gyfer gofynion y Gymraeg yn benodol a hefyd dadansoddiad o ba lefel yr aseswyd swyddi iddi.</p> <p><b>CAM GWEITHREDU: 20230703-A05</b> Cytunwyd hefyd y byddai gwaith cymunedol, a wnaed neu a gynlluniwyd, yn cael ei gynnwys yn yr adroddiad nesaf.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'r</b> Adroddiad Iaith Gymraeg gan gynnwys Adroddiad Blynnyddol Mwy Na Geiriau er <b>SICRWYDD</b>.</p>		<p>newydd sydd wedi'u hasesu ar gyfer gofynion y Gymraeg a hefyd dadansoddiad o ba lefel yr aseswyd swyddi iddi.</p> <p><b>Cam Gweithredu:</b> Cytunwyd hefyd y byddai gwaith cymunedol, a wnaed neu a gynlluniwyd, yn cael ei gynnwys yn yr adroddiad nesaf.</p>
5.4	<p><b>Adroddiad Safonau Ymddygiad</b></p> <p>Dywedodd LT wrth y Pwyllgor fod yr Adroddiad Safonau Ymddygiad yn amlinellu'r Datganiadau o Fuddiant a chofrestr Rhoddion, Nawdd a Lletygarwch ar gyfer Iechyd a</p>	Nodwyd	Dim i'w nodi

	<p>Gofal Digidol Cymru. Amlygwyd y pwyntiau allweddol o'r adroddiad:-</p> <ul style="list-style-type: none"> <li>Ers yr adroddiad diwethaf, roedd Datganiadau o Fuddiannau holl Aelodau'r Bwrdd wedi'u cofnodi ar gyfer 2023/2024.</li> <li>Roedd gwaith yn parhau i gasglu'r Datganiadau o Fuddiannau ar gyfer pob un o 8a ac uwch, ar adeg yr adroddiad, roedd 83% wedi'i dderbyn a'i gofnodi, roedd hyn yn ostyngiad bach ar ddata'r tro diwethaf ond roedd hyn oherwydd y cynnydd yn nifer y staff yn y sefydliad.</li> <li>Roedd 24% o fand 2-7 wedi'i gasglu a chyfathrebiadau parhaus yn cael eu hanfon at staff i sicrhau eu bod yn llenwi'r ffurflen Datganiad o Fuddiannau.</li> <li>Derbyniwyd 14 cofnod ar gyfer Lletygarwch / Nawdd ar y gofrestr.</li> </ul> <p>Roedd y Pwyllgor yn falch o nodi'r gwaith rhagweithiol sy'n digwydd ar Safonau Ymddygiad.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> Adroddiad Datganiadau Buddiannau, Rhoddion a Lletygarwch ar gyfer <b>SICRWYDD</b>.</p>		
5.5	<p><b>Diweddariad Cyllid</b></p> <p>Rhoddodd Mark Cox (MC), Cyfarwyddwr Cyswllt Cyllid, fanylion am y tair archeb oedd wedi cyrraedd y trothwy o £750,000 a drafodwyd yn ystod y cyfnod adrodd.</p> <p>Hysbyswyd y Pwyllgor na chodwyd unrhyw orchmynion unigol dros £0.75m yn ystod y cyfnod o 1 Ebrill 2023 i 12 Mehefin 2023.</p> <p>Rhoddodd CO-L ddiweddariad ar faterion cyllid eraill:-</p> <ul style="list-style-type: none"> <li>Cafwyd cadarnhad bod y cyfrifon bellach yn cael eu cwblhau, ar ôl cwrdd â'r holl ofynion statudol. Bu'n heriol mantoli'r cynllun ariannol, oherwydd tri phrif reswm; ar ôl cynhyrchu'r cynllun, roedd bwlch o 1.9 miliwn a oedd wedi deillio o gytuno ar gcontractau ynni ar adeg pan oedd cost ynni yn uchel, pwysau chwyddiant a phrisiau cytundebol yn eithriadol a'r ansicrwydd ynghylch sefyllfa'r Cytundeb Lefel Gwasanaeth gyda Byrddau Iechyd. Ysgrifennwyd llythyr at Lywodraeth Cymru ganol mis Mawrth i godi'r materion hyn ac yn dilyn hynny cynhaliwyd cyfarfod gyda Llywodraeth Cymru lle cytunwyd ar gyfres o gamau gweithredu. Diweddarwyd y cynllun arbedion i adlewyrchu'r camau gweithredu a</li> </ul>	Nodwyd	Dim i'w nodi

	<p>galluogi'r cynllun i gydbwyso. Cyflwynwyd llythyr pellach i Lywodraeth Cymru ar 5 Mai yn amlinellu'r cynllun cytbwys, er yn gynllun oedd yn edrych ar y risgiau o gyflawni'r cynllun. Ychwanegwyd y risg at y Gofrestr Risg Gorfforaethol.</p> <ul style="list-style-type: none"> <li>Gwnaed diwydrwydd dyladwy ariannol ar RISP a LINC a thrwy weithio gyda Llywodraeth Cymru a'r Byrddau Iechyd, bu modd cwblhau'r achos busnes yn derfynol.</li> <li>Gofal Llygaid – roedd y tîm cyllid bellach yn mynd i mewn i fanylion y trosglwyddiad a goblygiadau ariannol y trosglwyddiad.</li> <li>Roedd swyddi'n cael eu recriwtio cyn gynted â phosibl er mwyn galluogi Iechyd a Gofal Digidol Cymru i gystadlu mewn meysydd o flaenoriaeth allweddol o fewn y gymuned Ddigidol.</li> <li>Trafododd cyfarfod y Cydbwyllgor Gweithredol y sefyllfa ariannol bresennol. Roedd y sefyllfa ariannu cynaliadwy yn her, efallai y bydd modd rheoli eleni, fodd bynnag bydd y flwyddyn nesaf yr un mor heriol, os nad yn fwy heriol.</li> </ul> <p>Roedd y Pwyllgor yn falch o nodi bod Iechyd a Gofal Digidol Cymru yn barod i gyflawni eu gofynion statudol a diolchodd i'r gyfarwyddiaeth gyllid am yr holl waith a wnaed i gyrraedd y pwynt hwn.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Archebion Prynu Gwerth Uchel a'r Archebion Cronnus.</p>		
5.6	<p><b>Diweddariad am Golledion a Thaliadau Arbennig</b></p> <p>Cadarnhaodd CO-L nad oedd unrhyw Golledion a Thaliadau Arbennig i adrodd amdanynt.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Diweddariad o'r Colledion a'r Taliadau Arbennig ar gyfer <b>SICRWYDD</b>.</p>	Nodwyd	Dim i'w nodi
5.7	<p><b>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</b></p> <p>Cyflwynodd Julie Francis (JF), Pennaeth Gwasanaethau Masnachol, yr adroddiad rhwng 1 Ebrill 2023 a 31 Mai 2023 a gofynnodd i'r Pwyllgor nodi:</p> <ul style="list-style-type: none"> <li>Tri tendr sengl</li> <li>Dau nodyn Rheoli Newid</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> cynnwys yr Adroddiad Cydymffurfiaeth Caffael a</p>	Nodwyd	Dim i'w nodi

	Chynllun Dirprwyo		
5.8	<p><b>Adroddiad Diweddarar ar Gydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid</b></p> <p>Cyflwynodd Paul Evans, Pennaeth Rheoleiddio, yr adroddiad a chyflwynodd y prif bwyntiau allweddol i'r Pwyllgor:-</p> <ul style="list-style-type: none"> <li>• Parhaodd y rhaglen archwilio mewnol Risg i weithredu'n effeithiol.</li> <li>• Bu dau archwiliad allanol yn ystod y cyfnod; Roedd Systemau Rheoli Gwasanaeth TG ISO 20000 ac ISO 27001 yn llwyddiannus.</li> <li>• Yr unig archwiliad a gynlluniwyd ar gyfer y chwarter oedd i ddechrau ar ddiwrnod y cyfarfod.</li> <li>• Roedd y system Rheoli Ansawdd cynefino ar gyfer yr iPassport i fyny o'r chwarter diwethaf.</li> <li>• Roedd y Tîm Llywodraethu Corfforaethol wedi cynyddu nifer y polisiau a oedd yn gyfredol.</li> <li>• Mae ffigurau'r Rhestr Gweithredu Gwella Ansawdd (QIAL) yn parhau i wella.</li> <li>• Mae gwaith ar Reoliadau Dyfeisiau Meddygol yn parhau, ac mae MHRA yn rhagweld y bydd yn cyhoeddi deddfwriaeth wedi'i diweddarar yn ddiweddarach eleni.</li> </ul> <p>Trafododd y Pwyllgor pa feysydd o'r Ddyletswydd Ansawdd oedd yn debygol o fod yn fwyaf heriol i'w cyflawni. Cadarnhaodd PE fod Llywodraeth Cymru yn hapus bod gweithrediad y Ddyletswydd Ansawdd yn ailadroddol, o ran cynnwys ac amllder adrodd ond ei bod yn her gweithio gyda phob Cyfarwyddwr a'r timau i ddeall sut olwg oedd ar eu proses busnes fel arfer a sut y gellid mesur ansawdd y prosesau hynny.</p> <p>Cydnabu'r Pwyllgor y mater o ran mesur ansawdd a wnaed yn anos pan oedd ansawdd yn gynhenid yn y ffordd yr oedd Iechyd a Gofal Digidol Cymru yn gweithio. Sicrhaodd PE y Pwyllgor fod Llywodraeth Cymru yn fodlon cyn belled â bod cynllun ansawdd cadarn ar waith.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Diweddarar ar Gydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid.</p>	Nodwyd	Dim i'w nodi.
5.9	<p><b>Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth</b></p> <p>Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol, y prif bwyntiau canlynol o'r adroddiad:</p>	Nodwyd	Dim i'w nodi

- Roedd staff ystadau wedi dilyn nifer o gyrsiau yn ystod yr ychydig fisoedd diwethaf ac oherwydd bod rôl newydd (Hwylusydd Datblygu'r Amgylchedd a Chydymffurfiaeth Ystadau) wedi'i chreu, roedd manteision i'w gweld. Roedd hyfforddiant hybu llythrennedd carbon yn cael ei gyflwyno ar draws y sefydliad.
- Roedd rhai opsiynau'n cael eu harchwilio ar gyfer rhannu llety ac roedd manteision hyn i'w gweld eisoes oherwydd bod yr ystâd yn lleihau.
- Cadarnhawyd i Lywodraeth Cymru y bwriad i adnewyddu'r Cynllun Gweithredu yn 2025. Roedd yr holl gamau gweithredu cyfredol wedi'u cwblhau.
- Parhaodd y gwaith o ymgysylltu â PCGC ar gyfer mesuriadau cyfrifo allyriadau caffael.
- Cyflwynwyd yr Adroddiad Datgarboneiddio newydd – trafnidiaeth a chaffael mewn pryd (a nodir ar yr Agenda Cydsynio).

#### Rheolaeth Amgylcheddol

- Cadwyd tystysgrif ISO 14001 ar gyfer Systemau Rheoli Amgylcheddol a oedd wedi'i chadw ers 2014.
- Roedd 37 o gamau gweithredu wedi'u cau.
- Ni fu unrhyw ymholiadau na chwynion amgylcheddol.
- Roedd cydymffurfiaeth systemau ac offer peiriannau yn 100%, y targed oedd 90%. Roedd y penodiad newydd i'r tîm wedi bod yn allweddol i gyrraedd y ffigwr hwn.
- Roedd y gydymffurfiaeth ar gyfer gwaith cynnal a chadw cynlluniedig ac ataliol hefyd yn uchel iawn, sef 99%.
- Iechyd a Diogelwch – ni adroddwyd am unrhyw ddigwyddiadau yn ystod y flwyddyn ariannol hon.
- Roedd yr allyriadau gweithredol a gyfrifwyd ar gyfer y flwyddyn i'w hadrodd erbyn mis Medi. Byddai'r data caffael yn cael eu hanfon gan y Cydwasanaethau erbyn diwedd y mis a oedd yn rhoi Iechyd a Gofal Digidol Cymru mewn sefyllfa dda i allu adrodd ar amser.


Roedd y Pwyllgor yn falch o nodi'r cynnydd rhagorol sy'n cael ei wneud ar gyrraedd 100% ar gyfer y sgôr Cydymffurfiaeth Ystadau cyffredinol.


**Penderfynodd y Pwyllgor:**


	<b>NODI'R</b> Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth.		
<b>RHAN 6</b>	<b>MATERION I GLOI</b>		
6.1	<p><b>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</b></p> <p>Nododd y Cadeirydd yr eitemau a gafodd eu cymeradwyo, eu cefnogi a'u trafod i'w cynnwys yn adroddiad y Cadeirydd i'r Bwrdd.</p> <ul style="list-style-type: none"> <li>Ariannu cynaliadwy, nodwyd y cynnydd da y mae'r tîm cyllid yn ei wneud i gael cynllun cytbwys a chyflawni gofynion chwarter un.</li> <li>Byddai'r Pwyllgor yn cadw'r risg dyled dechnegol mewn golwg ond byddai'n cael ei fonitro gan y Pwyllgor Llywodraethu a Diogelwch Digidol</li> <li>Canolfan Ragoriaeth – roedd nifer o argymhellion a meysydd dysgu sgematig.</li> <li>Nodwyd y dull ar gyfer yr Asesiad Strwythuredig ar gyfer 2023/2024.</li> <li>Nodwyd y cynnydd a wnaed ar nifer y risgiau sy'n dod oddi ar y gofrestr risg.</li> <li>Sicrhawyd y Pwyllgor gan yr eitemau sefydlog sy'n cyfleu'r perfformiad da y mae'r sefydliad wedi'i gyflawni dros y chwarter diwethaf a oedd yn dyst i'r trefniadau sydd ar waith.</li> <li>Rhoi cyhoeddusrwydd i'r diweddariad ar hyfforddiant gorfodol atal twyll.</li> </ul>	Trafodwyd	Dim i'w nodi
6.2	<p><b>Unrhyw Faterion Brys eraill</b></p> <p>Ni chodwyd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
6.3	<p><b>Dyddiad ac Amser y Cyfarfod Nesaf:</b></p> <ul style="list-style-type: none"> <li>18 Gorffennaf 2023 cyfrifon archwiliedig</li> <li>17 Hydref 2023</li> </ul>	Nodwyd	Dim i'w nodi

## Pwyllgor Archwilio a Sicrwydd - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 12:30 – 13:30

 03/07/23

 Galwad Teams

Cadeirydd	Marian Wyn Jones
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Yn bresennol		Teitl	Sefydliad
Marian Wyn Jones	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (DHCW)
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru (DHCW)
Ruth Glazzard	RG	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (DHCW)
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (DHCW)
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Henry Bales	HB	Dirprwy Bennaeth Atal Twyll	Atal Twyll Caerdydd a'r Fro
Stephen Chaney	StC	Pennaeth Archwilio Mewnol Dros Dro	PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad, (Iechyd)	Archwilio Cymru

Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru (DHCW)
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru (DHCW)
Jamie Graham	JG	Cyfarwyddwr Seiber Cynorthwyol (ar gyfer eitem 3.2 yn unig)	Iechyd a Gofal Digidol Cymru (DHCW)
Martyn Lewis	ML	Arweinydd Archwilio	PCGC
Carwyn Lloyd-Jones	CL-J	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru (DHCW)
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru (DHCW)
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru (DHCW)
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru (DHCW)
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Ymddiheuriadau		Teitl	Sefydliad
Gareth Lavington	GL	Pennaeth Atal Twyll	Atal Twyll Caerdydd a'r Fro

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	Fframwaith Asesu Seiber	Fframwaith Asesu Seiber



(DHCW)		(FfAC)	
AIA	Awdurdod Iechyd Arbennig	Gwasanaeth Asesu Cof (MAS)	Cytundeb Gwasanaeth Meistr
LINC	Rhwydwaith Gwybodaeth Labordy Cymru		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	<b>MATERION RHAGARWEINIOL</b>		
1.1	<b>Croeso a Chyflwyniadau</b> Croesawodd y Cadeirydd bawb i gyfarfod preifat y Pwyllgor.	Nodwyd	Dim i'w nodi
1.2	<b>Ymddiheuriadau absenoldeb</b> Cafwyd ymddiheuriadau absenoldeb oddi wrth: <ul style="list-style-type: none"> <li>Gareth Lavington, Pennaeth Atal Twyll</li> </ul>	Nodwyd	Dim i'w nodi
1.3	<b>Datganiadau o Fuddiannau</b> Ni chafwyd unrhyw Ddatganiadau o Fuddiannau.	Nodwyd	Dim i'w nodi
2	<b>BUSNES Y CYFARFOD</b>		
2.1	<b>Cofnodion y cyfarfod preifat a gynhaliwyd ar 18 Ebrill 2023</b> <b>Penderfynodd y Pwyllgor:</b> <b>GYMERADWYO'r</b> cofnodion fel cofnod cywir.	Cymeradwywyd	Dim i'w nodi
3	<b>ARCHWILIO, ATAL TWYLL A RISGIAU</b>		
3.1	<b>Cofrestr Risg Preifat</b> Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd (CD) statws y ddwy risg breifat ar y Gofrestr Risg Gorfforaethol a neilltuwyd i'r Pwyllgor:- <ul style="list-style-type: none"> <li><b>DHCW0298</b> Byddai'r oedi wrth weithredu'r rhaglen LINC yn cael ei ddiweddarau yn eitem 4.2</li> <li><b>DHCW0318</b> Cydymffurfiaeth Cynllun Iaith Gymraeg</li> </ul>	Sicrwydd	Dim i'w nodi

	<p>roedd y risg hon wedi'i derbyn gan y rhaglen a'r arweinydd Gweithredol ac roedd yn cael ei monitro'n barhaus.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI y Gofrestr Risg Breifat ar gyfer SICRWYDD.</b></p>		
3.2	<p><b>Adroddiad Archwilio Mewnol ar y Cynllun Gwella Seiberddiogelwch</b></p> <p>Cyflwynodd Martyn Lewis, Arweinydd Archwilio (ML) y Gwelliant Seiberddiogelwch a chadarnhaodd fod yr adroddiad wedi derbyn graddfa sicrwydd <i>Sylweddol</i>.</p> <p>Roedd cynnydd yn cael ei wneud i symud y cynllun yn ei flaen gyda chamau gweithredu wedi'u nodi drwy'r broses Fframwaith Asesu Seiber (CAF).</p> <p>Atgoffodd Carwyn Lloyd-Jones y Pwyllgor fod sesiwn Codi Ymwybyddiaeth o Seiber yn cael ei chynnal yn ddiweddarach yn y dydd ac roedd pob Aelod Bwrdd o bob rhan o GIG Cymru wedi cael gwahoddiad i fod yn bresennol.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI er SICRWYDD y Cynllun Gwella Seiberddiogelwch</b></p>	Sicrwydd	Dim i'w nodi
3.3	<p><b>Camau Gweithredu Archwilio (Preifat)</b></p> <p>Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol y Camau Archwilio ar gyfer y sesiwn breifat a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> <li>Yn y cyfarfod blaenorol roedd saith cam gweithredu a dau ohonynt wedi'u cwblhau, a adawodd bum cam gweithredu agored. Adroddwyd bod pedwar cam gweithredu yn unol â'r targed ac un cam ambr na ragwelwyd i gyrraedd y targed. Roedd y cam hwn wedi'i drafod gyda'r tîm a chytunwyd y byddai rhesymau dros yr oedi a dyddiad targed diwygiedig arfaethedig yn cael eu cyflwyno i'r cyfarfod nesaf.</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R diweddariad ar Gamau Archwilio ar gyfer SICRWYDD.</b></p>	Nodwyd.	Cam Gweithredu
3.4	<p><b>Adroddiad Cynnydd Atal Twyll</b></p> <p>Rhoddodd Henry Bales, Dirprwy Bennaeth Atal Twyll (HB), y wybodaeth ddiweddaraf i'r Pwyllgor am yr un ymchwiliad a oedd yn cael ei gynnal.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'r Adroddiad Cynnydd Atal Twyll</b></p>	Nodwyd	Dim i'w nodi
4.	<b>LLYWODRAETHU</b>		

4.1	<p><b>Adolygiad Annibynnol o Lywodraethu Rhaglen</b></p> <p>Cyflwynodd CD yr Adolygiad Annibynnol o Lywodraethu Rhaglen a oedd yn adolygiad a gefnogwyd gan Lywodraeth Cymru ac a gynhaliwyd gan Steve Combe MBE, cynghorydd annibynnol â phrofiad sylweddol o Lywodraethu'r GIG.</p> <p>Yn ystod sesiwn Datblygu'r Bwrdd, ystyriodd y Bwrdd oblygiadau'r argymhellion yn yr adroddiad. Yn ogystal, roedd cyfarfod rhwng y Cadeirydd a'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol wedi'i drefnu ar gyfer 12 Gorffennaf 2023 i ystyried yr argymhellion yn fanylach.</p> <p>Canfu'r adroddiad fod y trefniadau llywodraethu presennol yn rhy gymhleth ar gyfer rhaglenni digidol mawr a'r prif argymhellion oedd symleiddio'r trefniadau llywodraethu a sicrhau atebolrwydd cywir.</p> <p>Roedd disgwyl canlyniad y cyfarfod ar 12 Gorffennaf a phe bai angen newidiadau i'r trefniadau llywodraethu presennol, byddai Iechyd a Gofal Digidol Cymru yn gweithio gyda Llywodraeth Cymru i fynd i'r afael â'r rhain cyn gynted â phosibl.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'r Adolygiad Annibynnol o Lywodraethu Rhaglenni er SICRWYDD.</b></p>		
4.2	<p><b>Datrys Contract Rhwydwaith Gwybodaeth Labordai Cymru (LINC) – Diweddariad Ilafar</b></p> <p>Rhoddodd Michelle Sell, Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol (MS) ddiweddariad Ilafar ar Ddatrys Contract Rhaglen LINC .</p> <p>Nodwyd yn y cyfarfod diwethaf nad oedd y garreg filltir hollbwysig wedi'i chyrraedd ac nad oedd y cyflenwr wedi cyflwyno cynllun diwygiedig yr oedd Bwrdd Rhaglen LINC yn gallu ei dderbyn.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DDERBYN y diweddariad ar Raglen LINC er SICRWYDD.</b></p>	Sicrwydd	Dim i'w nodi
5	<b>MATERION I GLOI</b>		
5.1	<p><b>Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd</b></p> <p>Pwyntiau allweddol a phenderfyniadau i'w hystyried:-</p> <ul style="list-style-type: none"> <li>• Adroddiad Ilafar LINC</li> <li>• Adolygiad o Lywodraethu'r Rhaglen</li> <li>• Cynllun Gwella Seiberddiogelwch a nodi sgôr sicrwydd</li> </ul>	Trafodwyd	Dim i'w nodi



	<p>sylweddol ond yr her i sicrhau cyllid rheolaidd</p> <ul style="list-style-type: none"><li>• Statws dau risg preifat.</li><li>• Mae ymchwiliad atal twyll yn parhau.</li></ul>		
5.2	<p><b>Unrhyw Faterion Brys Eraill</b></p> <p>Ni thrafodwyd unrhyw faterion Busnes Brys eraill.</p>	Nodwyd	Dim i'w nodi
5.3	<p><b>Dyddiad ac Amser y Cyfarfod Nesaf:</b> 17 Hydref 2023</p> <p>Daeth y cyfarfod i ben am 13:25pm.</p>	Nodwyd	Dim i'w nodi

DRAFT

## Pwyllgor Eithriadol Archwilio a Sicrwydd - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕒 09:00 – 09:45

📅 18/07/2023

📍 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (DHCW)
Alistair Klaas Neill	AN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru (DHCW)
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (DHCW)
Yn bresennol			
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol Partneriaeth Cydwasaethau GIG Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru (DHCW)
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Gillian Gillett	GG	Rheolwr Archwilio	Archwilio Cymru
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru (DHCW)
Julie Robinson	JR	Cydllynydd Llywodraethu	Iechyd a Gofal Digidol Cymru

		Corfforaethol	(DHCW)
Dave Thomas	DT	Pennaeth Archwilio Allanol	Archwilio Cymru
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
David Tomalin	DaT	Uwch Archwiliwr	Archwilio Cymru
Sian Williams	SW	Pennaeth Gwasanaethau Ariannol ac Adrodd	Iechyd a Gofal Digidol Cymru (DHCW)
Ymddiheuriadau			
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (DHCW)
Nathan Couch	NC	Arweinydd Perfformiad Archwilio	Archwilio Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru (DHCW)	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd
AIA	Awdurdod Iechyd Arbennig	MfA	Llawlyfr Cyfrifon
SRO	Uwch Swyddog Cyfrifol	LINC	Rhwydwaith Gwybodaeth Labordy Cymru
RISP	Caffael System Gwybodaeth Radioleg		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>		
1.1	<p><b>Croeso a Chyflwyniadau</b></p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd Eithriadol, yr ail ers sefydlu Iechyd a Gofal Digidol Cymru.</p> <p>Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio</p>	Nodwyd	Dim i'w nodi

	ac y byddai'n cael ei bostio ar wefan Iechyd a Gofal Digidol Cymru yn dilyn y cyfarfod.		
1.2	<b>Ymddiheuriadau absenoldeb</b> Nodwyd yr ymddiheuriadau canlynol:- <ul style="list-style-type: none"> <li>• Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth</li> <li>• Nathan Couch, Archwilio Cymru</li> </ul>	Nodwyd	Dim i'w nodi
1.3	<b>Datganiadau o Fuddiannau</b> Nid oedd unrhyw Ddatganiadau o Fuddiannau.	Nodwyd	Dim i'w nodi
<b>RHAN 2 - BUSNES Y CYFARFOD</b>			
2.1	<b>Adroddiad Blynyddol 2022/23</b> Derbyniodd y Pwyllgor Adroddiad Blynyddol 2022/23. Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd (CD) ei bod yn ofynnol i'r Awdurdod Iechyd Arbennig gyflwyno ei Adroddiad Blynyddol gan gynnwys ei Adroddiad Atebolrwydd i Lywodraeth Cymru erbyn 31 Gorffennaf 2023. Mae'r Llawlyfr Cyfrifon (MfA) yn nodi ei bod yn ofynnol i bob sefydliad GIG gyhoeddi Adroddiad Blynyddol fel un ddogfen unedig mewn tair rhan:- <ul style="list-style-type: none"> <li>• Yr Adroddiad Perfformiad</li> <li>• Yr Adroddiad Atebolrwydd</li> <li>• Y Datganiadau Ariannol</li> </ul> Roedd yr Adroddiad Blynyddol wedi'i gynhyrchu gan ddefnyddio canllawiau wedi'u diweddarau a gyhoeddwyd yn gynharach eleni a oedd wedi rhoi mwy o bwyslais ar Lywodraethu Gwybodaeth, cais am ragor o wybodaeth am ddadansoddi risg a sut y'i gwreiddiwyd ar draws y sefydliad, roedd mwy o bwyslais ar ansawdd wedi'i wreiddio drwy gydol yr adroddiad a chais i adlewyrchu effaith Covid 19 ar y sefydliad. Roedd yr Adroddiad Perfformiad yn rhoi gwybodaeth am y prif amcanion/strategaethau a'r prif risgiau sy'n wynebu Iechyd a Gofal Digidol Cymru. Gofyniad cyffredinol yr Adroddiad Blynyddol oedd iddo fod yn deg, yn gytbwys ac yn ddealladwy. Roedd y Swyddog Atebol yn fodlon ei fod yn deg, yn gytbwys ac yn ddealladwy. Cynlluniwyd yr Adroddiad Atebolrwydd i fodloni tri gofyniad allweddol ar gyfer Llywodraeth Cymru ac roedd yn cynnwys:	I'w Gymeradwyo	Dim i'w nodi

- Adroddiad Llywodraethu Corfforaethol
- Adroddiad ar Dâl Cydnabyddiaeth a Staff
- Adroddiad Atebolrwydd ac Archwilio Cynulliad Cenedlaethol Cymru

Diolchodd CD i Lywodraeth Cymru, Archwilio Cymru ac Archwilio Mewnol am eu hadborth ar yr Adroddiad Blynyddol drafft a chadarnhaodd fod eu sylwadau wedi'u hadlewyrchu yn yr Adroddiad Blynyddol terfynol.

Cynhyrchwyd fformat yr Adroddiad Blynyddol fel un ddogfen unedig mewn PDR yn unol â'r canllawiau, i ganiatáu mwy o hygyrchedd ac i adlewyrchu Iechyd a Gofal Digidol Cymru fel sefydliad digidol roedd yr Adroddiad Blynyddol hefyd wedi'i gynhyrchu mewn HTML ac ar ôl iddo gael ei osod yn y Senedd ar 31 Gorffennaf 2023 yn cael ei gyhoeddi a'i hyrwyddo yn y fformat hwn.

Roedd yr amserlenni wedi bod yn unigryw ar gyfer Adroddiad Blynyddol eleni tra bod Archwilio Cymru ac eraill yn deall goblygiadau'r ISA315 ac o ganlyniad roedd y Cyfarfod Cyffredinol Blynyddol wedi'i amserlennu'n hwyrach nag a gynlluniwyd yn wreiddiol ar 28 Medi 2023, roedd hyn yr un fath ar gyfer holl Gyrff GIG Cymru.

Rhoddodd Stephen Chaney, Pennaeth Interim Archwilio Mewnol (StC) ddiweddariad llafar ar Farn y Pennaeth Archwilio Mewnol ynghyd â chanlyniadau cryno'r gwaith archwilio mewnol a gyflawnwyd yn ystod y flwyddyn. Roedd y diweddariad yn cynnwys crynodeb o berfformiad archwilio ac asesiad o gydymffurfiaid â Safonau Archwilio Mewnol y Sector Cyhoeddus.

Roedd StC yn falch o adrodd bod Iechyd a Gofal Digidol Cymru wedi cael sicrwydd rhesymol bod trefniadau i sicrhau llywodraethu, rheoli risg a rheolaeth fewnol yn y meysydd a adolygwyd wedi'u cynllunio'n addas a'u cymhwyso'n effeithiol.

Darparodd aelodau'r Pwyllgor sylwadau ar yr adroddiad:-

- Roedd yr adroddiad yn un o ddwy ddogfen i'r cyhoedd, a'r llall oedd y Cynllun Tymor Canolig Integredig ond roedd yr Adroddiad Blynyddol wedi'i anelu at randdeiliaid ehangach ac aelodau'r cyhoedd a byddai'n cael ei hyrwyddo drwy'r Cyfarfod Cyffredinol Blynyddol gan ddefnyddio fformat HTML a chroesawodd aelodau'r Pwyllgor y ffaith bod yr adroddiad yn cael ei hyrwyddo'n frwd.
- Roedd yr Adroddiad Blynyddol nid yn unig yn adlewyrchu ar y cyflawniadau hyd yma ond yn

	<p>cydnabod faint mwy o waith oedd eto i'w wneud.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI A CHYMERADWYO</b> fersiwn terfynol Adroddiad Blynyddol 2022/23 i argymhell ei fod yn cael ei gymeradwyo gan y Bwrdd cyn ei gyflwyno i Lywodraeth Cymru ar 31 Gorffennaf 2023 fel rhan o'r adroddiadau blynyddol gofynnol ar gyfer 2022/2023 a'i rannu yn y Cyfarfod Cyffredinol Blynyddol a <b>NODI</b> Barn y Pennaeth Archwilio Mewnol</p>		
2.2	<p><b>Cyfrifon Blynyddol Terfynol Iechyd a Gofal Digidol Cymru 2022/23</b></p> <p>Cyflwynodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (CO-L) Gyfrifon Blynyddol 2022/23 a oedd yn cynnwys:-</p> <ul style="list-style-type: none"> <li>• Y cyfrifon blynyddol ar gyfer y flwyddyn ariannol a ddaeth i ben 31 Mawrth 2023;</li> <li>• A'r Llythyr Cynrychiolaeth a ddarparwyd mewn cysylltiad ag archwilio'r datganiadau ariannol.</li> </ul> <p>Derbyniodd y Pwyllgor Archwilio a Sicrwydd y cyfrifon drafft yn ei gyfarfod ar 4 Mai 2022 pan fu'n adolygu'r cyfrifon ac fe gafodd yr wybodaeth ddiweddaraf am y cynnydd a wnaed yn yr archwiliad a gynhaliwyd gan Archwilio Cymru. Roedd yr archwiliad bellach wedi'i gwblhau a chyflwynwyd y cyfrifon i'w cymeradwyo i'r Bwrdd ar 27 Gorffennaf 2023, ac yn dilyn hynny byddent yn cael eu cyflwyno i Lywodraeth Cymru ar 31 Gorffennaf 2023.</p> <p>Tynnodd COL sylw at y cyd-destun y cwblhawyd y cyfrifon ynddo, a hynny drwy gyfnod heriol i GIG Cymru o safbwynt ariannol. Roedd yr archwiliad yn fwy o ddull seiliedig ar risg ac yn para'n hirach a oedd ag adnoddau da fel y nodwyd yn y taliadau uwch. Fodd bynnag, gyda throsglwyddo asedau LINC a RISP a defnyddio cyllidebau ar draws y strwythur cyfarwyddiaeth wedi'i adnewyddu, creodd hyn heriau adnoddau i Iechyd a Gofal Digidol Cymru ond gyda'i gilydd, cyflawnwyd set gytbwys o gyfrifon.</p> <p>Roedd y cyfrifon ar gyfer y cyfnod 1 Ebrill 2022 i 31 Mawrth 2023 ac fe'u crynhoir o dan 5 datganiad allweddol a'u hategu gan gyfres o nodiadau manwl:-</p> <ul style="list-style-type: none"> <li>○ Y Datganiad o Wariant Net Cynhwysfawr</li> <li>○ Gwariant net cynhwysfawr arall</li> <li>○ Datganiad o Sefyllfa Ariannol</li> <li>○ Datganiad o'r Newidiadau yn Ecwiti Trethdalwyr</li> </ul>	Nodwyd a Chymeradwyd	<b>Cam Gweithredu:</b> Deilliannau'r adolygiad o'r Gwersi a Ddysgwyd i'w cyflwyno i gyfarfod mis Hydref.

	<p>o Datganiad o lifau arian parod am y cyfnod a ddaeth i ben 31 Mawrth 2023.</p> <ul style="list-style-type: none"> <li>Newidiadau i Nodiadau: gwnaed nifer o newidiadau cyflwyniadol (heb unrhyw effaith ariannol) i'r cyfrifon blynyddol.</li> <li>Un gwelliant gydag effaith Ariannol. Cytunodd Iechyd a Gofal Digidol Cymru i gywiro camddatganiad o £131,000 ac arweiniodd y cywiriad at gynydd o danwariant o £73k i £204k.</li> <li>Digwyddiad nad yw'n addasu: Cytunodd Iechyd a Gofal Digidol Cymru ag Archwilio Cymru i nodi ond nid addasu ar gyfer asedau anghyfredol.</li> <li>Bydd Iechyd a Gofal Digidol Cymru yn gweithio mewn partneriaeth ag Archwilio Cymru i nodi a gweithredu meysydd i'w gwella ar gyfer 2023/2024.</li> <li>Mewn rhai achosion, nid oedd cyflwyniad tabl y gweithlu a graffeg yn cydymffurfio'n llwyr â chanllawiau Llywodraeth Cymru. Cywirwyd yr achosion hyn yn y fersiwn derfynol.</li> </ul> <p>Byddai adolygiad o'r Gwersi a Ddysgwyd 2022/23 yn cael ei gynnal rhwng Iechyd a Gofal Digidol Cymru ac Archwilio Cymru ym mis Medi a byddai canlyniadau'r drafodaeth yn cael eu rhannu â'r Pwyllgor ym mis Hydref.</p> <p>Diolchodd y Cadeirydd i bawb a fu'n ymwneud â chynhyrchu'r set derfynol o gyfrifon archwiliedig ac ychwanegodd ei bod yn gyflawniad sylweddol i gyflawni'r ddwy ddyletswydd statudol ariannol, yn enwedig yn nhirwedd ariannol ac economaidd heriol iawn y flwyddyn ddiwethaf.</p> <p><b>CAM GWEITHREDU: 202310718-A01</b> Deilliannau trafodaethau'r Adolygiad o'r Gwersi a Ddysgwyd i'w cyflwyno i gyfarfod mis Hydref.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI a CHYMERADWYO</b> Cyfrifon Blynyddol 2022/23 i'r Bwrdd gan gynnwys y Datganiadau Ariannol, Llythyr Cynrychiolaeth, i argymhell ei fod yn cael ei gymeradwyo gan Fwrdd yr Awdurdod Iechyd Arbennig cyn ei gyflwyno i Lywodraeth Cymru ar 31 Gorffennaf fel rhan o'r adroddiadau blynyddol gofynnol ar gyfer 2022/2023.</p>		
2.3	<p><b>Archwiliad Cyfrifon Blynyddol Iechyd a Gofal Digidol Cymru (ISA260) Adroddiad Archwilio Cymru</b></p> <p>Cyflwynodd David Tomalin, Archwilio Cymru (DaT)</p>		

	<p>Adroddiad ISA260 Archwilio Cymru.</p> <p>Dywedwyd wrth y Pwyllgor Archwilio a Sicrwydd bod yr archwiliad yn gadarnhaol iawn er gwaethaf yr heriau a roddwyd i Iechyd a Gofal Digidol Cymru y flwyddyn ariannol hon. Tynnodd DaT sylw at brif uchafbwyntiau'r adroddiad:</p> <ul style="list-style-type: none"> <li>• Roedd Archwilio Cymru wedi cyhoeddi adroddiad archwilio diamod ar y Cyfrifon.</li> <li>• Cynhwyswyd risg ychwanegol o fewn y dull profi sy'n ymwneud â'r 'Risg Tybiedig o Dwyll o gydnabod gwariant' ers cyhoeddi'r cynllun archwilio manwl ym mis Mai.</li> <li>• Nodwyd un camddatganiad yn y datganiad cyfrifon a drafodwyd gyda'r rheolwyr, ond heb ei addasu.</li> <li>• Cywirwyd y camddatganiadau cychwynnol yn y cyfrifon, ac amlinellir gwybodaeth bellach yn Atodiad 3.</li> <li>• Nid oedd unrhyw faterion arwyddocaol yn codi o feysydd yn y cyfrifon, roedd dau fân fater wedi'u cynnwys yn yr argymhellion a byddent yn cael sylw yn unol â hynny.</li> </ul> <p>Cadarnhaodd Archwiliad Cymru ei bod yn gyflawniad arwyddocaol derbyn barn ddiamod ar y set o gyfrifon yn y cyfnod heriol hwn a mynegodd eu diolch i bawb yn y tîm Cyllid.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'r Adroddiad Archwilio Cyfrifon (ISA260) ar gyfer Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a CHYMERADWYO'r Cynllun Archwilio Manwl.</b></p>		
<b>RHAN 3</b>	<b>MATERION I GLOI</b>		
3.1	<p><b>Unrhyw Faterion Brys eraill</b></p> <p>Ni chodwyd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
3.2	<p><b>Dyddiad ac Amser y Cyfarfod Nesaf:</b></p> <ul style="list-style-type: none"> <li>• 17 Hydref 2023</li> </ul>	Nodwyd	Dim i'w nodi

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	20 July 2023
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Chair's Report</u></b> <p>The Chair updated the Committee on her attendance at recent meetings, both within NWSSP and externally. A development day was held with the NWSSP Senior Leadership Team and Heads of Service in June which will help to inform the similar event planned for Shared Services Committee members in November.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Managing Director Update</u></b> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> <li>▪ A very positive Joint Executive Team meeting had been held recently with Welsh Government;</li> <li>▪ The Service Improvement Team are undertaking a number of areas of work including Payroll, Accounts Payable and the Customer Service Excellence programme;</li> <li>▪ The NWSSP Procurement - Supply Chain recently hosted a visit from an Icelandic Health Care delegation to review warehouse management systems; and</li> <li>▪ The planned move from Companies House to the Welsh Government offices in Cathays Park is progressing and is scheduled for January 2024.</li> </ul> <p>The Committee <b>NOTED</b> the update.</p>	
<b>Items Requiring SSPC Approval/Endorsement</b>	
<b>Annual Review 2022/23</b> <p>The Committee reviewed the Annual Review and noted the wide ranging and</p>	

significant achievements of NWSSP during the 2022/23 financial year.

The Committee **APPROVED** the Annual Review.

### **Revisions to Standing Orders**

The Committee received the Standing Orders which have been updated for a number of external (e.g. Duties of Quality and Candour; establishment of Llais) and internal (e.g. changes to the Scheme of Delegation) factors. The Standing orders will need to also be formally approved by the Velindre University NHS Trust Board.

The Committee **ENDORSED** and **APPROVED** the suggested revisions to the Standing Orders prior to formal approval by the Velindre University NHS Trust Board.

### **All-Wales Establishment Control Programme**

Establishment Control is a functionality within ESR that enables organisations to accurately report on both funded establishments and vacancy data. It is the formal process for matching data on funded posts in an organisation to the details of the staff employed in those posts. Establishment Control ensures activity connected to recruitment, workforce and budgetary changes can be actioned in a controlled way and supports the accurate reporting of vacancy data.

The Committee **APPROVED** the paper which recommends the initiation of a programme of work to scope, assess and recommend options for the implementation and roll out of Establishment Control across NHS Wales organisations.

### **Items for Noting**

#### **PPE Update**

Audit Wales undertook a review of PPE procurement and supply during the pandemic and produced a report in April 2021 that was positive in the roles that NWSSP had taken in this regard. There were however a number of recommendations made, which were split between NWSSP and Welsh Government. While the agreed actions for NWSSP were largely implemented at the time, it was considered useful to update the Committee on the current position, particularly given the recent focus on this issue at the UK Public Inquiry. The Committee were assured that the agreed actions within the gift of NWSSP to implement, had been completed.

#### **Annual Governance Statement**

The final version of the Annual Governance Statement was provided to the Committee for noting, having earlier been approved by the Audit Committee. The Partnership Committee had reviewed the draft Statement at its meeting in May and the only significant changes since that version were the inclusion of the Head

of Internal Audit reasonable assurance opinion and the full year sustainability figures.

### **Audit Committee Annual Report**

The report detailed the work of the Audit Committee during the 2022/23 financial year, and also included the results of the annual survey into the effectiveness of the Committee. There were no items of concern to report.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – A break-even financial position is forecast for 2023/24 however this is dependent upon a number of income assumptions and generating sufficient savings to support the transitional and removal costs relating to the transfer of significant volumes of medical records from Brecon House. Welsh Risk Pool spend to Month 3 is £6.456m compared to £10.277m at Month 3 last year. The high-level forecast for 2023/24 is £135.727m which is in line with the IMTP forecast. This requires £26.494m to be funded under the Risk Share Agreement.

**People & OD Update** – Both in-month and 12-month sickness absence rates are improving and remain very low. Statutory and Mandatory training rates are good, but PADR compliance needs improvement. There has been a particular focus on retention of staff in recent weeks.

**Performance** – The in-month May performance was generally good with 34 KPIs achieving the target against the total of 38 KPIs. The four KPIs that are current rated as amber are for Audit and Assurance and Recruitment, with two amber KPIs in each service. Professional influence benefits amount to £34M at end of May.

**IMTP Q1 Progress Report** - At the end of Quarter 1 83% (129) of our objectives are on track. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

**Project Management Office Update** – Two projects are currently rated as red, these are the Brecon House relocation where issues with the current building being unsafe and the cost of relocation of records, and the TrAMS project and the affordability of the proposed solution as part of the wider capital programme.

**Corporate Risk Register** – There are currently six red risks on the Corporate Risk Register. These cover energy costs, staffing shortages, the Legal & Risk Case Management System, Brecon House, TrAMS, and the reputational issues for NWSSP relating to the situation at BCUHB.

The Committee **NOTED** the above Reports.

### **Papers for Information**

<p>The following items were provided for information only:</p> <ul style="list-style-type: none"> <li>• Declarations of Interest Annual Report 2022/23;</li> <li>• Gifts &amp; Hospitality Annual Report 2022/23;</li> <li>• Counter Fraud Annual Report 2022/23;</li> <li>• Welsh Language Annual Report 2022/23;</li> <li>• Health &amp; Safety Annual Report 2022/23;</li> <li>• PPE Stock Report;</li> <li>• Finance Monitoring Returns (Months 2 and 3); and</li> <li>• 2023/24 Forward Plan.</li> </ul>	
<b>AOB</b>	
<b>N/a</b>	
<b>PART B</b>	
<p>The Part B agenda included the approval of the following contract extensions:</p> <ul style="list-style-type: none"> <li>• International Recruitment;</li> <li>• TRAC; and</li> <li>• E-Expenses.</li> </ul> <p>Updates were also provided on:</p> <ul style="list-style-type: none"> <li>• TrAMs;</li> <li>• Home Electronics Scheme; and</li> <li>• BCUHB – procurement services and recent reports.</li> </ul>	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</li> </ul>	
<b>Matters referred to other Committees</b>	
<b>N/A</b>	
<b>Date of next meeting</b>	Thursday 21 September <b>9am – 11am</b>

## DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

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

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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

<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.
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## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling	5/10/2023	Approved

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

## 3 SITUATION/BACKGROUND

- 3.1 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.

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

4.1 The Forward Workplan has been updated to include the:

- Legislative Assurance Framework Register
- Board Assurance Framework Escalations
- Corporate Risk Trending Analysis
- Decarbonisation Return
- Lessons Learnt from Audit of Accounts

Additional items identified for the February 2024 meeting are:-

- Audit & Assurance Committee Annual report
- Audit and Assurance Committee Effectiveness Self-Assessment
- Audit and Assurance Terms of Reference
- Audit and Assurance Cycle of Business
- Welsh Health Circular Report
- Counter Fraud Annual Report 2022/23
- Audit Wales Annual Audit Report
- Structured Assessment
- Lessons Learned Report on TPX contracts P738 and P760
- BAF Escalation mission 5 – deep dive workforce

4.2 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.

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

5.1 The updated forward workplan can be found in full at item [2.3i Appendix A Forward Work Plan](#)

## 6 RECOMMENDATION

### Recommendation

The Committee is being asked to

**NOTE** the contents of the report.

# DIGITAL HEALTH AND CARE WALES POLICY REPORT

Agenda Item	2.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<p><b>NOTE</b> the contents of the report and the updates provided.</p> <p><b>APPROVE</b> the 6 existing policies, as noted in 4.3.</p>	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Safe
If more than one enabler / domain applies, please list below:	

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

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

Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance & Safety Committee	A&A	Audit & Assurance Committee
IMS	Integrated Management System		

Section 3: one box available in this section (1/1), use an appendix where necessary

## 3 SITUATION/BACKGROUND

3.1	DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation, and regulation.
3.2	The Corporate Governance team have undertaken an audit of all organisational policies listed on the Integrated Management System, and along with a number of new policies that have been progressed through the Corporate Governance process of approval, DHCW currently have 88 policies across the organisation, 48 of which are out of date and require review (as at 03.10.2023) with 16 of these being all-Wales policies.
3.3	As part of the approval process, policies will be presented to Management Board for review, discussion and endorsement, prior to being submitted for approval at the assigned Committee.
3.4	All policies are shared with the Local Partnership Forum for discussion/review as part of the formal consultation process.

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

4.1 The 48 existing organisational policies that are currently either in review / progressing through the approval process or require immediate review can be found in the table below, as noted per Directorate:

Operational Area	Number of existing DHCW policies currently in review / approval process	Number of existing DHCW policies out-of-date that require review	Number of all-Wales policies out of date	Executive Lead
Clinical	0	0	0	Rhidian Hurle, Executive Medical Director
Corporate Governance	0	0	1	Chris Darling, Board Secretary
Communications	0	1	2	
Corporate Services	5	0	0	
Finance & Business Assurance	0	2	0	Claire Osmundsen-Little, Executive Director of Finance
Service Management	0	12	0	Sam Lloyd, Executive Director of Operations
Operations	0	4	0	
People and Organisational Development	1	6	13	Sarah-Jane Taylor, Director of People and Organisational Development
Strategy	0	1	0	Ifan Evans, Executive Director of Strategy
<b>Total out of date (48)</b>	<b>32 DHCW</b>		<b>16 all-Wales</b>	

4.2 The Corporate Governance team are working with report authors, within each Directorate, of the identified policies to support them as they are reviewed to ensure they go through the correct governance process. Work in this area started at the end of August 2022 and is ongoing, with good progress made to date, policies are expected to continue to go through the review, consultation, and approval process in a staggered approach to ensure that DHCW has accurate and up to date policies in use across the organisation. In addition, the Corporate Governance team provide an update and deep dives where required to the monthly Quality and Regulatory meeting.

4.3 The following policies have been through the Corporate Governance consultation process, amended according to feedback received, endorsed by Management Board, and are outlined below for approval before being translated, published, and uploaded to iPassport;

App. ID	Type	Document ID	Policy	Executive Lead	Endorsed by Management Board	Next steps
i	Existing policy – minor amendments	POL-WFOD-025	Study Leave Policy, Procedure & Guidelines	Sarah-Jane Taylor	13/07/2023	Approval by the assigned Committee, translated, published to DHCW Welsh and English websites, and uploaded to IMS/iPassport.
ii	Existing policy – minor amendments	POL-CG-010	Display Screen Equipment	Chris Darling	13/07/2023	
iii	Existing policy – minor amendments	POL-CG-013	Control of Substances Hazardous to Health	Chris Darling	13/07/2023	
iv	Existing policy – minor amendments	POL-CG-014	Safe Manual Handling	Chris Darling	13/07/2023	
v	Existing policy – minor amendments	POL-CG-008	Incident Reporting and Investigation	Chris Darling	13/07/2023	
vi	Existing policy – minor amendments	POL-CG-019	Waste Management Policy	Chris Darling	14/09/2023	

Section 5: two boxes available in this section (1/2), use an appendix where necessary

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

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

Section 6: NB this must match the recommendation on page 1

## 6 RECOMMENDATION

Recommendation	The Committee is being asked to
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**NOTE** the contents of the report and the updates provided.

**APPROVE** the 6 existing policies, as noted in 4.3.



# EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-WFOD-025
Policy Title:	Study Leave Policy, Procedure & Guidelines
Document Author:	Claire Heirene
Executive Lead:	Sarah-Jane Taylor
Number of revisions:	2
Link to Policy:	<a href="#">Study Leave Policy, Procedure &amp; Guidelines</a>
Purpose:	Approval from Audit and Assurance Committee
Date:	17/10/2023
Current Status:	Endorsed by Management Board on 13/07/2023
Committee Outcome:	
Detail of Revisions:	
<p>Addition of DHCW Corporate Values Section 5.5 – CPD for Professional Registration Section 8 Repayment of Financial Support, final paragraph in bold added on request by TU colleagues</p>	



# EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-010
Policy Title:	Display Screen Equipment
Document Author:	Julie Ash
Executive Lead:	Chris Darling
Number of revisions:	2
Link to Policy:	<a href="#">POL-CG-010 Display Screen Equipment</a>
Purpose:	Approval from Audit and Assurance Committee
Date:	17/10/2023
Current Status:	Endorsed by Management Board on 13/07/2023
Committee Outcome:	
Detail of Revisions:	
<div><div>1.</div><div>Policy now includes a 3-year review date</div></div> <div><div>2.</div><div>Executive Lead changed to Chris Darling as Corporate Services has completed its move</div></div>	



# EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-013
Policy Title:	Control of Substances Hazardous to Health
Document Author:	Julie Ash
Executive Lead:	Chris Darling
Number of revisions:	2
Link to Policy:	<a href="#">POL-CG-013 Control of Substances Hazardous to Health</a>
Purpose:	Approval from Audit and Assurance Committee
Date:	17/10/2023
Current Status:	Endorsed by Management Board on 13/07/2023
Committee Outcome:	
Detail of Revisions:	
<div><div>1.</div><div>Policy now includes a 3-year review date</div></div> <div><div>2.</div><div>Executive Lead changed to Chris Darling as Corporate Services has completed its move</div></div>	



# EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-014
Policy Title:	Safe Manual Handling
Document Author:	Julie Ash
Executive Lead:	Chris Darling
Number of revisions:	2
Link to Policy:	<a href="#">POL-CG-014 Safe Manual Handling</a>
Purpose:	Approval from Audit and Assurance Committee
Date:	17/10/2023
Current Status:	Endorsed by Management Board on 13/07/2023
Committee Outcome:	
Detail of Revisions:	
<div><div>1.</div><div>Policy now includes a 3-year review date</div></div> <div><div>2.</div><div>Executive Lead changed to Chris Darling as Corporate Services has completed its move</div></div>	



# EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-008
Policy Title:	Incident Reporting and Investigation
Document Author:	Julie Ash
Executive Lead:	Chris Darling
Number of revisions:	2
Link to Policy:	<a href="#">POL-CG-008 Incident Reporting and Investigation</a>
Purpose:	Approval from Audit and Assurance Committee
Date:	17/10/2023
Current Status:	Endorsed by Management Board on 13/07/2023
Committee Outcome:	
Detail of Revisions:	
<div><div>1.</div><div>Policy now includes a 3-year review date</div></div> <div><div>2.</div><div>Executive Lead changed to Chris Darling as Corporate Services has completed its move</div></div>	

## EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-019
Policy Title:	Waste Management
Document Author:	Julie Ash
Executive Lead:	Chris Darling
Number of revisions:	3
Link to Policy:	<a href="#">Waste Management</a>
Purpose:	Approval from Audit and Assurance Committee
Date:	17/10/2023
Current Status:	Endorsed by Management Board on 14/09/2023
Committee Outcome:	
<b>Detail of Revisions:</b>  <p><u>This policy was previously endorsed by MB on 21/12/2022 and approved by A&amp;A on 14/02/2023 but has since been to the Estates &amp; Compliance Group for review on 11/08/2023 with the following changes made:</u></p> <p>Section 2 Policy statement</p> <p>Did read: Digital Health and Care Wales are an environmentally conscious organisation, as shown by the accreditation to BS EN ISO14001: 2015. Procedures and work instructions relating to waste disposal as well as objectives and targets for waste reduction form a key element of an ISO14001 accredited Environmental Management System (EMS).</p> <p>Now reads: Digital Health and Care Wales, the SHA, is an environmentally conscious organisation, as shown by the accreditation to BS EN ISO14001: 2015. Procedures and work instructions relating to waste disposal as well as objectives and targets for waste reduction form a key element of an ISO14001 accredited Environmental Management System (EMS).</p>	



## Section 7 Implementation/Policy Compliance

### Did read:

The Organisation's responsible person for waste will ensure waste contractors comply by maintaining relevant documentation and carrying out Duty of Care audits on said contractors as required.

### Now reads:

The Organisation's responsible person for waste will ensure waste contractors comply by maintaining relevant documentation and carrying out Duty of Care, due diligence on said contractors as defined in the DHCW Environmental Management Procedure.

The names were also changed to reflect changes in the corporate team, including Chris Darling, Board Secretary now as Executive Lead.

## DIGITAL HEALTH AND CARE WALES

### COVID-19 INQUIRY UPDATE

Agenda Item	2.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Michelle Sell, Director of Planning & Performance and Chief Commercial Officer

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the COVID-19 Inquiry Update.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 27001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: EQIA not applicable for this update.	

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Respondents are required by law to answer Rule 9 Requests. There is a possibility that due to events that occurred, individuals may have to source information from alternative means.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

Section 2: any key available in this section (4/4) use as appropriate, necessary.  
Section 2:

<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17 August 2023	Noted
SHA Board	28 September 2023	Noted

Acronyms			
NWSSP	NHS Wales Shared Services Partnership	DHCW	Digital Health and Care Wales
SHA	Special Health Authority	NWSSP	NHS Wales Shared Services Partnership
O365	Office 365		

## 3 SITUATION/BACKGROUND

3.1	In May 2021, the then Prime Minister, Boris Johnson, announced that an independent public inquiry into the UK Government's handling of the COVID-19 pandemic would take place in Spring 2022. The Inquiry will play a key role in examining the UK's pandemic response and ensuring that we learn the right lessons for the future.
3.2	The Welsh Government has agreed to establish a Senedd Covid-19 Inquiry Special Purpose Committee, co-chaired by Joyce Watson and Tom Gifford. The remit and full implications are not yet known but it is anticipated that the Committee will consider any issues arising from the UK Covid-19 Inquiry that require further examination in Wales.
3.3	DHCW along with other Health Bodies in NHS Wales have engaged with NWSSP Legal and Risk Services to prepare for the inquiry. DHCW have instructed NWSSP Legal and Risk Services to represent DHCW and have held a number of meetings with the solicitor allocated to DCHW to review progress to date and agree specific next steps. DHCW have also instructed external counsel.

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

- 4.1 The Covid-19 Inquiry Team Solicitors requested a statement/evidence under Rule 9 of the Inquiry Rules 2006 for Module 2B which is looking at the Welsh Governments' core political and administrative decision making in relation to the Covid-19 pandemic. The response was reviewed by DHCW's solicitor and external counsel prior to approval by our Chief Executive. The response was submitted by our solicitor to the Inquiry Team on 28 June 2023. The Inquiry Team have acknowledged our submission and advised that they will be in touch to confirm next steps in due course.
- 4.2 We anticipate potentially being asked for more detailed information as part of Module 3 which focuses on activities/decisions undertaken by NHS organisations.
- 4.3 On 16 February 2023, the DHCW Microsoft 365 Team uncovered an issue with email retention within the NHS Wales Microsoft 365 email service. This has resulted in the email mailbox contents not being retained for users when the Microsoft 365 licence was removed (i.e., mailboxes for people who have left an NHS Organisation or who have left an NHS Organisation to join another NHS Organisation within NHS Wales). All content stored in the affected mailboxes (email, calendar, contacts, notes) will have been deleted, unless organisations implemented additional controls to retain the data. Some organisations had implemented additional controls (a 'Hold') which provides further overriding email retention capabilities, namely: Litigation Hold and InPlace Hold. Accounts which had these additional capabilities were not affected by this issue (i.e. they have not been deleted). Two NHS Organisations have advised that they hold a separate backup/archive of all email accounts and therefore should not be affected by this issue.
- 4.4 Email retention policies are in place in the NHS Wales Microsoft 365 service, to ensure that email is kept for a 7-year period. This is for use in investigations, inquiries, etc. If a user deletes email that they have sent or received, a copy is kept in the system which can be retrieved by undertaking an e-compliance search. Whilst the policy was protecting such emails in active mailboxes (i.e. those with an assigned Microsoft 365 license), an incorrect configuration resulted in this policy not applying to inactive (unlicensed) mailboxes.
- 4.5 DHCW submitted an Early Warning Notification to Welsh Government on 22 February 2023 advising of the issue with Microsoft O365 relating to email retention within the NHS Wales Microsoft 365 email service. A work around was put in place on 20th February 2023 (to prevent further deletions) and a permanent fix implemented at the end of March 2023. We are liaising with the affected Health Boards and Trusts on a workaround for recovering the deleted emails by searching other mailboxes for information which was sent to or from the affected user's mailbox, which will allow organisations to assist with any investigation or inquiry.

- 4.6 The Microsoft 365 Service through which the mailboxes are provided is coordinated by DHCW with the administration of individual mailboxes managed by the employing organisations. The service is managed through a Service Management Board including representatives from the Health Boards, Trusts and Special Health Authorities. These organisations were made aware of this issue through the Microsoft 365 Service Management Board on the 17th February 2023 and at the National Service Management Board on 24th March 2023. Health Boards, Trusts and other affected organisations were also formally written to on 2 June 2023 to advise them of progress and actions taken to date.
- 4.7 DHCW advised the Covid-19 Inquiry Team of the event and actions taken on 2 August 2023 noting the potential impact of mailboxes being unavailable affecting responses to Rule 9 requests. We have since received a request from the Inquiry team for further information relating to this issue which was provided on 25<sup>th</sup> August 2023.
- 4.8 A further communication was sent to the Early Warning Notification Team at Welsh Government on 3 August 2023 confirming that the Covid-19 Inquiry Team had been notified of the issue.

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

- 5.1 The primary risk associated with these mailbox deletions is an organisation's ability to respond to a search request associated with an investigation or enquiry (e.g. the Covid 19 inquiry). However, key documentation is stored in document repositories and not solely in mailboxes. We have identified mechanisms to enable the majority of the emails to be retrieved.

## 6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the COVID-19 Inquiry Update.	

# DIGITAL HEALTH AND CARE WALES

## DECARBONISATION

### ANNUAL EMISSIONS RETURN 2022-23

Agenda Item	2.6i
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
<b>NOTE</b> the Welsh Government Annual Emissions Return 2022/23 for <b>ASSURANCE</b>	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with Welsh Government Decarbonisation Targets issued via a Welsh Health Circular
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	Yes, please detail below Social impacts on health are embedded in the broader

Section 2:

	environment and shaped by complex relationships between economic systems and social structures.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Directors	23 August 2023	Approved
Management Board	14 September 2023	Approved
SHA Board	28 September 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWSSP	NHS Wales Shared Services Partnership	DCR Team	Decarbonisation Reporting Team
TaP	Transport and Procurement		

### 3 SITUATION/BACKGROUND

- 3.1 This report provides an update on decarbonisation activity within Digital Health and Care Wales during the period April 2022 to March 2023 and provides a summary of the emissions return submitted to Welsh Government.
- 3.2 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. DHCW are also active members on other All Wales forums focused on Climate Change, such as Transport & Procurement Project Board, the Approach to Healthcare Project Board, Welsh Health Estates Forum and other sub-groups within this structure.
- 3.3 Regular reports are required by Welsh Government at varying frequencies. This, the annual emissions return, is due every year at the beginning of September. We submit narrative progress reports to Welsh Government every 6 months and a new reporting regime now requires quarterly reports showing progress against each initiative in the NHS Wales Decarbonisation Action Plan.
- 3.4 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:
- Decarbonisation Working Group
  - Environmental Awareness Group
  - Safety, Health and Environmental (SHE) Group
  - Water Safety Group

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

- 4.1 The full DHCW Annual Emissions return for 2022-23 can be made available on request.
- 4.2 There has been progress against actions identified in our Decarbonisation Roadmap which is summarised in Appendix A below.
- 4.3 The table below sets out DHCW's operational emissions for 2022-23 demonstrating a 39% reduction from our baseline year:

Broad Category	Category	Scope	2019/2020 Emissions (tCO <sub>2</sub> e)	19/20 %	2022/2023 Emissions (tCO <sub>2</sub> e)	22/23 %
Building Use	Building Gas	1 & 3	92		49 (-47%)	
	Building Electricity	2 & 3	400		274 (-31%)	
	Water	3	5		1 (-80%)	
	Waste	3	5		2 (-80%)	
	Datacentre Electricity	2 & 3	1,215		458 (-62%)	
	F-Gas	1	N/A		169 (+169%)	
	Subtotal		1,717	62%	953 (-44%)	57%
Transport	Business Travel	3	138		32 (-77%)	
	Fleet	1 & 3	21		25 (+19%)	
	Subtotal		159	6%	57 (-64%)	3%
Staff	Commuting	3	872		84 (-90%)	
	Homeworking	3	9		582 (+98%)	
	Subtotal		881	32%	666 (-24%)	40%
Total			2,757	100%	1,676 (-39%)	100%

- 4.4 The table below provides a summary of DHCWs Supply Chain Emissions targets and performance against our baseline year of 2019/20:

Target and Actual Performance	Emissions (tCO <sub>2</sub> e) (actual and target)	Percentage Reduction vs 2019/20	Cumulative Savings tCO <sub>2</sub> e
<b>2019/2020 (Baseline)</b>	17,207	-	-
<b>2020/2021</b>	15,490	-10%	-1,717
<b>2021/2022</b>	12,399	-28%	-4,808
<b>2022/2023</b>	<b>5,327</b>	<b>-69%</b>	<b>-11,880</b>
<b>2025 (Target)</b>	14,454	-16%	-2,753
<b>2030 (Target)</b>	11,357	-34%	-5,850

Targets are shown in grey cells (table excludes Operational Emissions data).

Supply Chain (Procurement) Emissions, which account for the largest proportion of DHCW's carbon footprint (76%), have reduced by 69% (a substantial reduction of 11,880 Tonnes CO<sub>2</sub>e). Improved data gathering and an enhanced carbon footprint methodology (Tier 2) have enabled us to make these reductions.

- 4.5 The following table provides a summary of DHCW's Gross emissions for 2022-23 - targets and performance vs 2019/2020. Emissions for 2022-23 are calculated to be 7,033 tCO<sub>2</sub>e, an overall reduction from the baseline year of 65%, substantially ahead of target.

DHCW Target and actual performance	Emissions (tCO <sub>2</sub> e)	Percentage reduction vs 2019/20	Cumulative Savings tCO <sub>2</sub> e
2019/2020 (Baseline)	19,964	-	-
2020/2021	17,501	-12%	-2,463
2021/2022	13,978	-30%	-5,986
2022/2023	7,003	-65%	-12,961
2025 (Target)	16,770	-16%	-3,194
2030 (Target)	13,176	-34%	-6,788

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

- 5.1 DHCW are required to report our 2022-23 emissions performance to Welsh Government via an agreed template which has been summarised in this report. 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.
- 5.2 DHCW have achieved a 65% reduction in emissions during 2022-23 compared to our baseline year 2019-20.

## 6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the Welsh Government Annual Emissions Return 2022/23 for <b>ASSURANCE</b>	

## APPENDIX A

### DHCW Decarbonisation Roadmap – Progress during 2022/23

Type	Action from DHCW Decarbonisation Action Plan & Progress Overview
Buildings	<b>Implement actions to improve carbon footprint methodologies.</b> <ul style="list-style-type: none"> <li>Monthly electricity usage data from both data centres was received and collated.</li> <li>DHCW confirmed the Power Usage Efficiency ratings (PUE) at both data centres.</li> <li>The use of estimates to measure electricity usage at our buildings was investigated; it was found that the use of estimates is the most suitable method.</li> </ul>
	<b>Liaise with all landlords with regards to the BMS capabilities, LED lighting coverage and REGO certification.</b> <ul style="list-style-type: none"> <li>Meetings were carried out with landlord representatives to establish their respective environmental aims and plans (LED lighting included).</li> <li>Current Building Management Systems (BMS) at Ty Glan-yr-Afon were confirmed to be suitable.</li> </ul>
	<b>Recommence roll-out of LED lighting.</b> <ul style="list-style-type: none"> <li>Full LED lighting upgrades were carried out at Ty Glan-yr-Afon and Technium 2.</li> </ul>
	<b>Improve building management to allow 1% year-on-year reductions in emissions related to natural gas consumption.</b> <ul style="list-style-type: none"> <li>Usage was recorded as well as ensuring best practices were in place to achieve this.</li> </ul>
	<b>Implement priority 'TM44' energy survey recommendations.</b> <ul style="list-style-type: none"> <li>Efficiency and best practice measures were implemented across four sites.</li> <li>DHCW also ensured that our air conditioning systems were mechanically up to date.</li> </ul>
	<b>Explore option for shared accommodation to enable notice to be given on small site.</b> <ul style="list-style-type: none"> <li>As a result of our Estates Plan options appraisal, the decision was made to close one of our sites.</li> </ul>
	<b>Ensure we are achieving best practice performance within our data centres.</b> <ul style="list-style-type: none"> <li>A move out from a less efficient data centre to a more efficient cloud-based data centre was completed.</li> <li>DHCW conducted visits to both data centres which provided assurance that best practice procedures are being followed in both locations.</li> <li>Quarterly recording of usage data from our data centres enabled us to track efficiency improvements.</li> </ul>
	<b>Transport</b> <b>Implement actions to improve carbon footprint methodologies.</b> <ul style="list-style-type: none"> <li>A Travel Survey was conducted and communicated to staff; this enabled us to capture emissions arising more accurately from commuting.</li> </ul> <b>Two EV vans to be trialled. Liaison with lease vehicle companies to understand opportunities.</b> <ul style="list-style-type: none"> <li>Two electric vans were leased, bringing the electric fleet total to three.</li> </ul>

	<p><b>Liaise with landlords with regards to increasing the number of EV charging points.</b></p> <ul style="list-style-type: none"> <li>Landlords at three of our sites informed us that they had or were planning to install EV chargers available for staff to use at their respective sites.</li> </ul>
	<p><b>Staff travel survey to be undertaken.</b></p> <ul style="list-style-type: none"> <li>Completed as planned. This was communicated to all staff, with a response rate of 66%.</li> </ul>
	<p><b>Developing Travel Plan and practical measures (cycle storage and showers, EV charging etc.) to (with the aid of national measures) reduce carbon intensity of commuting by 5% by 22/23.</b></p> <ul style="list-style-type: none"> <li>The updated DHCW Travel Plan was published which detailed current travel arrangements for staff, improvement opportunities and raising sustainable travel awareness.</li> </ul>
	<p><b>Working smarter to enable a 10% year-on-year reduction in business mileage (on 2019 baseline).</b></p> <ul style="list-style-type: none"> <li>Quarterly measurement of business mileage data enabled us to track progression through the year; achieving a 92% reduction compared to baseline.</li> </ul>
Procurement	<p><b>Implement actions to improve carbon footprint methodologies including thorough review of spending to remove double-counting and wrongly allocated spending. Devise procurement methodology not wholly dependent on spend and emission factors.</b></p> <ul style="list-style-type: none"> <li>Better understanding of emissions categories enabled us to improve methodologies in this area and remove double counting.</li> </ul>
	<p><b>Work with NWSSP to develop a strategy for low-carbon ICT procurement, including (e.g.) building carbon reduction requirements into invitations to tender; developing (or adopting) low carbon standards for ICT equipment, as part of NWSSP's Sustainable Procurement Code of Practice.</b></p> <ul style="list-style-type: none"> <li>DHCW collaborated fully with NWSSP, including offering support to NWSSP and attending groups.</li> <li>DHCW will continue to provide support and work in a collaborative way with NWSSP throughout 2023/24.</li> </ul>
	<p><b>Datacentre carbon working group to work with providers and use Best Practice Guidance of the EU Code of Conduct on Data Centre Energy Efficiency for monitoring of datacentre performance.</b></p> <ul style="list-style-type: none"> <li>DHCW confirmed with both DC's that sufficient methods are in place for sustainability and that we will be updated of any changes/developments.</li> </ul>
Approach to Healthcare	<p><b>Implement actions to improve carbon footprint methodologies.</b></p> <ul style="list-style-type: none"> <li>After confirming the methodology in an expert workstream meeting, with Welsh Government, DHCW made the switch to using the most accurate method.</li> </ul>
	<p><b>Evaluate the best operational model for DHCW with regards to working remotely post pandemic &amp; maintain a minimum 30% working remotely strategy.</b></p> <ul style="list-style-type: none"> <li>Regular monitor of site attendance data.</li> <li>Approx 87% of our employees worked remotely during 2022-2023.</li> </ul>
	<p><b>Promote home working energy efficiency measures to staff.</b></p> <ul style="list-style-type: none"> <li>A Home Working energy efficiency measures communication was sent to all staff</li> </ul>

## DIGITAL HEALTH AND CARE WALES

### DECARBONISATION REPORTING RETURN (DCR)

### QUARTER 1 2023/24

Agenda Item	2.6ii
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the 2023-24 Quarter 1 Decarbonisation Return for <b>ASSURANCE</b>	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with Welsh Government Decarbonisation Targets issued via a Welsh Health Circular
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u>	Yes, please detail below

Section 2:

IMPLICATION/IMPACT	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Directors	23 August 2023	Approved
Management Board	14 September 2023	Approved
SHA Board	28 September 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWSSP	NHS Wales Shared Services Partnership	DCR Team	Decarbonisation Reporting Team
TaP	Transport and Procurement		

### 3 SITUATION/BACKGROUND

- 3.1 A new Decarbonisation Reporting regime has been launched. The new NHS Wales Decarbonisation Reporting process has been discussed within the following meetings:
- 14<sup>th</sup> April 2023 - Directors of Planning Meeting
  - 17th April 2023 - Health and Social Care Climate Emergency Transport and Procurement National Project Board
  - 24th April 2023 - Health and Social Care Climate Emergency Programme Board
- 3.2 The discussions proposed launching the reporting process with a pilot, covering only Transport and Procurement (TaP) Initiatives progress for Q4 2022 for each NHS Organisation, against the Strategic Delivery Plan. This was submitted on time with positive feedback provided.
- 3.3 On 25<sup>th</sup> July 2023, DHCW (in line with other organisations) received a request from the Decarbonisation Reporting (DCR) Team within NHS Wales Shared Services Partnership for our 2023/24 Quarter 1 Return which would cover all initiatives and was required to be submitted by 31<sup>st</sup> August 2023 following approval via local governance processes. The DCR team were pleased to enclose the new template for all workstreams, which following on from the feedback provided by reporting leads has seen a number of improvements. Key developments include:
- Removal of the requirement for individual Highlight Reports to reduce the burden of reporting
  - Additional RAG status, including grey for exempt and blue for 100% completed
  - Delivery confidence (action / initiative overall)
  - Formatting delays have now been alleviated

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

- 4.1 The DHCW Highlight Report and full supporting details can be made available on request.
- 4.2 There are 46 initiatives split across six areas as laid out in the NHS Wales Decarbonisation Action Plan:
- Carbon Management
  - Buildings, Estates and Planning
  - Transport
  - Procurement
  - Land Use
  - Approach to Healthcare
- 4.3 The table below sets out the methodology for assessing confidence of delivery against each initiative and is followed by the table providing the DHCW position:

### Delivery Confidence Key:

Confidence of Delivery	
<b>Highly Likely</b>	Successful delivery of the action/initiative to cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
<b>Probable</b>	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
<b>Feasible</b>	Successful delivery appears feasible but significant risks and issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly.
<b>In Doubt</b>	Successful delivery of the action/initiative is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
<b>Unfeasible</b>	Successful delivery of the action/initiative appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The action/initiative may need rebaselining and/or overall viability reassessed.
<b>Complete</b>	Successful delivery of initiative/action. There is no further input required.

Focus Area	Initiatives applicable to DHCW	Delivery Confidence
Carbon Management	1	
	2	
	3	
Buildings, Estates & Planning	4	
	5	
	7	
	9	
	10	
	12	
	14	
	15	
Transport	17	
	18	
	19	
	21	
Procurement	None applicable	Not applicable
Land Use	33	
Approach to Healthcare	37	
	38	
	39	
	45	

4.4 Areas that will require focus (those with a delivery status of Yellow – probable or Amber – feasible) and actions over the coming months include:

- Initiative 2 – Review the Active Travel for Wales
- Initiative 4 - All future lease and refurbishment plans will include requirements for energy efficient upgrades (buildings and data centres)
- Initiative 7 – Continued engagement with Landlords to seek low carbon heat alternatives. DHCW will carry out heat studies at applicable sites.
- Initiative 9 – Engagement with landlords around low carbon Building Management Systems (BMS) and expand use of timers to improve efficiencies where possible.
- Initiative 18 – Consider use of telematics in business vehicles or other form of monitoring driver behaviour.
- Initiative 19 – Increase EV Fleet and encourage use of electric vehicles for private use.
- Initiative 38 – Use of digital technology to improve patient care i.e. NHS Wales app
- Initiative 45 – Participate and contribute to all strategies delivering reduction of single use plastics and packaging waste.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1 Progress against actions identified as a result of Q1 2023-24 Decarbonisation Reporting will be monitored by the DHCW Decarbonisation Working Group and updates provided in future reporting rounds.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the 2023-24 Quarter 1 Decarbonisation Return for ASSURANCE	

## DIGITAL HEALTH AND CARE WALES

### PAPAC AND HEALTH & SOCIAL CARE SENEDD COMMITTEES REVIEW INTO DHCW – RESPONSE TO RECOMMENDATIONS

Agenda Item	2.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the report for ASSURANCE	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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

Section 2:

<p><b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b></p>	<p>No, there are no specific research and innovation implications relating to the activity outlined within this report.</p>
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## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	17 <sup>th</sup> August 2023	Noted
SHA Board	28 <sup>th</sup> September 2023	Noted

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PAPAC	Public Accounts and Public Administration Committee	NWIS	NHS Wales Informatics Service
WCCIS	Welsh Community Care Information System		

### 3 SITUATION/BACKGROUND

- 3.1 During July 2022, the Senedd announced a joint scrutiny of Digital Health and Care Wales (DHCW) by the Health and Social Care Committee and the Public Accounts and Public Administration Committee. In particular, the Committees were to consider:
- The process of establishing DCHW and progress in the first year, progress achieved and outstanding challenges.
  - Progress on recommendation of the Fifth Senedd Public Accounts Committee reports.
  - Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cyber security and any other areas of particular pressure of concern.
  - Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patients and patient groups.
  - Workforce and skills capacity within other health and care bodies, whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.
  - Assessing the impact of DHCW's work and whether it's achieving its objectives.
  - Data transparency, accessibility, quality, and compatibility with health and social care data and key performance indicators across the UK.
- 3.2 The closing date for written submissions to the Call for Evidence was 23 September 2022, a total of 20 responses were received.
- 3.3 On 26 October 2022, the Committees held a concurrent meeting to take oral evidence from DHCW.
- 3.4 On 5 July 2023 the [Public Accounts and Public Administration Committee and the Health and Social Care Committee published their report](#). The Committees requested written responses from the Welsh Government and Digital Health and Care Wales by 16 August 2023.

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

4.1 [DHCW's response](#) replied to 16 recommendations across 7 thematic areas which were as follows:

- Transition from NWIS to DHCW
- Welsh Community Care Information System (WCCIS)
- Patient access to records
- Social Care
- Workforce
- Transformation Agenda
- Collaboration

4.2 The focus of each area is outlined briefly below.

**Transition from NWIS to DHCW:** Recommendation 1 related to the respective roles of Welsh Government and DHCW in determining DHCW's priorities and delivering major projects.

**Welsh Community Care Information System (WCCIS):** Recommendations 2 to 4 considered responsibilities for leadership of the WCCIS Programme, the requirements for regular progress updates and the outcome of the WCCIS contracting strategy review.

**Patient Access to Records:** Recommendations 5 to 8 focused on the NHS Wales App, the timeline for roll-out, the development of a communication strategy, how digital exclusion would be taken into account and governance and data security arrangement to support roll-out and operation of the App.

**Social Care:** Recommendation 9 was in relation to the availability of a plan for increasing engagement with the social care sector, including public, third and private sector providers, Regional Partnership Boards and the Social Partnership Council.

**Workforce:** Recommendations 10, 11 and 12 focused on recruitment and retention of specialist skills, vacancy management, the Welsh Institute of Digital Information (WIDI) Digital Degree Apprenticeship Scheme and finally how DHCW are sharing good cyber security practices with other public organisations.

**Transformation Agenda:** Recommendations 13 and 14 focused on funding and other resources required to deliver digital transformation.

**Collaboration:** Recommendations 15 and 16 identified a need to evaluate existing approaches to collaboration and cross-border accessibility of NHS services.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	The Committees have asked for regular updates on a number of the recommendations going forward, these will be available via the newly established Programme Delivery Committee.
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6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report for ASSURANCE	

# DIGITAL HEALTH AND CARE WALES

## INTEGRATED MEDIUM-TERM PLAN

### 2024-27

Agenda Item	2.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Ifan, Evans, Executive Director of Strategy

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the start of the Integrated Medium-Term Plan 2024-2027 development cycle.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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

Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

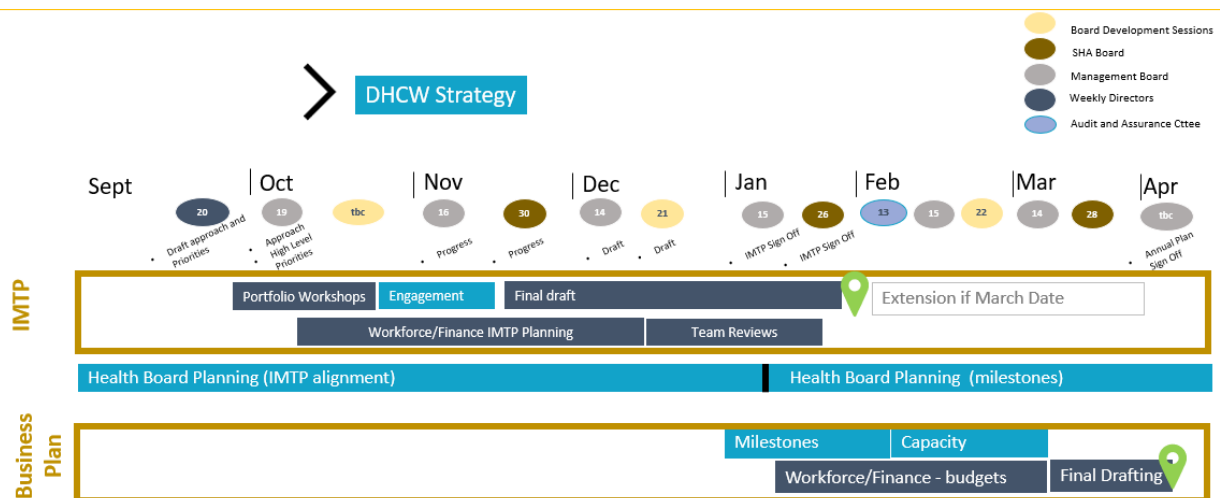
Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Directors	20/09/2023	Noted

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term plan		

### 3 SITUATION/BACKGROUND

- 3.1 This document notes the start of the Integrated Medium Term Plan (IMTP) development cycle for 2024-2027.
- 3.2 The Welsh Government has not yet confirmed the IMTP submission date, but we expect it to be no earlier than 31<sup>st</sup> Jan 2024. The plan below assumes a January submission.
- 3.3 The Welsh Government determines the priorities, timing and general format of the IMTP, and issues guidance via a Planning Framework document during the Autumn. The Planning Framework has not yet been published (as at early October).
- 3.4 The Audit and Assurance Committee will have the opportunity to comment on relevant areas before the final draft is taken to Board. Relevant topics for review will include:
- Quality and regulatory
  - Decarbonisation / estates
  - Welsh language
  - Risk
  - Governance arrangements

### IMTP and Business Plan Timeline



- Oct 2023: DHCW agree overall approach and priorities
- Oct 2023: Workshops against 14 Portfolios to develop prioritised delivery plans
- Nov 2023: Engagement with health boards on alignment of plans
- Dec 2023: Drafting and re-design work. Review at SHA Board development session
- Jan 2023: IMTP Approved / Confirmed
- Jan/Feb 2023: Business Plan Milestone definition against IMTP
- Mar 2023: Business Plan Resource Allocation and Assurance
- April 2023: Business Plan Approved / Confirmed

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1	The changing financial position means a high degree of uncertainty, including health boards commitments to fund existing delivery programmes.
4.2	There will be a rigorous focus on identifying priorities, evidencing value, and aligning with stakeholder plans.
4.3	We anticipate that the overall approach will be a ‘roll forward / refresh’. We expect to maintain the condensed document, having revised this year to a shorter, cleaner format.
4.4	We will publish the IMTP in html format, with pdf download. This will improve accessibility (including read aloud). The IMTP will be submitted to Welsh Government and then published on our website.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	The timeframe for submission of the final IMTP/Annual Plan to Welsh Government has yet to be confirmed.
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6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the start of the Integrated Medium-Term Plan 2024-2027 development cycle.	

## DIGITAL HEALTH AND CARE WALES LEGISLATIVE ASSURANCE FRAMEWORK REGISTER

Agenda Item	2.9
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the Legislative Assurance Framework Register for <b>ASSURANCE</b> .	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 20000
If more than one standard applies, please list below: All other quality standards apply	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Safe
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Legislative Assurance Framework has a positive impact on protected groups.	

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below There is an increased quality and safety within the organisation due to compliance with legislation.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Non-compliance with legislation may have a legal impact on the organisation.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Non-compliance with legislation may have a financial impact on the organisation.
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below A number of pieces of legislation have an impact on how the workforce within the organisation operates.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	Yes, please detail below Compliance with legislation promotes consideration of socio economic duties.
<u>RESEARCH AND INNOVATION</u>	No, there are no specific research and innovation implications

Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Paul Evans, Head of Quality & Regulatory Assurance	October 2023	Reviewed
Chris Darling, Board Secretary	October 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LAF	Legislative Assurance Framework		

### 3 SITUATION/BACKGROUND

- 3.1 DHCW is responsible for complying with legislation that is applicable to the Special Health Authority. The parameters for the applicability are not just those limited to us as a public healthcare organisation, but include discipline specific areas of work such as the Network and Information Systems Regulations etc.
- 3.2 The [Legislative Assurance Framework](#) forms part of the overall governance assurance framework, the requirements of which are outlined in the DHCW Standing Orders to address the legal, regulatory, and contractual requirements of DHCW. This compliance assessment also supports the achievement and maintenance of the ISO and BS accreditations held by the organisation.
- 3.3 There is a legislation register as part of the management of quality standards, acts and regulations within DHCW in-line with ISO 14001:2015 & ISO 27001:2013 standards requirements. AL (02/10/23) An additional standard which also has this requirement would be ISO 22301:2014 Societal Security Business Continuity Management Systems. We are working towards certification of this standard.
- 3.4 The Legislative Assurance Register is maintained by the Quality and Regulatory team and is reviewed by the IMS Assurance Group on a monthly basis. The IMS Assurance Group escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and / or site operations to the Quality and Regulatory Group.
- 3.5 The Quality and Regulatory Group review the Legislative Assurance Register monthly, and review legislation for relevance to the organisation, in addition to undertaking horizon scanning in each of the identified areas of legislation.

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

4.1 Committee members are asked to note the following changes to the [Legislative Assurance Framework Register](#) as a whole since the last report:

### New (1)

Reference	Legislation Name	Executive Lead
CC-POD-1	BS ISO 30415:2021 Human resource management. Diversity and inclusion	Director of People and OD

### Removed (1)

Reference	Legislation Name	Executive Lead	Statement
CC-POD-1	BS76005:2017 Valuing people through diversity and inclusion	Director of People and OD	Standard replaced by ISO 13415:2021

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

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

## 6 RECOMMENDATION

<b>Recommendation</b>	The Committee is being asked to
<b>NOTE</b> the Legislative Assurance Framework Register for <b>ASSURANCE</b> .	

## DIGITAL HEALTH AND CARE WALES

### STRUCTURED ASSESSMENT OPPORTUNITIES FOR LEARNING

Agenda Item	2.10
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

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

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 20000
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Good governance practices are integral to quality and safety across the organisation.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below There could be legal implications should the structured assessment highlight any serious areas of improvement for the organisation.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Non-compliance with good governance could have a financial impact for the organisation.
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AG	Auditor General		

### 3 SITUATION/BACKGROUND

- 3.1 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.
- 3.2 DHCW completed its first formal [Structured Assessment 2022](#) in January 2022 where overall Audit Wales concluded that *“DHCW is embedding good governance arrangements and must now seek to further develop its role as a trusted digital partner to exploit digitally enabled service opportunities across Wales”*.
- 3.3 Supporting this conclusion, the Structured Assessment work found that DHCW:
- is well led and has made positive progress in establishing and embedding appropriate arrangements to support good governance;
  - has effective planning approaches, but further work is required to develop its longer-term strategy and to include milestones and targets in some plans to enable effective progress monitoring;
  - has a generally effective approach to financial planning, monitoring, and reporting, the organisation’s funding model presents risks that need to be actively managed in the medium- to long-term; and
  - has a good commitment to supporting staff well-being and good strategic approaches in place for managing its digital resources and the estate. However, its arrangements for managing physical assets require strengthening.
- 3.4 The review identified a small number of areas for improvement, specifically around the lack of target dates and milestones in some corporate plans and strategies; a lack of visibility at Board-level of the organisation’s arrangements for managing medium- to long-term funding and savings risks; and Board-level oversight of the management of physical assets. Audit Wales subsequently raised three recommendations, all of which have been accepted by DHCW management, with appropriate actions and implementation dates. These recommendations are being tracked internally and reported to the Audit & Assurance Committee via the Audit Action Log.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1	In addition to the three Audit Wales recommendations, opportunities for learning and further development have been identified by the DHCW Corporate Governance and Executive Team and will be taken forward. These are also monitored by the Audit & Assurance Committee.
4.2	<p>The <a href="#">Structured Assessment Opportunities for Learning Actions</a> have been updated by the relevant Executive lead. In summary, out of 18 actions:</p> <ul style="list-style-type: none"><li>• 14 are marked as complete;</li><li>• 4 are marked as underway.</li></ul> <p>It is anticipated that the remaining 4 actions will be complete by the next Committee meeting in February 2024.</p>

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	There are no key risks/matters for escalation to Board / Committee.
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6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the content of the report.	

## DIGITAL HEALTH AND CARE WALES STANDARDS OF BEHAVIOUR REPORT

Agenda Item	2.12
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the Standards of Behaviour Report.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below The declarations of interests process ensures DHCW staff adhere to the organisation's statutory responsibilities.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2: are how available in this section (4/4) use as appropriate where necessary.  
Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

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

<b>Acronyms</b>			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DOI	Declaration of Interest	SoB	Standards of Behaviour

## 3 SITUATION/BACKGROUND

3.1	In accordance with the requirements of the DHCW's <a href="#">Standing Orders</a> and <a href="#">Standards of Behaviour Policy</a> , a report is required to be received by the Audit & Assurance Committee as a standing agenda item, which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.
3.2	All declarations of interest are reviewed and checked by the Corporate Governance team and any queries are addressed prior to entry on the register. The register focuses initially on staff band 8a and above, however, DHCW are pursuing best practice and asking all staff to complete a declarations of interest form.
3.3	In line with other NHS Trusts, Health Boards and Special Health Authorities, DHCW have agreed to operate a 3-year declaration of interest form. However, <a href="#">DHCW Board members</a> will be required to complete an annual declaration of interest form.

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

- 4.2 As of 2 October 2023, 92% of band 8a and above declarations of interest have been received and captured on the [Declaration of Interest register](#). In addition, 27% of staff banded 2-7 have also been received and captured on the register.
- 4.3 Work is ongoing to capture the declarations of interest of all DHCW staff band 8a and above, in line with the SOB Policy requirement and an escalation process is in place to address if staff banded 8a and above have been requested to complete a declaration form, but it has not been submitted.
- 4.4 The Committee are asked to note the [Gifts, Hospitality, Honoraria and Sponsorship register](#), and note since the last meeting, 8 declarations have been submitted and included on the register, a summary of these can be found in the table below.

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	0	0	0	£0	£0
Honorarium	0	0	0	£0	£0
Hospitality	5	0	£210	£210	£0
Sponsorship	3	0	£1,370	£1,370	£0
Grand Total	8	0	£1,580	£1,580	£0

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

- 5.1 Work is ongoing to actively promote the Standards of Behaviour Policy and Declarations of Interest, Hospitality, Honoraria and Sponsorship across the organisation.

## 6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the Standards of Behaviour Report.	

Agenda item 3.1 Action Log

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20230703-A01	03/07/2023	Slides of the Structured Assessment to be shared from AW.	Chris Darling (DHCW - Board Secretary)	04/07/2023	Slides shared with Members of the Committee	Complete			Public
20230703-A02	03/07/2023	Henry Bales to send out guidance on how to access the Counter Fraud E-learning module on ESR	Henry Bales (Cardiff and Vale UHB - Counter Fraud)	06/07/2023	Instruction on use of e Learning sent originally on 26/04 to all DoF's and Fraud Champions. Re issued on 01/08/2023	Complete			Public
20230703-A03	03/07/2023	Acronyms to be included in every report	Chris Darling (DHCW - Board Secretary)	11/09/2023	Will ensure acronyms are included as part of the quality assurance process.	Complete			Public
20230703-A04	03/07/2023	Welsh Language Report to include specifically how many new posts have been assessed for WL requirements and also a breakdown of what level posts have been assessed to.	Eleri Jenkins (DHCW - Corporate Governance)	11/09/2023	Ongoing discussions with POD to implement a Welsh Language skills assessment process. Detailed update provided within the Welsh Language Report.	Complete			Public
20230703-A05	03/07/2023	Welsh Language community work, undertaken or planned would be included in the next report.	Eleri Jenkins (DHCW - Corporate Governance)	11/09/2023	Welsh speaker appointed as Engagement Manager. Detailed update provided within the Welsh Language Report.	Complete			Public
20230718-A01	18/07/2023	The outcomes from the Lessons Learned Review (Annual Accounts) to be brought to the October meeting.	Claire Osmundsen-Little (DHCW - Director of Finance)	26/09/2023	Report on agenda for October meeting.	Complete			Public

# DIGITAL HEALTH AND CARE WALES

## INTERNAL AUDIT PROGRESS REPORT

Agenda Item	4.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the Internal Audit Progress Report.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below: All enablers / domains may apply due to the nature of the assurance work completed.	

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

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below UK GDPR report incorporates requirements of UK General Data Protection Regulation. We provided substantial assurance against the scope of the review.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Stock management included testing regarding financial controls for the management of stock. We provided reasonable assurance against the scope of the audit.
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below The Hybrid Working audit incorporated testing regarding the hybrid working arrangements within the organisation. We provided substantial assurance.

Section 2: are key available in this section (4/4) use as appropriate where necessary.  
Section 2:

<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

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

<b>Acronyms</b>			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
UK GDPR	UK General Data Protection Regulation		

## 3 SITUATION/BACKGROUND

3.1 This document sets out a summary of the progress of the Internal Audit Plan for 2023/24 for Digital Health and Care Wales (DHCW), detailing the final assurance ratings and a summary of recommendation priorities.
---

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1	<p>The report outlines the completion of four internal audit reports:</p> <ul style="list-style-type: none"><li>• Stock Management – reasonable assurance;</li><li>• Hybrid Working – substantial assurance;</li><li>• Board Assurance Framework – substantial assurance; and</li><li>• UK GDPR – substantial assurance.</li></ul>
4.2	<p>In addition to the completed audits, four are in progress, two at planning stage and two are scheduled for commencement in quarter four.</p>

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	<p>The <a href="#">Progress Report</a> contains the current status of the planned audits for 2023/24, including assurance and priority ratings, when completed.</p>
5.2	<p>The delivery of the 2023/24 Internal Audit Plan is progressing as planned.</p>

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the Internal Audit Progress Report.	

## DIGITAL HEALTH AND CARE WALES

### INTERNAL AUDIT REVIEW REPORTS

Agenda Item	4.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
RECEIVE the internal audit reports for <b>ASSURANCE</b> , which have been agreed with the relevant Executive Lead.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below: There may be some overlap with ISO 27001.	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below: All enablers / domains may apply due to the nature of the assurance work completed.	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below The Hybrid Working audit incorporated testing regarding the hybrid working arrangements within the organisation. We provided substantial assurance.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAR	Board Assurance Report	BAF	Board Assurance Framework

### 3 SITUATION/BACKGROUND

3.1 The following internal audit reports are included:

#### **Hybrid Working**

This audit was rated as substantial assurance, with three medium and six low priority recommendations included.

#### **Board Assurance Framework**

We raised two medium priority recommendations and provided substantial assurance overall.

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

4.1 A summary of the key findings is included below for each audit report presented.

#### **Hybrid Working**

We found that hybrid working has been successfully adopted across the organisation. We found that staff feel that there is an optimal balance of productive work with reduced stress and less commuting.

Whilst we found hybrid working embedded within the organisation, we recommended that key office regulations (first aiders and fire wardens) are reviewed further, to reflect the change in working patterns.

#### **Board Assurance Framework**

We found that the Board Assurance Framework (BAF) process and the Board Assurance Report (BAR) format have been effectively developed during 2022 and that the half yearly presentations made to the Board in November 2022 and May 2023 have embedded the BAF process well.

We raised two medium recommendations noting opportunities to enhance the BAR format, to provide the Board with additional information to (a) allow Board members reflective practice and (b) challenge the self-assurance ratings provided against each mission and principal risk.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	Any matters for escalation to the Board (other relevant committees) to be determined by the Committee following the consideration of the reports.
-----	---

6 RECOMMENDATION

Recommendation	The Committee is being asked to
RECEIVE the internal audit reports for ASSURANCE, which have been agreed with the relevant Executive Lead .	

# Hybrid Working Final Internal Audit Report August 2023

Digital Health and Care Wales



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



lechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales



Contents

Executive Summary ..... 3

1. Introduction..... 4

2. Detailed Audit Findings ..... 4

Appendix A: Management Action Plan..... 15


Appendix B: Average number of staff and available desks by locations..... 23

Appendix C: Analysis of trained First Aiders and Fire Marshals/Wardens ..... 24

Appendix D: Statistics of the Pulse surveys (2022 and 2023)..... 25

Appendix E: Assurance opinion and action plan risk rating ..... 26

Review reference:	DHCW-2324-05
Report status:	Final
Fieldwork commencement:	3 <sup>rd</sup> July 2023
Fieldwork completion:	28 <sup>th</sup> July 2023
Debrief meeting:	16 <sup>th</sup> August 2023
Draft report issued:	17 <sup>th</sup> August 2023
Management response received:	25 <sup>th</sup> August 2023
Final report issued:	29 <sup>th</sup> August 2023
Auditors:	Stephen Chaney, Acting Head of Internal Audit Krisztina Kozlovsky, Internal Audit Manager
Executive sign-off:	Sarah-Jane Taylor, Director of People and Organisational Development
Distribution:	Shikala Mansfield, Head of People and Organisational Development Joanne Jamieson, Senior Workforce Business Partner Bernadette Sam-King, Workforce Project Manager Julie Ash, Head of Corporate Services
Committee:	Audit and Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023

Acknowledgement

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

Disclaimer notice - please note

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

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Digital Health and Care Wales Special Health Authority (DHCW) 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.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with DHCW. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

# Executive Summary

## Purpose

To review the arrangements for supporting hybrid working.

## Overview

We have issued substantial assurance on this area. We found that hybrid working was successfully adopted across the organisation and staff feel that it is an optimal balance of productive work with reduced stress and less commuting.


However, matter arising two should be viewed as a priority, as whilst there has been no impact to date, the risk profile of this area may increase in the future.

Overall, the matters requiring management attention include:

- completeness and quality of personal data in the Electronic Staff Record (ESR) system;
- compliance with office regulations;
- testing of electrical equipment and installations for home working; and
- completeness and reliability of the risk assessment log and related individual assessments.

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

## Report Opinion

		Trend
<div>Substantial</div> 	Few matters require attention and are compliance or advisory in nature.	N/A
	<b>Low impact</b> on residual risk exposure.	Not audited previously.

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

Objectives	Assurance
1 Policies / procedures / guidelines	Substantial
2 Management review	Reasonable
3 Consistent application	Substantial

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

## Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
2	Compliance with regulations	2	Operation	Medium
4	Risk Assessment Log	2	Operation	Medium

# 1. Introduction

- 1.1 In line with the 2023/24 Internal Audit Plan for Digital Health and Care Wales (DHCW), a review of hybrid working arrangements was undertaken.
- 1.2 DHCW is currently offering a hybrid working option to its employees and allowing them to carry out a proportion of their duties remotely (e.g. at home) rather than at their office base. The opportunity to work this way supports a healthy work-life balance for staff. The introduction of a hybrid working model means that staff are encouraged to attend an office at least once a week, while it is their choice to work remotely (or otherwise) for the rest of the week.
- 1.3 As with other organisations, the majority of staff have adopted a reduced attendance at the office, as such, the organisation’s estate plans are required to be reviewed and rationalised. Therefore, an initiation has been started to move away from a desk-based environment to developing a collaboration space in the offices.
- 1.4 The key risks considered in this review were as follows:
  - staff lack motivation or feel unsupported, leading to an increase in staff turnover and poor performance; and
  - limited opportunities for staff to work in an office base.
- 1.5 We did not review any individual PADRs or evaluate staff performance as part of this review.

# 2. Detailed Audit Findings

**Objective 1: Appropriate policies, procedures and guidelines are in place for hybrid working arrangements (including clear responsibilities to line managers and employees)**

- 2.1 DHCW has a formal hybrid working policy, however there are other key policies which are equally important in this area. See summary table of the policies below.

Reference	Policy Name	Last updated	Comment
WFOD-POL-020	Hybrid Working Policy (V1)	21/11/2022	The policy was approved by the Director of People and OD and the Audit & Assurance Committee.
WFOD-POL-019	Flexible Working Policy and Procedure (V2)	09/10/2019	This Procedure was inherited from Velindre University NHS Trust. but has not been updated and tailored yet. The document was due to be reviewed by the end of March 2022. We were informed that the review of this policy is currently in progress.
N/A	Respect and Resolution Policy	April 2021	This is an all Wales policy, set by the Welsh Partnership Forum Business Committee (WPFBC), as such, timing of the review / update of this policy is out of the hands of DHCW. However, the organisation can make suggestions / contributions to it. All policies remain extant until they are updated.
POL-CG-005	Health, Safety and Welfare Policy & Procedure (v2)	13/05/2022	The policy was approved by the Director of Finance, the Management Board, and the Audit & Assurance Committee.

- 2.2 We confirmed that all policies listed above were available under the ‘key documents’ section on the DHCW’s website at the time of our audit, as such, they were easily accessible by staff.

- 2.3 We also noted that three of the main policies were not reviewed in the last 12 months. However, in the case of the Health, Safety and Welfare Policy & Procedure, the next review date is set for 48 months (13<sup>th</sup> May 2025). See [matter arising 1 in Appendix A](#).

### **Hybrid Working Policy**

- 2.4 The Hybrid Working Policy applies to all employees at DHCW and provides an option to work in a hybrid manner. This means that employees will need to be available to attend a DHCW office base for a minimum of one day per week when required.
- 2.5 According to the policy, employees also need to ensure that they provide up to date contact details on the Electronic Staff Record system (ESR). This provides emergency contact options for managers. We also completed testing related to personal data held in ESR under Objective 2.
- 2.6 We also note that the policy states responsibilities for both individuals and their line managers. It references that arrangements can be varied if it is needed to through formal request and related approval. However, any variation would be subject to the completion of the Flexible Working Application under the All Wales Flexible Working Policy.
- 2.7 Furthermore, we note that according to the policy, working remotely is not generally considered a high-risk area for emergencies. However, the policy requires employees to have a smoke detector and a first-aid kit in their home working environment. We found that no checks are carried out to verify compliance with these requirements. See [matter arising 1 in Appendix A](#).

### **Flexible Working Policy and Procedure**

- 2.8 The Flexible Working policy enables staff to make a full contribution to work at different stages of their working lives and, as a result, alter their working patterns based on their needs. Whilst this complements hybrid working practices, it provides options for staff that wish to work flexibly.

### **Respect and Resolution Policy**

- 2.9 The Respect and Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts, and complaints.

### **Health and Safety Welfare Policy Procedure**

- 2.10 This document outlines DHCW's commitment and approach to managing Health and Safety in the workplace. It ensures that all employees know the risks involved in their job and how to protect themselves from potential hazards. The procedure makes a reference to the Health and Safety Act 1974 requirements, to which the compliance is mandatory.
- 2.11 Whilst the Act has remained the same over the last couple of years, the organisation's procedure requires some minor updates (e.g. due to site relocation in the Mamhilad Park Estate and to reflect practical aspects of hybrid working). See [matter arising 1 in Appendix A](#).

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## Conclusion:

2.12 We identified two low priority recommendations relating to current policies and procedures. Therefore, we have provided **substantial assurance** over this audit objective.

## **Objective 2: Working arrangements are subject to regular management review to ensure that they remain the most appropriate**

### **New Ways of Working Task and Finish Group**

2.13 The New Ways of Working Group (the 'Group') operated from 1<sup>st</sup> June 2020 to 28<sup>th</sup> September 2022 with the purpose to oversee and further develop the New Ways of Working at DHCW (including progress activities for hybrid working).

2.14 We were able to review:

- the terms of reference and operating arrangements of the Group (approved on 11<sup>th</sup> August 2021) and its subgroup (Culture, Wellbeing & Training – approved on 7<sup>th</sup> December 2021);
- agendas (for 6<sup>th</sup> September 2022 and 28<sup>th</sup> September 2022) and reporting to Local Partnership Forum (dated 8<sup>th</sup> February 2022);
- slides used for Tentalks (12<sup>th</sup> April 2022); and
- documents detailing staff feedbacks, Questions and Answers and Frequently Asked Questions (FAQs).

### **Estate Plan**

2.15 The latest Estates Plan was developed for 2022-25 with the mission to rationalise office spaces and locations across the organisation and support the transition to hybrid working.

2.16 The future strategy is to move away from a 'location based' organisation to a more flexible / distance working organisation and attract talent from around Wales and possibly other parts of the UK. The plan also takes into consideration that staffing numbers are expected to rise over the next five years.

2.17 The organisation currently operates at six leased premises, from which two offices are in Cardiff. By the end of June 2022 and in-line with HSE<sup>1</sup> guidance, the desk capacity within DHCW offices was restored to 100% (following a period of reduced desk availability to allow for social distancing due to the pandemic). However, due to hybrid working arrangements, the number of desks has decreased by nearly 20% from those in use prior to the pandemic, to allow for more efficient collaborative office space. We have been informed that further reductions are planned to better rationalise the buildings. (See analysis on the number of staff using the different offices and available desks in [Appendix B](#).)

2.18 Teams are allocated 'neighbourhoods' where they can book a desk and sit with other members of their team. Also available is a large number of hot desks for staff to use when they are attending offices for meetings / other purposes.

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<sup>1</sup> The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. It prevents work-related death, injury and ill health.

- 2.19 As staff have different preferences as to how often they want to visit their DHCW office (e.g. some staff prefer to visit their office once or twice a week, while others want to carry on with their five days a week office visit. Staff preferences are monitored through staff surveys (see further details on related surveys under Objective 3.)
- 2.20 Staff visits are currently monitored through a booking app and reported on a monthly basis. We reviewed booking requests for two months (April and May 2023) and note that space utilisation for these months was in the range of between 9.80% and 14.41% (see further details on this in [Appendix B](#)).

## Compliance areas

### a.) First Aiders

- 2.21 It is important that first aid is available at the workplace. We note that there is a formal first aid policy (SOP-CS-016) in place, which was last approved on the 9<sup>th</sup> November 2022.
- 2.22 As of the 6<sup>th</sup> July 2023, the First Aid Register listed 15 employees. We also found that rota schedules are no longer assembled and maintained. In addition, we were told that where floors are shared with NWSSP (e.g. at Mamhilad), DHCW relies on first aiders from NWSSP (see detailed analysis related to First Aiders in [Appendix C](#)).
- 2.23 Through reviewing the first aiders' training records, we found that all staff received the relevant training within the required three year period. However, we note that the Health and Safety Executive (HSE) recommends that beyond the three years certification period, a refresher course should be attended annually. We were told that employees can undertake an annual refresher training, but this is left to staff to determine if they would like this option. We also note that currently no first aiders have attended such a course, but this is very likely to be due to the relatively recent inception of DHCW as a Special Health Authority.
- 2.24 We reviewed certificates for three employees and compared their data to the register. We note that one certification due date was incorrectly recorded in the register. We were told that this is an administration error. The issue was rectified during our fieldwork.
- 2.25 Based on the current hybrid working arrangements and the low ratios (presented in [Appendix C](#)), it is likely that trained First Aiders may not be present when an accident / incident happens within a DHCW office, and staff may not be aware of these changed circumstances. See [matter arising 2](#) in [Appendix A](#).
- 2.26 We were informed that the organisation is trying to mitigate this risk by placing additional posters on each floor and encouraging employees to complete their mandatory ESR training on Health, Safety and Welfare. See [matter arising 2](#) in [Appendix A](#).
- 2.27 Furthermore, we note that the first aid kits in the offices are subject to regular checks, and the outcome of these checks is formally reported to the Safety Health and Environment (SHE) Group on a quarterly basis.

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*b.) Fire Marshals / Wardens<sup>2</sup>*

- 2.28 There is a requirement to have a fire marshal / warden at the workplace. Such a person needs to be competent, possess adequate training and experience or knowledge to implement proper evacuation procedures.
- 2.29 As of 6<sup>th</sup> July 2023, the Fire Warden register listed 29 employees. Similarly, to first aiders, as mentioned above, where floors are shared with NWSSP (e.g. in the Mamhilad Park Estate), DHCW relies on fire wardens from NWSSP (see analysis related to fire wardens in [Appendix C](#)).
- 2.30 Through reviewing the training records for the Fire Wardens, we note that all staff were up to date with their training (a refresher training is required to be undertaken a minimum of every three years). We also reviewed certificates for three fire wardens and compared their data to the register. We found no issues in relation to this.
- 2.31 Similar to first aiders, the fire warden / floor ratios are relatively low at the different DHCW premises (see related analysis in [Appendix C](#)). We also note that rota schedules are no longer assembled for fire wardens. Therefore, it is not guaranteed that a fire marshal / warden would be present in the case of a fire incident at DHCW premises, and staff may not be aware of these changed circumstances. See [matter arising 2](#) in [Appendix A](#).

*c.) Portable Appliance Testing (PAT)*

- 2.32 PAT is the term used to describe the examination of electrical<sup>3</sup> appliances and equipment to ensure that they are safe to use. Most electrical safety defects can be found by visual examination, but some types of defects can only be found by testing.
- 2.33 DHCW is required to carry out PAT testing, on a regular basis (however, the frequency of the regularity is not formally defined). Electrical testing is required to all DHCW's electrical equipment and installations that are used by the employees in the office and / or at home under the Electricity at Work Regulations 1989.
- 2.34 We note that DHCW has a standard operating procedure in place which covers electrical equipment held both on-site at DHCW premises and off-site for DHCW employees home use (SOP-DHCW-017 Portable Appliance Testing). We also note that the procedure applies to all DHCW staff and any contractors or visitors to any of DHCW sites and covers:
- all electrical items within DHCW premises (regardless of their ownership) should be tested on an annual basis;
  - tests related to electrical equipment (provided by DHCW) held offsite at DHCW Employee Homes should take place every three years.

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<sup>2</sup> Technically speaking, the Fire Marshal and Fire Warden roles are interchangeable and refer to the same role with the same responsibilities. However, some organisations prefer to highlight some differences between them and appoint different people to these posts. In such cases, the Fire Wardens will usually have a more proactive role (e.g. clear the building of people in the case of fire), where as a Fire Marshal's role tends to be more reactive (e.g. identify fire hazards at their workplace).

<sup>3</sup> PAT testing applies to all electrical or electronic items that are connected to a single-phase 240-volt main supply via a user removable plug, typically 13-amp square pin.

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- 2.35 We also note that the current PAT testing is outsourced, as DHCW does not have its own equipment to complete the process. We were able to verify that PAT testing dates for all six premises have been scheduled up until May 2024. However, we note that, as the homeworking testing is in its infancy, therefore, no formal full test has been carried out in this area yet. See [matter arising 2](#) in [Appendix A](#).
- 2.36 We confirmed that an element of testing has been undertaken, but a full list of equipment that requires testing is still being established. In theory, staff would be contacted in small groups to book a time to have their kit PAT tested in the office. A register would then be produced of what has been tested.

c.) Training

- 2.37 Detailed statistic for 17 Statutory and Mandatory training is reported to the Safety Health and Environment (SHE) Group bi-monthly, and a consolidated statistic on these courses to the Management Board as part of the workforce report on a quarterly basis. The underlying data is held in ESR. We also note that the Welsh Government (WG) target for mandatory training completion is set at 85% for NHS Wales.
- 2.38 We looked at the consolidated training KPI reported for April and May 2023, and note that the figure for April was above the WG compliance target, but it was slightly under in May. The combined KPI in April 2023 showed that it decreased by 0.5% from the previous month (April: 91.3% and March: 92.5%), and in May it further decreased by 5.1% (May: 84.3%). We understand that this drop was caused by the introduction of the new Welsh Language module in May 2023, where the uptake was low.
- 2.39 The compliance ratios relating to the four main training areas that could be linked to hybrid working are as follows:

Ref.	Training	% Compliance		Variance
		April 2023	May 2023	
1	Display Screen Equipment**	92.0%	92.0%	0.00%
2	Fire Safety	89.2%	91.6%	2.69%
3	Information Governance (Wales)	88.7%	90.2%	1.69%
4	Health, Safety and Welfare*	90.2%	91.6%	1.55%

\*: Includes references to First Aid.  
\*\*: (1) There is also a DSE checklist in place. We also note that there is only one DSE assessment which covers both home and office working.  
(2) The report from ESR showed that 109 staff did not complete their DSE assessment, and 58.63% of the assessments were completed in 2021.

The table shows that the completion rates were above the WG target and they increased from April to May 2023.

- 2.40 Furthermore, an optional training module on how to manage hybrid teams and how individuals should work within hybrid teams was rolled out in 2022 with an expectation for all staff to attend. The courses were advertised in advance on the intranet (there were four workshops per week at the beginning – two courses for managers and two courses for staff, then these were reduced to one of each per week, and later combined into one for both managers and staff). The courses were run based on demands between March and August 2022. Up until the end of August 2022, 21 workshops were delivered for 192 attendances (an average of nine staff

per workshop). At the end of August 2022, a review took place to determine whether these workshops need to continue in their current format. At the time of fieldwork, no further workshops had been delivered since.

### **Flexible Working arrangements**

- 2.41 Beyond the hybrid working arrangements there are some flexible working options which are also available for staff to choose from. However, it is usually the line manager who conducts the meetings and confirms the relevant decisions. As such, there is no requirement for the manager to communicate these requests to the People and Organisational Development (POD) Team, therefore no formal application log is maintained centrally. There is one exception from this rule, when the employee requests to work overseas for a period of time.
- 2.42 We reviewed the flexible requests log for overseas work and note that it contained 17 entries. We selected a sample of three line items for review and note that while there were some missing fields on the register, all the relevant evidence was provided for us in full for review.

### **Incidents reporting**

- 2.43 Datix is used for all incidents reporting at DHCW. Information governance specific incidents are required to be reported no later than 24 hours based on the Personal Data breach reporting and management policy (SOP-IG-004 version 9, last reviewed 12<sup>th</sup> December 2022).
- 2.44 We note that there is no specific field for hybrid working incidents in the system. This identification can only be carried out through drilling into individual cases and read through the relevant case notes.
- 2.45 We found four incidents were reported in Datix for the last twelve months to June 2023. We were told that because of the low number of incidents it is easy to keep track of them. We were also told that from the recorded incidents, none related to hybrid working.

### **Employee's data**

#### a.) Risk Assessments

- 2.46 We reviewed the Risk Assessment Log (the 'Log') for home working and found that the Log only listed 869 employees vs current employee numbers of 1,167. We also note that the Log indicates that some staff may not have provided a copy of their risk assessment, as there are 94 lines without a risk assessment reference. We understand that the Log has not been kept up to date (e.g. employees who left the organisation may not be taken off and new joiners may not be added on to the log). We confirmed that the person who used to look after the log has retired, and the task was not formally reassigned. See [matter arising 4 in Appendix A](#).
- 2.47 We also note that the majority of the Log was created at the peak of the pandemic. This is also supported by the fact that the supporting template still refers to Covid 19 and has not been updated to reflect hybrid working arrangements. We also found that risk assessments have not been actively refreshed since. It is the duty of the employee and their line manager(s) to ensure that the individual risk assessments are up to date. We were told that no formal reminders were sent out

to individuals and their line managers to revisit the old risk assessments. See [matter arising 4](#) in [Appendix A](#).

- 2.48 New employees are asked as part of their induction to fill in the risk assessment form. However, as the form is not emailed out by the POD team, they do not know to whom they need to chase for the response. Completed forms that are received by the POD team are usually filed in the individual's personal file. See [matter arising 4](#) in [Appendix A](#).
- 2.49 We note that the risk assessment template covers seven areas under two main headings: hazard and security. For each area the template makes a reference to the relevant regulation(s) which trigger the necessary controls.
- 2.50 We selected 25 employees from the Log and reviewed their individual risk assessments, where we identified some anomalies. See further details about these under [matter arising 4](#) in [Appendix A](#).

*b.) Contact details on ESR*

- 2.51 It is set out within the Hybrid Working Policy that whilst working remotely, the employee should ensure that they provide up to date contact details on ESR to ensure that colleagues, customers / clients, management etc. can contact them as they would if they were in the office.
- 2.52 There is a manual control in place to detect and identify missing fields within ESR. This task is completed by two roles within POD on a monthly basis (however in the past it was a weekly control). We were told that the personal data of job applicants are collected as part of the recruitment process and stored in Trac<sup>4</sup> and shared with the relevant line managers. However, the data not always transferred to ESR in full. Reviewing ESR data for end of June 2023, we found that there were three out of 1167 employees who did not have their phone number recorded in the system (this included one person who joined the organisation six months ago and two people who joined three months ago). Whilst this is a minor non-conformity, the transfer is not operating completely. See [matter arising 3](#) in [Appendix A](#).
- 2.53 We also note that once all ESR fields are completed there are no validation checks carried out to ensure that data held in ESR remain up to date. We were told that a prompting request to update personal information on ESR was placed in the "Insider" Newsletter in December 2022, but there were no similar requests since. We also note that there is an option to add a reminder to ESR itself to request staff to check whether their details are up to date, but this message would be only visible after staff have physically logged in to ESR. See [matter arising 3](#) in [Appendix A](#).

**Conclusion:**

- 2.54 We identified three medium and four low priority recommendations relating to management reviews. Therefore, we have provided **reasonable assurance** over this audit objective.

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<sup>4</sup> The Trac is an on-line interface system that links in with NHS jobs, Electronic Staff Record (ESR) and the Disclosure & Barring Service (DBS). The processing of the initial vacancy request, through to the shortlisting, recruitment and appointment phases are managed via the Trac system.

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**Objective 3: The requirements of the policy are applied consistently towards all staff****Guidance and assessment**

- 2.55 Since the 11<sup>th</sup> April 2022, DHCW has encouraged all employees to attend a DHCW office for a minimum of one working day a week. It was identified that the purpose of attending an office base allows for informal interactions, which enables stronger team working, team building and better working relationships. It facilitates effective collaborative working to maintain and improves the communication and relationships between cross functional teams and allows for check-ins on wellbeing.
- 2.56 Guidance produced on Hybrid working is available to all employees on DHCW SharePoint (intranet site), this includes links to key documents, such as:
- the Principles of Hybrid Working, which details the associated identified benefits with the hybrid working arrangements; the responsibilities of the employees and their line managers, and a list of things that staff are required to do before attending an office (e.g. explaining the process of booking desk spaces; car parking spaces and meeting rooms);
  - the Hybrid Meeting Protocol paper (REF-DHCW-002) which provides advice on the type of meetings that are suitable for a hybrid approach, or meetings that should be attended with everyone in person, and details of the accepted meeting behaviours etc.
  - frequently asked questions and answers; and
  - a Toolkit for Managers and Staff (including documentation and best practice around supporting the hybrid model working).
- 2.57 We note that the Hybrid Working Assessment (presented to Directors at a Strategic Session on 11<sup>th</sup> August 2022) identified the need for the establishment of a working group to review office arrangements (e.g. shift from desk-intensive to meeting/collaboration intensive environments in all DHCW's offices).
- 2.58 On the 8th of March 2023, at the senior leadership development day, amongst key issues affecting the organization the hybrid working approach was discussed in detail. We also note that there were regular updates throughout the year to the Local Partnership Forum which we were able to confirm through reviewing minutes.

**Surveys***a.) Pulse Survey 2022*

- 2.59 From 1<sup>st</sup> of January to 30<sup>th</sup> April 2022, a trial period of hybrid working was launched, which was followed up by a Pulse survey in May / June 2022. The survey included 30 questions covering topics like hybrid working, health and wellbeing, and values and behaviours (see statistical information about this survey in [Appendix D.](#))
- 2.60 The result of the survey was analysed by the Staff Survey 2022 Task & Finish Group. We were able to review a copy of an agenda for this group dated 6<sup>th</sup> September 2022. We note that the departments' response range was between 20.8% and 84.7%, and overall 57% of staff responded to the survey. We also note that the number of responders was up by 20.7% from the previous pulse survey.

- 2.61 The outcome was then used to develop the current Hybrid Working Policy (see further details related to this Policy in objective one).
- 2.62 We note that the majority of staff indicated that their preference was not to attend a DHCW office everyday (i.e. 38% staff said they do not want to come to the office at all, 44% staff said they prefer to come to the office one day a week and 3.7% of staff said they want to come to the office five days a week).
- 2.63 An action plan, listing 21 items, was developed and delivered. For example, as a result of the survey, some of the office spaces were restructured and refurbished to create more meeting room spaces etc. While all of the line items from the action plan were executed, additional actions had also been carried out as part of continuous improvements.
- 2.64 As we understand it, staff were provided information about the progress of the execution achievements in a format of "you said, we did", and the overall result of the survey was reported to the Local Partnership Forum, New Ways of Working Group, Health & Wellbeing Group, Executive Directors and the Board, which we were able to confirm through review of related papers and minutes.

#### b.) Pulse survey 2023

- 2.65 A Pulse survey 2023 was launched on 13<sup>th</sup> July 2023. The survey consisted of 70 questions and covered key areas of interests, e.g. hybrid and flexible working; health and wellbeing; values and behaviours; appraisals and PADR, with the overall purpose to continuously check that the current working arrangements have positive impact on both employee well-being and team productivity (see further information about the survey in [Appendix D.](#))
- 2.66 The completion deadline for the Pulse survey 2023 was set as 3<sup>rd</sup> August 2023, as such, this survey was still on-going during our audit. We found that the staff response rate reached 47% as of 28<sup>th</sup> July 2023. We were told that as a booster, a graph analysis by departments about the number of responses received was shared across the organisation. We were also told that a QR code was set up to make it easier for staff to access and respond to the survey.

### **Complaints**

- 2.67 There is no separate complaint process / policy for hybrid working. We were told that no formal complaints were made in relation to hybrid working so far, and also, the results of the Pulse survey for 2022 showed that staff were generally happy with the new hybrid working arrangements (see further information on this survey above).

### **Geographical split**

- 2.68 There is a hope that the hybrid working arrangements will attract more Welsh speaking employees and support a more diverse and skilled workforce that are geographically dispersed across a wider geography. Reviewing the current workforce mix and as an example, only 6 % of the organization are from North Wales at the moment and only a few staff are employed from more widely within the UK.

**Conclusion:**

2.69 No recommendation was identified for this area. Therefore, we have provided **substantial assurance** over this audit objective.

## Appendix A: Management Action Plan

Matter Arising 1: Policies / procedures (Design / Operation)				Impact																
<p>We found that from the policies that are relevant, three policies were not reviewed in the last 12 months. See further details below.</p> <table><tr><th>Policy name</th><th>Last approved</th><th>Due date for review</th><th>Comment</th></tr><tr><td>Health, Safety and Welfare Policy &amp; Procedure (v2)</td><td>13/05/2022</td><td>13/05/2025</td><td>Although, this policy is still within its due date, it requires some minor up-dates e.g. in terms of location details due to recent relocation in the Mamhilad Park Estate and aspects of hybrid working.</td></tr><tr><td>Flexible Working Policy and Procedure (V2)</td><td>09/10/2019</td><td>31/03/2022</td><td>This policy is now overdue. We were told that the review of this policy is currently in progress.</td></tr><tr><td>Respect and Resolution Policy</td><td>April 2021</td><td>N/A</td><td>This is an All Wales policy, as such, DHCW is not able to update it. We note that no formal due date was set for this policy. However, as with all policies they remain extant until they are replaced.</td></tr></table> <p>Furthermore, we note that in section 5.6 First Aid / Emergencies of the current Hybrid Working Policy, requirements are set out to employees who work remotely, for example, that they “are required to have:</p> <ul style="list-style-type: none"><li>- an adequate warning system – a domestic smoke alarm in the work area which is checked regularly;</li><li>- a way of escape – worked out in advance;</li><li>- a small first aid kit that is easily accessible in the remote location.”</li></ul> <p>However, compliance with these requirements is not checked / validated or enforced.</p>				Policy name	Last approved	Due date for review	Comment	Health, Safety and Welfare Policy & Procedure (v2)	13/05/2022	13/05/2025	Although, this policy is still within its due date, it requires some minor up-dates e.g. in terms of location details due to recent relocation in the Mamhilad Park Estate and aspects of hybrid working.	Flexible Working Policy and Procedure (V2)	09/10/2019	31/03/2022	This policy is now overdue. We were told that the review of this policy is currently in progress.	Respect and Resolution Policy	April 2021	N/A	This is an All Wales policy, as such, DHCW is not able to update it. We note that no formal due date was set for this policy. However, as with all policies they remain extant until they are replaced.	<p>Potential risk of:</p> <ul style="list-style-type: none"><li>• Policies might be out-of-date and are not fit for purpose.</li></ul>
Policy name	Last approved	Due date for review	Comment																	
Health, Safety and Welfare Policy & Procedure (v2)	13/05/2022	13/05/2025	Although, this policy is still within its due date, it requires some minor up-dates e.g. in terms of location details due to recent relocation in the Mamhilad Park Estate and aspects of hybrid working.																	
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Respect and Resolution Policy	April 2021	N/A	This is an All Wales policy, as such, DHCW is not able to update it. We note that no formal due date was set for this policy. However, as with all policies they remain extant until they are replaced.																	
Recommendations				Priority																
1.1	DHCW should ensure that reasonable due dates are set to update key policies, and formal reviews are carried out in line with them.			Low (Operation)																
1.2	Consideration should be given to revisit / rework the First Aid / Emergencies section of the Hybrid Working Policy to ensure it is fit for purpose (e.g. stating “recommend” instead of “required”).			Low (Design)																

Agreed Management Action		Target Date	Responsible Officer
1.1	DHCW will continue to monitor the All Wales Policies for updates.  The current process for tracking and updating key policies to be optimised to allow time for approval with relevant committees.	Jan 2024	Senior POD Business Partner
1.2	The Hybrid Working Policy is under review to replace the term “required” with replace “recommended.”	Jan 2024	Senior POD Business Partner

Matter Arising 2: Compliance (Operation)	Impact
<ul style="list-style-type: none"><li><b>First Aiders &amp; Fire Marshals / Wardens</b></li></ul> <p>There are regulatory requirements for first aiders and fire marshals / wardens on site in all office premises. There is no change in the applicable legislation and guidance regarding these areas, as such, the organisation has a duty of care towards to its employees.</p> <p>However, the current hybrid working arrangements has led to low ratios in the above areas (see further information in <a href="#">Appendix C</a>). While we were told that no major incidents have occurred so far, there is a risk that trained experts (e.g. first aiders and fire marshals / wardens) may not be present when an accident / incident happens at the DHCW office. We also note that staff may not be aware of these changed circumstances.</p> <p>DHCW is aiming to implement alternative / compensating controls and actions to mitigate the related risks. For example, additional posters were put out to common areas e.g. in the kitchen, corridors etc. We also note that there are training modules available on ESR (e.g. DSE, Fire Safety, Health, Safety and Welfare, and Information Governance), however, many of these courses were designed pre-pandemic and have not been updated for the new hybrid working arrangements.</p> <ul style="list-style-type: none"><li><b>PAT testing</b></li></ul> <p>DHCW is required to ensure that the equipment employees use in the office or at home is suitable for use.</p> <p>We found that DHCW has a standard operating procedure in place to test electrical equipment held both on-site at DHCW premises and off-site for DHCW employees' home use (SOP-DHCW-017 Portable Appliance Testing). We were informed that the organisation is currently outsourcing the PAT testing, as they do not have the necessary kit to complete the testing.</p> <p>We note that formal testing was only rolled out to the six premises currently used by the organisation. In terms of the homeworking items, no formal full test has been conducted. The full list of equipment that requires testing is still being established. There were also no records available for review on which home kits were tested so far.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"><li>Potential risk of regulatory requirements not fully adhered to</li><li>Injuries / serious body harm or material damage</li><li>Faulty equipment may remain undetected</li></ul>

Recommendations		Priority	
2.1	DHCW should ensure that all regulatory requirements and related guidance are being met and any additional risks are being managed. Staff should be made aware of any policy / practice changes in relation to this.	Medium (Operation)	
2.2	A formal timetable and action plan should be developed to complete PAT testing for equipment used by employees in their homes.	Medium (Operation)	
Agreed Management Action		Target Date	Responsible Officer
2.1	DHCW will review the first aid and fire warden processes (including training) and will establish more robust controls in line with HSE recommendations to improve upon current arrangements.  Policies and procedures as well as posters and H&S bulletins detailing these arrangements will continue to be communicated to all employees.	Jan 2024	Head of Corporate Services
2.2	DHCW will further develop arrangements for PAT testing of homeworking equipment to ensure a safe and effective process.	Jan 2024	Head of Corporate Services

Matter Arising 3: Personal Data Quality (Design / Operation)		Impact
<p><b><u>Missing fields</u></b></p> <p>There is a manual control in place to detect, identify and chase any incomplete fields in ESR. This control is currently carried out by two staff at People and Organisational Development (POD) on a regular basis. In the past, the control was operated weekly. However, recently, it was changed to a monthly control, where we identified gaps in its completion.</p> <p>Based on ESR data for end of June 2023, three out of 1,167 employees did not have their phone number details in ESR (this included one person who joined the organisation six months ago and two people who joined three months ago). Whilst this is a minor non-conformity, the data transfer is not operating completely.</p> <p>We were informed that personal data of job applicants is collected as part of the recruitment process, stored in Trac and shared with the relevant line managers. This includes phone numbers and permanent / temporary addresses. However, such data is not necessarily transferred over to ESR in full, therefore, there is a need to have a manual checking process in place.</p> <p><b><u>Validation checks</u></b></p> <p>Data is not actively checked once all fields are completed in ESR. The importance of ESR data is only articulated at the point of induction. As such, it is likely that some people may have out of date personal data amongst their records.</p> <p>We were told that a prompting request to update personal information in ESR was placed in the Insider Newsletter in December 2022, but there have been no similar requests since. We also note that there is an option to add a reminder to ESR itself to request staff to check whether their details are up to date, but this message would only be visible after staff have physically logged on to ESR.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"><li>Personal data recorded in ESR may be incomplete and unreliable</li></ul>
Recommendations		Priority
3.1	A procedure to monitor exception reports for any missing ESR data should be established, to include when to generate reports, in what time period and to follow up on missing items.	<b>Low</b> (Design)

3.2	Employees should be regularly reminded to check and keep their personal data up to date in ESR.	Low (Operation)	
Agreed Management Action		Target Date	Responsible Officer
3.1	Validation checks for personal information will be conducted every month for all staff. New starters will be reminded during Corporate Induction and at their check-in interviews following the Corporate Induction to check and complete any missing information on ESR.	Jan 2024	Senior POD Business Partner
3.2	All staff will be reminded every three months via email to complete their personal data on ESR.  As a standard, this should be included in every monthly Insider and other communication channels.	Jan 2024	Senior POD Business Partner

Matter Arising 4: Risk Assessments (Design / Operation)	Impact
<p>We found that the Risk Assessment Log (the 'Log') for home working was not up to date. The Log only listed 869 employees vs current employees' number of 1,167. We also found 94 line items in the log with no action point reference, which could indicate that some individual risk assessments were not completed.</p> <p>We were informed that following a recent retirement the review of the Log has not been formally reassigned. Therefore, there is a risk that employees who have left the organisation may not be removed, and new joiners may not be added to the Log.</p> <p>We found that the Log was developed at the peak of the pandemic. Also, the supporting template still refers to Covid 19 and has not been updated to reflect hybrid working arrangements, as such, the risk assessments have not been actively refreshed since. We were also told that no formal reminder was sent out to individuals and their line managers to reperform the assessments. It is also assumed that staff would automatically update their risk assessment when their circumstances change.</p> <p>As part of our audit, we reviewed 25 individual risk assessments, and found the following:</p> <ul style="list-style-type: none"><li>• two risk assessments were incomplete (8%);</li><li>• none of the risk assessments (100%) included evidence of a line manager review/comment;</li><li>• 84% of the risk assessments were in a Word format / four risk assessments were in PDF format;</li><li>• dates were incorrectly recorded to the log in 10 cases (40%);</li><li>• in seven cases (28%) the recommendation column was used for justifying the rating position rather than providing a formal recommendation.</li></ul> <p>Furthermore, we note that new employees are usually asked as part of their induction to fill in the risk assessment form. However, the form is not emailed out by the People and Organisational Development (POD) team. Therefore, there is uncertainty over whom to chase for the missing responses.</p> <p>The completed forms that are received by the POD team are usually filed in the individual's personal file.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"><li>• Risk Assessments and related log are out-of-date and not reliable</li></ul>

Recommendations		Priority	
4.1	The Risk Assessment log should be kept up to date.	<b>Medium</b> (Operation)	
4.2	Consideration should be given to update the risk assessment template and formally evidence line managers' reviews and actions taken to mitigate the identified issues / risks.	<b>Low</b> (Design)	
4.3	Employees and their line managers should be regularly reminded about the importance of keeping individual risk assessment refreshed.	<b>Low</b> (Operation)	
Agreed Management Action		Target Date	Responsible Officer
4.1	New Risk assessment forms sent out to all staff immediately as a mandatory requirement.	Oct 2023	Senior Business Partner
4.2	New Risk Assessment form designed to incorporate section for line manager's Review and Signature.	Oct 2023	Senior Business Partner
4.3	Reminders to keep risk assessment refreshed communication every six months on all communication channels and included on the Manager's Program agenda	Jan 2024	Senior Business Partner

## Appendix B: Average number of staff and available desks by locations

Ref.	Office location	Current Lease arrangements	Daily Average Number of employees visited DHCW office		Available desks (maximum numbers per site)	Space utilisation (April 2023)	Space utilisation (May 2023)
			April 2023	May 2023			
1	Mold	Lease break option between January 2026 and January 2027. Lease expires January 2031.	9.58	10.38	72	14.41%	13.31%
2	Pencoed	Lease expired 3 <sup>rd</sup> January 2021 – DHCW are currently holding over under the security of tenure provisions of Section 24 of the Landlord & Tenant Act 1954. This lease will continue until either party serves notice to end the tenancy with the formal notice.	3.63	3.33	34	9.80%	10.66%
3	Cardiff*	<u>Ty Glan-yr-Afon</u> - A rent review took place on 8 <sup>th</sup> December 2022. The lease expires March 2025. <u>Castlebridge 2</u> - The lease expires March 2025.	50.25	49.42	469	10.54%	10.71%
4	Pontypool**	The lease expiry date: 28/07/2023. Client services along with their stockroom have been already relocated to Cwmbran House within the Mamhilad Park Estate in July 2023. This building is currently utilised by NWSSP.	6.96	6.67	59	11.30%	11.79%
5	Swansea	Lease expires March 2026.	15.50	12.17	109	11.16%	14.22%

**Total****743**

\*: Includes two offices in Cardiff (Ty Ar-Glyn-Afon and Castlebridge offices).

\*\*: Excludes desks available at the new site in Cwmbran House.

Appendix C: Analysis of trained First Aiders and Fire Marshals/Wardens

Ref.	Office location	Number of floors used	Number of First Aiders	Number of Fire Wardens	Ratio-1 (First Aiders/Floor)	Ratio-2 (Fire Warden/Floor)
1	Pencoed	1	0	1	0.0	1.0
2	Mamhilad	1	2	2	2.0	2.0
3	Mold	1	3	1	3.0	1.0
4	Swansea	1	1	4	1.0	4.0
5	Castlebridge (Cardiff)	1	0	3	0.0	3.0
6	Ty Glan-yr-Afon (Cardiff)	7	9	18	1.29	2.6
Total		15	12	29	1.25	2.4

## Appendix D: Statistics of the Pulse surveys (2022 and 2023)

Ref.	Category	Number of questions asked in the survey				Variance	
		Year 2022		Year 2023			
		Multiple choice questions	Open questions	Multiple choice questions	Open questions	Multiple choice questions	Open questions
1	About you	6	1	16	3	166.67%	200.00%
2	Hybrid Working						
	<ul style="list-style-type: none"><li>all staff</li><li>for managers only</li></ul>	2	3	3	5	50%	66.67%
3	Flexible Working						
	<ul style="list-style-type: none"><li>all staff</li><li>for managers only</li></ul>	0	0	4	3	-	-
4	Health & Wellbeing	7	1	10	1	42.86%	0.00%
5	Values and Behaviours	8	2	9	3	12.50%	50.00%
6	Appraisals and PADR	0	0	5	3	-	-
Total		23	7	50	20	117.39%	185.71%

## Appendix E: 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:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	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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# Board Assurance Framework Final Internal Audit Report September 2023

## Digital Health and Care Wales



GIG  
CYMRU  
NHS  
WALES

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



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales



# Contents

Executive Summary ..... 3


1. Introduction..... 4

2. Detailed Findings..... 5

Appendix A: Management Action Plan..... 10

Appendix B: Assurance opinion and action plan risk rating ..... 14

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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

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# Executive Summary

## Purpose

This internal audit has been undertaken to provide an opinion over the effectiveness of the Digital Health and Care Wales’s (DHCW) implemented Board Assurance Framework (BAF). It has focused on the Board’s, and its Committees’, engagement in the BAF process and the presentation of the Board Assurance Report (BAR).

## Overview

We found that the BAF process and the BAR format have been effectively developed over 2022 and that the half yearly presentations made to the Board in November 2022 and May 2023 have embedded the BAF process well.

We have raised two medium matters arising noting opportunities to enhance the BAR format to provide the Board with additional information to (a) allow Board members reflective practice and (b) challenge the self-assurance ratings provided against each mission and principal risk. These matters have been rated as medium given the importance of the provision of enhanced assurance to the Board within the BAR. However, it is noted that related underlying risks are being managed outside of the Board arena and are subject to differing cyclical reporting, hence our report classification is substantial.

All matters arising are detailed in Appendix A.

## Report Classification



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

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

Assurance objectives		Assurance
1	The implementation of BAF reporting to the Board, and its Committees during BAF development	Reasonable
2	The linkage of BAF process to the Corporate Risk Register, DHCW’s missions (strategic objectives) and the Board’s views on emerging strategic risks	Substantial
3	Risk Appetite, being the level of risk the Board is prepared to accept before action is deemed necessary to reduce it, is consistently applied across risk domains	Substantial
4	The level of scrutiny of BAF reporting, as presented to the Board, and its Committees during BAF development	Reasonable

## Matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Reflective practice required to consider direction of travel since previous half yearly BAR report presentation	1	Design	Medium
2	Additional reporting on key controls and assurance in place, together with progress made in implementing actions reported in previous BAR reports to provide the Board with an opportunity to challenge current risk self-assessments reported	1&4	Design	Medium

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

## 1) Introduction

- 1.1 This internal audit has provided an opinion over the effectiveness of the implemented Board Assurance Framework (BAF), including the risk management arrangements in place to ensure DHCW's principal risks are being appropriately managed to enable the delivery of DHCW's missions (strategic objectives).
- 1.2 The Chief Executive, as Accountable Officer of Digital Health and Care Wales (DHCW) has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of governance, which also encompasses risk management. The Welsh Government requires the Chief Executive to sign an Annual Governance Statement on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed. The Board has approved several key risk management documents that define and communicate the risk management process across DHCW.
- 1.3 The DHCW Board approved the Risk Management and Board Assurance Framework Strategy at its May 2021 meeting following endorsement from the Audit and Assurance Committee earlier that month. The document's purpose is to provide guidance to all staff on the management of strategic and operational risks and the BAF within DHCW.
- 1.4 In addition, the current Risk Management Policy (the 'Policy') was approved by the Board in April 2022. The Policy provides a clear framework for the management of risk. In addition, the Policy outlines the way in which DHCW continues to embed risk management, taking note of the various requirements of external agencies and statutory bodies.
- 1.5 Lastly, the DHCW Risk and BAF document was approved by the Board in May 2022. The BAF outlines how assurance will be gained on the conduct of DHCW business, its governance and the effective management of DHCW's risks in pursuance of its aims and objectives. It sets out the various sources of assurance, and where and when that assurance will be provided.
- 1.6 We completed two internal audits during 2021-22 (Corporate Governance Part One and Part Two) given the establishment of DHCW as a Special Health Authority in April 2021. The audits included commentary on strategic risk management matters, and these were reviewed within the 2022-23 Risk Management audit.
- 1.7 This audit has focused on the Board's and its Committees' engagement in the BAF process, the objectives of the area under review being:
  - the implementation of BAF reporting to the Board, and its Committees during BAF development;
  - the linkage of BAF process to the Corporate Risk Register, DHCW's missions (strategic objectives) and the Board's views on emerging strategic risks;

- Risk Appetite, being the level of risk the Board is prepared to accept before action is deemed necessary to reduce it, is consistently applied across risk domains; and
- the level of scrutiny of BAF reporting, as presented to the Board, and its Committees during BAF development.

1.8 The risks considered in the review included:

- BAF process, as defined in strategy, policy and framework documentation is not yet fully implemented and / or not all BAF risks are fully documented;
- BAF reporting to the Audit and Assurance Committee, Digital Governance and Safety Committee, and the Board is not in agreement with DHCW’s Risk and Board Assurance Framework (e.g. format, content refresh, frequency of oversight, etc.);
- BAF reporting is not linked to the risk management structure, Corporate Risk Register records and / or open to a Board review of risks to DHCW’s missions (strategic objectives);
- DHCW approved Risk Appetite is not consistently applied across risk domains, with accepted individual risk levels being higher than accepted by the Board; and
- BAF review processes do not demonstrate effective challenge and consideration of significant risks to DHCW’s missions (strategic objectives), and the documenting and tracking of actions required to improve control of such risks.

1.9 The management of department, directorate and project / programme risk reported, and the compilation of the Corporate Risk Register are not included in the scope of this audit. These processes were included in the scope of the 2022-23 Risk Management audit.

2) Detailed Findings

The table below summarises the recommendations raised by priority rating:

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

**Objective 1:** the implementation of BAF reporting to the Board, and its Committees, during BAF development;

- 2.1 The Board and Committee papers, agendas and minutes were reviewed from April 2022, and it was evident that BAF reporting has been well developed through the creation of a Board Assurance Report (BAR) format that was developed in 2022. The BAR has been developed with Audit and Assurance Committee and Board oversight and has been presented half yearly to the Board in November 2022 and May 2023.
- 2.2 The BAR format consists of a summary of the current assurance on the management of the principal risk to each mission (strategic objective) of DHCW, including a principal risk heat map and assurance summary. In addition, the following information is provided against each mission:
- self-assessment assurance rating analysed by key controls and assurance ratings;
  - principal risk current score and target score;
  - associated Corporate risks;
  - key controls and assurance gaps and action plans to address; and
  - progress on action plans at time of report.
- 2.3 Whilst the BAR report format provides the Board with a snapshot of the assurance status, there is no reflective reporting in the BAR format. It is not possible for the Board to easily identify and assess progress over time, with no commentary provided on the progress made since the previous six-monthly BAR was presented to the Board. Our review of the November 2022 and May 2023 BARs identified that current and target risk scores for missions 1 and 5 had changed, but there was no comment provided.
- 2.4 Over time the Board should be expecting principal risk current scores to reduce to target levels, and it is important that this journey is tracked and reported. The use of the principal risk heat map to graphically represent movements is commented upon in the narrative of the BAR format, but does not appear to have been applied in the May 2023 BAR. Tracking of movement over time is equally important whether current scores have reduced, remained the same, or increased, and summary explanations would aid the Board's understanding. We have raised these matters in [matter arising one in Appendix A](#).
- 2.5 Regarding the detailed information provided against each mission in the BAR format, we noted that there is no detail provided on the progress in the delivery and implementation of action plans, to address key controls and assurance gaps listed in the previous half yearly BAR presented to the Board. Whilst we note that tracking of these actions is undertaken quarterly outside of the Board and Committees reporting structures, there is merit in providing a summary of such progress against each mission. By doing so, this will provide assurance to the Board that historically reported action plans have been implemented, or if not, that they are being adequately addressed. We have raised this matter in [matter arising two in Appendix A](#).

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**Conclusion:**

- 2.6 We have raised two matters arising under this objective to enhance the level of information available to the Board, commenting on reflective reporting to provide assurance on movement over time that can be added to the current snapshot approach to the BAR format. Therefore, we have provided **reasonable assurance** over this area.

**Objective 2:** the linkage of BAF process to the Corporate Risk Register, DHCW's missions (strategic objectives) and the Board's views on emerging strategic risks

- 2.7 The BAF process is linked to the Corporate Risk Register process. Each Corporate risk is allocated to a Board Committee who then monitor the management of each risk at each of the Committees' meetings. The full Corporate Risk Register is updated and presented to the Board as a standing item. The BAR provides a listing of corporate risks as relevant to each DHCW mission together with each risk's current and target risk score.
- 2.8 The BAR format is focused on providing the Board with assurance on the ability of DHCW to deliver its missions. We noted that the wording of the missions and associated principal risks have been amended in the BAR from November 2022 to May 2023 to more effectively summarise DHCW's activities and align with DHCW's latest Integrated Medium Term Plan. The BAR format is based on the missions, their principal risks and key control and assurance ratings.
- 2.9 The Board considers emerging strategic risk as a topic periodically, for example, we noted that this the Board considered at its meeting in July 2022, The World Economic Forum Long Term Global Risks Landscape (2022). In particular, the risk that growing digital dependency will intensify cyberthreats. In addition, the Board members can comment on emerging risk matters throughout the year at the Board and Committee meetings where risk management is regularly reported and considered.

**Conclusion:**

- 2.10 We have not raised any matters arising under this objective, as the BAF process was found to be integrated with the Corporate Risk Register process, risk to DHCW's missions, and allows for the consideration of emerging risk. Therefore, we have provided **substantial assurance** over this area.

**Objective 3:** Risk Appetite, being the level of risk the Board is prepared to accept before action is deemed necessary to reduce it, is consistently applied across risk domains

- 2.11 The Board has established five risk appetite levels and associated tolerance levels, based on risk score that trigger additional reporting requirements. The risk appetite levels consist of Hungry, Open, Moderate, Cautious and Adverse. The tolerance levels for reporting reduces from 25 and above (Hungry) down to 9 and above (Adverse). The risk appetite levels have been applied to 10 risk domains

established, each corporate risk being allocated to one of the 10 risk domains and therefore a specific risk appetite.

- 2.12 In addition, each principal risk allied to each mission has also been given a risk appetite by the Board, as detailed in the BAR format. We found that the principal risk appetites of each mission were consistent with those of the risk domains of the corporate risks reported against each mission. The Board and committees are therefore monitoring risk throughout the year at a level at or below that which would be required, based on the principal risk appetites established. One exception was noted in May 2023 regarding risk DHCW 0237. However the risk was being reported as a corporate risk, despite being below the risk domain's tolerance level at the discretion of management and the Digital Governance and Safety Committee.

#### Conclusion:

- 2.13 We have not raised any matters arising under this objective, as the level of risk the Board is prepared to accept before action is deemed necessary to reduce it, is consistently applied across risk domains. In addition, corporate risk is being managed throughout the year by the Board and its committees at or below the levels set against each related principal risk, as reported half yearly in the BAR. Therefore, we have provided **substantial assurance** over this area.

#### Objective 4: the level of scrutiny of BAF reporting, as presented to the Board, and its Committees during BAF development

- 2.14 The BAR format provides the Board with information to challenge the updated assurance on the delivery of DHCW's missions, as reported half yearly. As noted above there is the opportunity to also provide additional comment on movement since the previous half yearly report to allow the Board reflective practice and challenge the direction of travel. We have raised these matters in [matter arising one in Appendix A](#).
- 2.15 We have noted that the Board and its Committees oversee deep dive reviews of selected corporate risks across the year where a more detailed review of specific risks is performed, and risk scoring challenged.
- 2.16 We also noted that the BAR focuses on key controls and assurance gaps, but does provide comment on those that are in place and being relied upon. To provide the Board with a more balanced view it would be preferable to detail a percentage summary of risk controls and assurance in place versus those listed as gaps. This information would support the key controls and assurance self-assessment ratings provided against mission in the BAR. We have raised this matter in [matter arising two in Appendix A](#).
- 2.17 As noted above, the BAR format does not provide any comment on the delivery and implementation of actions to address key controls and assurance gaps, as identified in the previous half yearly report. For the Board to be able to challenge

progress, the BAR format should be enhanced to provide summary comment on progress made. We have raised this matter in [matter arising two in Appendix A](#).

**Conclusion:**

- 2.18 We have raised two matters arising under this objective, the enhancement of the BAR format to provide the Board with comment on movement since the previous half yearly BAR report allowing the Board reflective practice, and to provide further information on key controls and assurances in place and comment on the delivery and implementation of action plans achieved. We have therefore provided **reasonable assurance** over this area.

## Appendix A: Management Action Plan

Matter arising 1: Board Assurance Reporting - Reflective Practice (Design)	Impact
<p>A Board Assurance Report (BAR) is presented to the Board half yearly and focuses on providing a snapshot assessment of the principal risks of achieving the missions (strategic objectives) of DHCW.</p> <p>There is no comment on how the assessment has changed, or not, since the previously BAR presented six months earlier. The BAR focuses on the now and future actions, but does not comment on the journey made to date, limiting the Board's ability to note and challenge the direction of travel achieved. The Board is not able to easily focus on progress over time and challenge DHCW's ability to mitigate the principal risks to its strategic objectives.</p> <p>When comparing the BAR presented in May 2023 with that presented in November 2022 it was noted that there were changes in both target and actual risk scores (impact x likelihood) of the principal risks associated with each mission. The changes were not commented upon, and no explanations provided. Whilst the BAR provides a principal risk heat map and shows, for each principal risk, the initial risk score and movement towards target score, the BAR presented in May 2023 has no reference to the changes in actual and target principal risk scores, as relating to mission 1 (Provide a platform for enabling digital transformation) and mission 5 (Be the trusted strategic partner and a high quality, inclusive and ambitious organisation).</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"><li>BAF review processes do not demonstrate effective challenge and consideration of the principal risks to DHCW missions given the lack of reflective reporting on the movement in the management of principal risks between half yearly BAR presentations.</li></ul>

Recommendations		Priority
1	<p>We recommend that DHCW management ensure that the Board are provided with the following additional information to allow the Board to easily focus on progress over time and challenge DHCW's ability to actually mitigate the principal risks to its missions (strategic objectives):</p> <ul style="list-style-type: none"><li>a) The BAR report format is enhanced to highlight movements, or lack thereof, in changes in principal risk scores, since the previous half yearly report was presented.</li><li>b) The principal risk heat map within the BAR report format should be developed to clearly illustrate change in principal risk assessments.</li><li>c) The BAR report format provides the Board with information as to the direction of travel based upon principal risk scores and explanation for movement, particularly that of actual risk scores noting why they have reduced, remained unchanged despite work done to reduce risk in last six months, or increased in value.</li></ul>	Medium

Management Responses		Target Date	Responsible Officer
1a	We will work with Executive leads to consider how we best reflect movements in actions undertaken to mitigate risks resulting in changes in target and actual risk score.	May 2024	Board Secretary
1b	We will work with Executive owners to consider how we best use the principal risk heatmap to illustrate change in the risk assessments.	May 2024	Board Secretary
1c	We will explore with Executive leads how we best present changes and movement in principal risk score and work done to mitigate them	May 2024	Board Secretary

Matter arising 2: Reporting of Key Controls and Assurance (Design)

Impact

The BAR report format presented to the Board half yearly, provides a self-assessment assurance rating against each principal risk allied to each strategic objective. This is supported by separate assessments of key controls and assurance. In addition, detailed comments on key controls and assurance gaps, and actions to address, are provided against each principal risk. However, the BAR report format does not comment on the specific key controls and assurance that are in place and working effectively which support the assessments provided. In addition, there is no view provided to the Board on the ratio of controls and assurance in place as compared to the gaps that are currently identified in the BAR report format.

Whilst we recognise that the tracking of actions to address key controls and assurance gaps against each principal risk, as listed in the previous half yearly BAR, is performed quarterly outside of Board and Committee reporting, there is no summary comment provided in the BAR on progress made in implementing previously reported action plans.

Potential risk of:

- BAF review processes do not demonstrate effective challenge and consideration of significant risks to DHCW strategic objectives, and the documenting and tracking of actions required to improve control of such risks.

Recommendations

Priority

- 2
- We recommend that DHCW management ensure that the Board is provided with information within the BAR on the following:
- a)

A summary of the key controls and assurance that are in operation against each principal risk, and an indication of the relative import of key controls and assurance in place versus gaps identified, to support the self-assessment assurance rating provided.

b)

A summary of the progress made in implementing the actions listed in the previous half yearly BAR against each principal risk to address the key controls and assurance gaps identified at that time.

Medium

Management Responses

Target Date

Responsible Officer

- 2a
- Spreadsheet of key controls and assurance controls is in place via the overarching spreadsheet. This is reviewed quarterly and available to Board members on request but not included in the public BAF dashboard due to the
- Actioned
- Board Secretary

level of detail included. We use the overarching detail spreadsheet as a tool during the quarterly reviews to support and inform the assurance rating.

- |    |  |          |                 |
|----|--|----------|-----------------|
| 2b | We will refine the BAF Dashboard to be explicit about the progress on actions since the last review, however we are keen to ensure the BAF Dashboard remains streamlined in its approach and does not become longer with more information provided, therefore we will continue to try and ensure the updates provided and incorporated into the one slide per principal risk / strategic mission which may mean headline progress rather than detailed progress against each action. | May 2024 | 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:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	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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## Audit and Assurance Committee Update – Digital Health and Care Wales

Date issued: October 2023

Document reference: 3504A2023

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

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

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.

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# Contents

## Audit and Assurance Committee Update

About this document	4
Accounts audit update	5
Performance audit update	7
Other relevant publications	10
Additional information	10

## About this document

- 1 This document provides the Audit and Assurance Committee with an update on our current and planned accounts and performance audit work at Digital Health and Care Wales.
- 2 We also provide additional information on:
  - Other relevant examinations and studies published by the Audit General.
  - Relevant corporate documents published by Audit Wales (e.g. fee schemes, annual plans, annual reports), as well as details of any consultations underway.
- 3 Our Good Practice Exchange (GPX) programme of events for 2023-24 was presented to the Audit and Assurance Committee in July 2023. Further details of future and past events are also available on our [website](#).

## Accounts audit update

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

**Exhibit 1 – Accounts audit work**

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of 2023-24 financial statements	Claire Osmundsen-Little – Executive Director of Finance	Planning and risk assessment work under International Standard on Auditing (ISA) 315 and audit of the draft financial statements.	Not started	Work will commence in early 2024.

## Performance audit update

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

### Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2023 – Core	Chief Executive Officer	<p>Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2023 Structured Assessment work will review:</p> <ul style="list-style-type: none"><li>• Board and committee effectiveness, cohesion, and transparency;</li><li>• Corporate systems of assurance;</li><li>• Corporate planning arrangements; and</li><li>• Corporate financial planning, management, and performance arrangements.</li></ul>	Reporting	February 2024.
Structured Assessment	To be confirmed	We had previously indicated an intention to undertake deeper dive work to examine digital arrangements. However, given the	Planning	To be confirmed

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
2023 – Deep Dive		significantly challenging financial position across NHS Wales, we are now looking at replacing the work on digital with focused work examining the approaches NHS bodies are taking in respect of achieving cost improvements, efficiencies, and financial sustainability.		
GMS Digital Programme Board Governance and Financial Management Review	Director of Primary, Community Care, and Mental Health Digital Services	This review will specifically focus on the governance and financial management arrangements of the GMS Digital Programme Board.	Report finalised and included in today's committee papers	October 2023
All-Wales thematic on workforce planning arrangements	Director of People and Organisational Development	This work will examine the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce	Draft report to be issued for clearance	February 2024

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		needs. The work will be tailored to align to the responsibilities of individual NHS bodies in respect of workforce planning.		
Local project work – Review of stakeholder engagement arrangements	To be confirmed	This work will assess the effectiveness of DHCW's stakeholder engagement arrangements and the extent to which they are supporting the organisation to be seen as a trusted digital partner within the NHS in Wales.	Planning	To be confirmed

## Other relevant publications

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

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

Title	Publication Date
<b><u>NHS Workforce Data Briefing</u></b>	<b>September 2023</b>
<b><u>NHS Wales Finances Data Tool - Up to March 2023</u></b>	<b>September 2023</b>
<b><u>Approaches to achieving net zero across the UK</u></b>	<b>September 2023</b>

## Additional information

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

**Exhibit 4 – Audit Wales corporate documents**

Title	Publication Date
<b><u>Biodiversity and Resilience of Ecosystems Plan</u></b>	<b>July 2023</b>

8     There are no relevant Audit Wales consultations currently underway.



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

# Review of the General Medical Services (GMS) Digital Programme Board

Audit year: 2022-23

Date issued: September 2023

Document reference: 3800A2023

This document has been prepared as part of work performed in accordance with statutory 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 and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto: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.

# Contents

**Summary report**

Introduction	4
Key findings	5
Recommendations	6

**Detailed report**

Our findings	8
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**Appendices**

Appendix 1 – Audit methods	15
Appendix 2 – Organisational response to audit recommendations	17

# Summary Report

## Introduction

- 1 The General Medical Services (GMS) Digital Programme Board ('the Programme Board') was established in 2005. It was originally positioned within the NHS Wales Informatics Service (NWIS) and has been hosted by Digital Health and Care Wales (DHCW) since the creation of the Special Health Authority in 2021. The Programme Board oversees strategic digital developments and services to GP Practices in Wales as part of the GMS contract.
- 2 The Programme Board's membership consists of representatives from DHCW, Local Health Boards (LHBs), NHS Wales Shared Services Partnership (NWSSP), General Practice Managers, General Practitioners' Committee, Welsh Government, and the Royal College of General Practitioners. The Programme Board oversees a budget of approximately £15.8m, which is managed by DHCW. The Programme Board is answerable to the All Wales Directors of Primary, Community, and Mental Health Group.
- 3 The Programme Board is responsible for overseeing:
  - GP clinical systems and services framework contract;
  - GP IT infrastructure support services provided by DHCW;
  - IT systems to support information management and data quality services;
  - Telecommunications (Data Services) for GP Practices;
  - Compliance with information governance and cyber security standards; and
  - Business change, education, and training to support GP digital services.
- 4 The Programme Board is supported by three sub-groups that provide advice and recommendations to enable it to fulfil its duties:
  - GP Systems and Services Performance Review Panel;
  - Stakeholder Consultation Reference Group (SCRG); and
  - Data Quality Systems (DQS) Governance Group.
- 5 We examined the effectiveness and efficiency of the Programme Board's governance arrangements, as well as its approach to financial management. The approach we adopted to deliver our work is detailed in **Appendix 1**.

## Key findings

- 6 Overall, **we found that the Programme Board has reasonably effective governance arrangements in place, but opportunities exist to clarify its decision-making authority and position within DHCW's wider governance framework. The Programme Board maintains good oversight of risks, performance, and benefits realisations relating to GMS digital services. However, its role in maintaining financial oversight of GMS digital services appears to be limited.**
- 7 The Programme Board has reasonably effective arrangements in place to conduct its business. Whilst the Programme Board's Terms of Reference clearly set out its role, responsibilities, membership, and operating arrangements, they could be enhanced to:
  - provide greater clarity on the Programme Board's decision-making authority as well as its position within DHCW's wider governance and accountability framework to support effective flows of assurance;
  - reference the Standing Orders and Standing Financial Instructions of DHCW, as the host body; and
  - the arrangements for declaring and recording conflicts of interest at the start of each meeting.
- 8 The Programme Board has a stable membership, with appropriate senior leadership representation from a wide range of organisations including DHCW, Welsh Government, LHBs, and individual General Practice. Attendance at meetings is good. Meetings run to time, are of sufficient length, and are conducted appropriately. The Programme Board also has effective arrangements in place to communicate and engage with its various stakeholders.
- 9 Whilst the Programme Board has an agreed work programme in place, it is not set out in a way that clearly shows how business will be prioritised and managed over the course of the year. The Programme Board's sub-group structure appears to be operating effectively. However, the absence of a Finance Group is limiting the Programme Board's ability to oversee, scrutinise, and challenge the financial performance of GMS digital services effectively.
- 10 The Programme Board generally receives high quality, detailed, and informative papers to enable decision-making, scrutiny, and assurance. However, opportunities exist to strengthen financial reporting to the Programme Board. The Programme Board maintains appropriate oversight of risks, performance, and benefits realisation. There are reasonably effective flows of assurance from the sub-groups to the Programme Board; however, there is scope to strengthen the assurances provided to DHCW as the host body.
- 11 The Programme Board has effective and robust systems in place to ensure scrutiny of commissioned and procured suppliers and products. However, its role in maintaining ongoing oversight of project budgets, internal controls, and financial performance is limited. This will need to be addressed as it did not operate within it

budget for 2022-23, and is predicting future deficits due to inflationary cost pressures.

## Recommendations

- 12 Recommendations arising from this audit are detailed in **Exhibit 1**. DHCW's management response to these recommendations are summarised in **Appendix 2**.

### Exhibit 1: recommendations

The table below states the recommendations made to DHCW as part of this audit:

Recommendations	
<b>Enhancing the Programme Board's Terms of Reference</b>	
R1	<p>Whist the Programme Board's Terms of Reference clearly set out its role, responsibilities, membership, and operating arrangements, they could be enhanced further by:</p> <ul style="list-style-type: none"><li>• providing greater clarity on the Programme Board's decision-making authority as well as its position within DHCW's wider governance and accountability framework to support effective flows of assurance;</li><li>• referencing the Standing Orders and Standing Financial Instructions of DHCW as the host body; and</li><li>• outlining the arrangements for declaring and recording conflicts of interest at the start of each meeting.</li></ul> <p><b>(High priority)</b></p>
<b>Strengthening the Programme Board's Work Programme</b>	
R2	<p>Whist the Programme Board has a work programme in place, it is too high-level in nature and does not clearly set out key dates and milestones. The Programme Board, therefore, should strengthen its work programme by setting out more clearly how business will be prioritised and managed over the year, when key matters will be considered, when key decisions will be taken, and when key programme benefits will be realised.</p> <p><b>(High priority)</b></p>

## Recommendations

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### Improving Programme Board oversight of GMS digital services finances

R3 Whist the Programme Board has reasonably effective arrangements in place to oversee programme risks, performance, and benefits, its role in overseeing GMS digital services finances appears to be limited. The Programme Board, therefore, should strengthen its oversight, scrutiny, and challenge of programme finances by:

- a. establishing the Finance Group as per its Terms of Reference; and
- b. ensuring it receives and considers finance reports on a regular basis.

**(High priority)**

# Detailed Report

## Our findings

13 The following table sets out what we reviewed and our findings.

Exhibit 2: Our findings

What we looked at	What we found
Programme Board governance arrangements	
<p><b>Arrangements to support the effective conduct of Programme Board business</b></p> <p>We looked at whether:</p> <ul style="list-style-type: none"><li>There is a framework in place that clearly sets out the role, responsibilities, membership, and operating arrangements of the Programme Board;</li></ul>	<p><b>The Programme Board has reasonably effective arrangements in place to conduct its business. However, the Terms of Reference could be strengthened, particularly in relation to providing greater clarity on the Programme Board’s decision-making authority and position within DHCW’s wider governance and accountability framework.</b></p>

What we looked at	What we found
<ul style="list-style-type: none"> <li>• There is evidence of compliance with Standing Orders and Standing Financial Instructions, where relevant; and</li> <li>• There is awareness amongst Programme Board members of procedures to ensure probity and propriety.</li> </ul>	<ul style="list-style-type: none"> <li>• The Programme Board's Terms of Reference clearly set out its role, responsibilities, membership, and operating arrangements. However, there is scope to provide greater clarity in the Terms of Reference on the Programme Board's decision-making authority as well as its position within DHCW's wider governance and accountability framework to support effective flows of assurance. <b>(Recommendation 1a)</b></li> <li>• The Programme Board complies with DHCWs Standing Orders and Standing Financial Instructions, and our work did not identify any instances of contravention. However, there is no reference to the Standing Orders and Standing Financial Instructions in the Programme Board's Terms of Reference. <b>(Recommendation 1b)</b></li> <li>• Programme Board members demonstrate good awareness of procedures to ensure probity and prosperity. However, the procedures are not reflected in the Terms of Reference, particularly the arrangements for declaring and recording conflicts of interest at the start of each meeting. <b>(Recommendation 1c)</b></li> </ul>
<p><b>Programme Board operational effectiveness</b></p> <p>We looked at whether:</p> <ul style="list-style-type: none"> <li>• There is a stable Programme Board with a cadre of senior leaders who have appropriate capacity and experience;</li> </ul>	<p><b>The Programme Board has a stable membership, with appropriate senior leadership representation. However, there are opportunities to enhance the Programme Board's work programme and strengthen the sub-group structure.</b></p> <ul style="list-style-type: none"> <li>• The Programme Board has appropriate membership and representation from a wide range of organisations including DHCW,</li> </ul>

What we looked at	What we found
<ul style="list-style-type: none"> <li>• The agenda and work programme of the Programme Board is appropriate and sufficiently balanced; and</li> <li>• There is an appropriate sub-group structure in place to support the work of the Programme Board.</li> </ul>	<p>Welsh Government, LHBs, and individual General Practices, all of whom offer a wide range of views, perspectives, and experiences.</p> <ul style="list-style-type: none"> <li>• We found that members are sufficiently senior and empowered by their own organisations to make decisions as members of the Programme Board.</li> <li>• The Programme Board's has a stable membership, and attendance at meetings is good. There are also good arrangements in place for deputies to attend meetings when permanent Programme Board members are unavailable.</li> <li>• The agendas of Programme Board meetings are appropriate and aligned to the overall aims of the board.</li> <li>• Programme Board meetings run to time, are of sufficient length, and are conducted appropriately.</li> <li>• Whilst the Programme Board has an agreed work programme in place, it is very high-level and does not clearly set out key dates and milestones for decision-making and benefit realisation. As a result, it is difficult to discern from the work programme how Programme Board business will be prioritised and managed over the year, as well as when key matters will be considered, when key decisions will be taken, and when programme benefits will be realised. <b>(Recommendation 2)</b></li> <li>• The Programme Board has established three sub-groups – the Stakeholder Reference Group, the GP Systems Support Group, and the Data Quality Systems Group – which appear to be operating effectively. The Programme Board's Terms of Reference refers to a fourth sub-group – the Finance Group. However, this</li> </ul>

What we looked at	What we found
	<p>sub-group has not yet been established. As a result, there is limited oversight, scrutiny, and challenge of the financial performance of GMS digital services. <b>(Recommendation 3a)</b></p>
<p><b>Quality and timeliness of Programme Board information and stakeholder engagement</b></p> <p>We looked at whether:</p> <ul style="list-style-type: none"> <li>• Programme Board papers are clear and contain the necessary / appropriate level of information needed for effective decision making, scrutiny and assurance;</li> <li>• Programme Board papers are timely; and</li> <li>• The Programme Board has effective arrangements in place to engage and communicate with its stakeholders.</li> </ul>	<p><b>The Programme Board generally receives high quality and timely information, and its arrangements for engaging and communicating with stakeholders are effective.</b></p> <ul style="list-style-type: none"> <li>• The Programme Board generally receives high quality, detailed, and informative papers to enable decision-making, scrutiny, and assurance. However, opportunities exist to strengthen financial reporting to the Programme Board. <b>(Recommendation 3b)</b></li> <li>• Minutes are of good quality and shared with members within an appropriate timescale.</li> <li>• The Programme Board makes effective use of different methods for engaging and communicating with stakeholders, including preparing newsletters to GP Practices, publishing information on the intranet sites of GP Practices, issuing email communications, and attending relevant national groups and fora.</li> </ul>
<p><b>Effectiveness of the Programme Board's systems of assurance</b></p>	<p><b>The Programme Board's risk management arrangements and benefits realisation arrangements are effective. Whilst flows of assurance from the sub-groups to the Programme Board are reasonably effective, there is a need to strengthen assurances provided to DHCW's as the host body.</b></p>

What we looked at	What we found
<p>We looked at whether:</p> <ul style="list-style-type: none"> <li>• The Programme Board provides effective oversight of the management of risks;</li> <li>• The Programme Board provides effective oversight and scrutiny of progress, performance, and benefits realisation; and</li> <li>• There are effective flows of assurance to and from the Programme Board.</li> </ul>	<ul style="list-style-type: none"> <li>• The Programme Board's risk management arrangements appear to be proportionate and effective. The Risk Register is reviewed by the Programme Board on a regular basis with risks added, updated, or removed as necessary.</li> <li>• The Programme Board's performance and benefits realisation arrangements appear to be effective. The Programme Board receives progress reports on a regular basis, and members provide a good level of oversight, scrutiny, and challenge. However, these arrangements could be enhanced by incorporating key dates and milestones for realising benefits in the Programme Board's work programme. <b>(See Recommendation 2)</b></li> <li>• The flows of assurance from the sub-groups to the Programme Board, and from the Programme Board to the All Wales Directors of Primary, Community and Mental Health Group are reasonably effective. However, there is an inconsistent approach to providing assurance to DHCW's Management Board and Board due to the lack of clarity on the Programme Board's position within DHCW's wider governance and accountability framework. <b>(See Recommendation 1a)</b></li> </ul>

What we looked at	What we found
<p><b>Programme Board financial management arrangements</b></p> <p><b>Programme Board financial performance</b></p> <p>We looked at whether:</p> <ul style="list-style-type: none"> <li>• The Programme Board has operated within its budget for 2022-23 and is on course to operate within its budget for 2023-24.</li> </ul>	<p><b>The Programme Board did not operate within its budget for 2022-23, and is predicting future deficits due to inflationary cost pressures.</b></p> <ul style="list-style-type: none"> <li>• In 2022-23, the GMS Digital Services budget was £15.8m, which included a 2.8% annual uplift and an additional £600,000 for the financial impact of the new Microsoft licence agreement.</li> <li>• At the time of our work, the Programme Board was predicting a significant deficit, with forecast expenditure rising faster than the forecast allocation. The predicted deficit for 2022-23 was £21,000 which is predicted to rise to £1.8m in 2026-27 due to inflationary cost pressures. Welsh Government agreed to cover the deficit for 2022-23, with future additional financial support to be determined as part of the annual budget setting process.</li> </ul>
<p><b>Programme Board financial management arrangements</b></p> <p>We looked at whether:</p> <ul style="list-style-type: none"> <li>• The Programme Board seeks assurance that expenditure on GP Practices is accurately reflected in the Health Boards' accounts;</li> </ul>	<p><b>The Programme Board's arrangements for maintaining oversight of project budgets, internal controls, and financial performance require strengthening.</b></p> <ul style="list-style-type: none"> <li>• Whilst the Programme Board is involved in the annual budget setting process, ownership of the budget rests with DHCW. As a result, the Programme Board's role in maintaining ongoing oversight of project budgets, internal controls, and financial</li> </ul>

What we looked at	What we found
<ul style="list-style-type: none"> <li>• The Programme Board receives independent assurance from Internal Audit or other assurance providers on the effectiveness and appropriateness of financial management and internal controls; and</li> <li>• The Programme Board has appropriate and effective arrangements in place to support accurate and timely oversight and scrutiny of financial performance.</li> </ul>	<p>performance is limited. This should be rectified by establishing the Finance Group and providing regular finance reports to the Programme Board. This is particularly important given the rising costs associated with GMS digital services. <b>(See Recommendations 3a and 3b)</b></p>
<p><b>Programme Board arrangements for commissioning and procuring suppliers and products</b></p> <p>We looked at whether:</p> <ul style="list-style-type: none"> <li>• The Programme Board has robust arrangements in place for commissioning and procuring suppliers and products; and</li> <li>• The Programme Board receives appropriate information on commissioning arrangements, and the performance of commissioned suppliers.</li> </ul>	<p><b>Overall, the Programme Board has effective and robust systems in place to ensure scrutiny of commissioned and procured suppliers and products.</b></p> <ul style="list-style-type: none"> <li>• The Programme Board is actively involved in commissioning suppliers and products, which are appropriately procured on its behalf by DHCW.</li> <li>• The performance of the two main suppliers (EMIS Health and Cegedim) is appropriately overseen by the GP Systems and Services Performance Review Panel. The updates provided by the two main suppliers contain sufficient information to allow the Review Panel to scrutinise their performance. However, financial monitoring of the contracts is undertaken by DHCW.</li> </ul>

# Appendix 1

## Audit methods

**Exhibit 3** sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Terms of Reference for the Programme Board and its sub-groups.</li><li>• The Programme Board work programme set in July 2022.</li><li>• Programme Board agendas, papers, and minutes for meetings held between April 2022 and March 2023.</li><li>• Minutes of the following meetings held between April 2022 and March 2023:<ul style="list-style-type: none"><li>– GP Clinical Systems Support Group;</li><li>– Stakeholder Consultation Reference Group (SCRG); and</li><li>– Data Quality Systems Governance Group.</li></ul></li><li>• Programme Board papers and minutes for the Cegedim and EMIS contract review meetings in October 2023.</li></ul>
Interviews	<p>We interviewed the following people:</p>

Element of audit approach	Description
	<ul style="list-style-type: none"><li>• Chair of the Programme Board.</li><li>• Welsh Government Primary Care Finance Representatives.</li><li>• Assistant Director of Primary Care, Powys Teaching Health Board,</li><li>• General Practitioner (General Practitioners' Committee).</li><li>• Head of Primary Care Services, DHCW.</li><li>• Welsh Government Director of Primary Care and Mental Health.</li></ul>

# Appendix 2

## Organisational response to audit recommendations

Exhibit 4: DHCW’s response to our audit recommendations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)



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

# Organisational response

**Report title:** Review of the General Medical Services (GMS) Digital Programme Board

**Completion date:** September 2023

**Document reference:** 3800A2023

Ref	Recommendation	Organisational response <small>Please set out here relevant commentary on the planned actions in response to the recommendations</small>	Completion date <small>Please set out by when the planned actions will be complete</small>	Responsible officer (title)
R1	<b>Enhancing the Programme Board's Terms of Reference</b>  Whist the Programme Board's Terms of Reference clearly set out its role, responsibilities, membership, and operating arrangements, they could be enhanced further by:	a. The role of the Board is to be re-visited further to the formation of DHCW as a statutory body. This will be done in discussion with DHCW Executive Team and Corporate Governance, Chair of the Board (Health Board Director of Primary Community and Mental Health), Welsh Government Policy Primary Care Policy Lead and GPC Wales. This will provide	All actions will be completed by 31 <sup>st</sup> March 2024	Martin Dickinson, Head of Primary Care Services

	<ul style="list-style-type: none"> <li>a. providing greater clarity on the Programme Board's decision-making authority as well as its position within DHCW's wider governance and accountability framework to support effective flows of assurance;</li> <li>b. referencing the Standing Orders and Standing Financial Instructions of DHCW as the host body; and</li> <li>c. outlining the arrangements for declaring and recording conflicts of interest at the start of each meeting.</li> </ul> <p><b>High priority</b></p>	<p>clarity and inform the amendment of the Terms of Reference.</p> <ul style="list-style-type: none"> <li>b. Work will be undertaken with the DHCW Finance Team to determine the link to the SFIs and how this may be referenced appropriately.</li> <li>c. An agenda item will be added as a standing item following "Welcome and Introductions".</li> </ul>		
<b>R2</b>	<p><b>Strengthening the Programme Board's Work Programme</b></p> <p>Whist the Programme Board has a work programme in place, it is too high-level in nature and does not clearly set out key dates and milestones. The Programme Board, therefore, should strengthen its work programme by setting out more clearly how business will be prioritised and managed over the year, when key matters will be considered, when key decisions will be taken, and when key programme benefits will be realised.</p> <p><b>High priority</b></p>	<p>At present the Programme Board provides oversight for a number of work items/projects. It does not act as a typical programme board in the sense of overseeing a programme of work that is delivering a transformational change via delivery of a number of projects, hence the level of detail provided. GMS Projects typically are overseen by a project board or steering group dependent on the complexity; governance is tailored as appropriate.</p> <p>Further discussions will be planned alongside those regarding the role of the Board (R1a) to determine its role in the management of the work programme.</p>	All actions will be completed by 31 <sup>st</sup> March 2024	Martin Dickinson, Head of Primary Care Services

<b>R3</b>	<p><b>Improving Programme Board oversight of GMS digital services finances</b></p> <p>Whilst the Programme Board has reasonably effective arrangements in place to oversee programme risks, performance, and benefits, its role in overseeing GMS digital services finances appears to be limited. The Programme Board, therefore, should strengthen its oversight, scrutiny, and challenge of programme finances by:</p> <ul style="list-style-type: none"><li>a. establishing the Finance Group as per its Terms of Reference; and</li><li>b. ensuring it receives and considers finance reports on a regular basis.</li></ul> <p><b>High priority</b></p>	<ul style="list-style-type: none"><li>a. The referenced Finance Group will be established subject to the discussions outlined in R1a.</li><li>b. A financial report will be presented at every formal board meeting as a minimum, typically on a quarterly basis.</li></ul>	<p>All actions will be completed by 31<sup>st</sup> March 2024</p>	<p>Martin Dickinson, Head of Primary Care Services</p>
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## DIGITAL HEALTH AND CARE WALES

### LESSONS LEARNED FROM AUDIT OF ACCOUNTS AND ANNUAL REPORT PROCESS

Agenda Item	4.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Mark Cox Associate Director of Finance & Sian Williams Head of Finance & Reporting
Presented By	Mark Cox Associate Director of Finance & Sian Williams Head of Finance & Reporting

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<b>NOTE</b> the work undertaken on improving the efficiency of the Annual Accounts auditing process.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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

Section 2: are how available in this section (4/4) use as appropriate where necessary.  
Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	03.10.2023	Approved

<b>Acronyms</b>			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SoCNE	Statement of Comprehensive Net Expenditure	AW	Audit Wales

## 3 SITUATION/BACKGROUND

<p>3.1 DHCW is required to complete a set of unqualified Annual Accounts for the organisation every financial year. For the financial year April 2022 – March 2023, the draft accounts were approved by Audit Committee on the 4 May 2023 with the final accounts approved on July 15 and submitted to the Welsh Government and Audit Wales on 28th July 2023. The accounts have now been laid at the Senedd on 31 August 2023.</p> <p>3.2 The Audit Wales Accounts Action plan, includes the summary of the issues and recommendations identified during the 2022-23 financial statements audit. DHCW have provided a response back to Audit Wales.</p> <p>3.3 DHCW wished to expand on this work and add further improvements of how DHCW and Audit Wales can work together to improve the process for next year.</p> <p>3.4 The report presents an action plan, which incorporates feedback from Audit Wales and DHCW.</p>
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Audit Wales undertook a risk-based audit approach, which was different to any previous years, and this approach will continue in the 2023-2024 Audit of the Annual Accounts. DHCW found this approach more in-depth, was spread over a longer time period, and consumed more resources to meet Audit Wales' requirements. DHCW will need to be prepared to meet the increased demands, with the same resources in future years.
- 4.2 During August an internal review of the Audit for 2022-23 was conducted with engagement between departments involved with the end of year process including Corporate Governance, People & OD, Finance and Senior Programme/Project representatives.
- 4.3 After the internal meeting a further session was held with Audit Wales representatives to provide and receive feedback on year-end deliverables and in particular identify any areas where DHCW can strengthen its internal processes. The meeting was a chance to openly discuss what went well during the 2023-24 accounts audit and what could be improved.
- 4.4 DHCW are in a fortunate position, that two of the previous Audit Managers will be working on the audit in 23-24. Therefore, Audit Wales will retain the underlying knowledge of DHCW, which will help increase the speed of the Audit next year.
- 4.5 In summary the key findings are below.

### Successes

Table 1: Audit Successes - Things that went well

Ref.	Responsibility	Learning Point
1	DHCW /AW	It was noted that Inflo. System worked well as a platform to share working papers, this will continue to be used in 2023-24.
2	DHCW/AW	Accounts completed two weeks before the deadline.
3	DHCW/AW	Regular meetings took place, to highlight any issues.

### Learning Points

Table 2: Audit Learning Points – Improvement Opportunities

Ref.	Learning Point	Action	Responsibility	Impact
1	Audit Wales & DHCW to work together in early 2024 to agree a set of 'deliverables', this is a document that sets out the working papers & supporting evidence that Audit Wales would expect to receive with the draft accounts.	Agree deliverables In February 2024.	DHCW/AW	Reduced amount of audit queries and requests for documentation.
2	It was noted that Inflo. worked well as a platform to share working papers, this will continue to be used in 2023-24.	Continue with Inflo and expand usage/access as appropriate.	DHCW/AW	Reduce time
3	Ensure that responsibilities for notes/disclosures are clear. DHCW to shape responsibilities and discuss them with workforce & finance. (Ref 1 will help with achieving this, officer names will be shown next to each deliverable/working paper).	End of year timetable to incorporate identified resource to complete in addition to task lead.	DHCW	Reduce queries and changes

Section 4: two boxes available in this section (2/2), use an appendix where necessary

Ref.	Learning Point	Action	Responsibility	Impact
4	Audit Wales to endeavor to allocate more complex areas of the audit to more senior auditors. Whilst appreciated that this can be less efficient and could be limited by the AW budget of the audit and the staff available to them.	Audit Wales Senior Leads to remain with DHCW for 23-24 audit.	AW	Reduce time on training Auditors on DHCW.
5	It was agreed that communication was improved when Teams calls were held and not email/Inflo comment. In future this should be agreed by auditors and DHCW staff at the opening meeting. This should help minimize unclear requests from auditors.	Teams calls to be scheduled rather than emails (where appropriate).	DHCW/AW	Increase co-working and increase audit efficiency.
6	Key account areas (e.g., remuneration report) to be started earlier to ensure sufficient time to clear audit queries and agree any adjustments.	Audit Wales to start key review areas earlier.	DHCW/AW	Reduce workload at end of audit.
7	DHCW Head of Financial Services & Reporting explained that some internal learning was required from budget holders. Audit Wales offered to attend a session to explain the auditor's role to budget holders that may not have dealt with external auditors previously. This session should concentrate on timetable, types of supporting evidence & rights of inspection.	Internal Communication in DHCW raising profile of the audit requirements.	DHCW/AW	Reduce queries on DHCW finance team.
8	Interim Testing to reduce the Audit timescales AW Senior Leads explained that the new audit approach meant that this was not possible in 2022-23 but that this will hopefully be possible in 2023-24. This will reduce the substantive testing at final audit & alleviate some of the pressure on auditors and DHCW staff during May and June.	Audit Wales to schedule "Interim Testing" round.	AW	Reduce workload at end of audit.
9	File notes for critical judgement areas to be provided with the draft accounts in 2023-24.	Audit Wales Senior leads to schedule a January session for early discussions with DHCW.	AW	Reduce workload at end of audit.
10	DHCW should Inform auditors of project transfers into DHCW as early as possible. This will help with the auditing of these transfers & communication with other audit teams.	Formal Board approval to be circulated once obtained.	DHCW/AW	Reduce workload at end of audit.
11	Audit Wales to communicate key audit findings that require inclusion in the ISA 260 as soon as possible and allow for DHCW to comment before a draft ISA 260 is shared.	Draft 2023/24 ISA260 to be shared as soon as possible.	AW	Reduce workload at end of audit.
12	DHCW & Audit Wales to agree a standard escalation/highlight process and communications (including DHCW DoF checkpoint sessions).	Agree transparent and clear escalation pathways.	DHCW/AW	Address any significant arising issues and expedite audit requirements.
13	Audit Wales to share the formal Info. tracker with DHCW staff at weekly meetings but ensure that the dates on the report are correct.	DHCW team will "self resolve" queries.	AW	Focus on areas that are outstanding
14	Audit Wales to acquire ledger access for 2023-24.	Audit Wales to source the ability to interrogate DHCW Oracle Financial Ledger.	AW	Reduce queries on DHCW finance team
15	Audit Wales team to continue working in the same space 2/3 days per week when undertaking the audit.	Audit Wales to produce a contained plan to address specific areas within a designated timeframe.	AW	Reduce queries on DHCW finance team
16	Accounts Template. The format of the final accounts excel template was discussed with Audit Wales confirming this was controlled by Welsh Government. DHCW has assessed that the presentation of the accounts provides limited immediate insight into the organisations business performance and spending patterns.	DHCW to engage with Welsh Government in order to explore possible amendments.	DHCW	Provision of a more relevant set of statements to users.
17	DHCW finance team, to expand staff training to enable more staff to be involved with the final accounts audit process.	DHCW to undertake internal knowledge and awareness sessions with the appropriate staff.	DHCW	Increase resource to accelerate resolution of audit queries.
18	To consider strengthening the financial accounts team to deal with the increased demand from Audit Wales.	DHCW Finance Team to review staff structure to meet audit and wider service portfolio needs.	DHCW	Increase resource to accelerate resolution of audit queries.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	No key risks or matters to be escalated to the Committee.
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6 RECOMMENDATION

Recommendation	The Committee is being asked to
<b>NOTE</b> the work undertaken on improving the efficiency of the Annual Accounts auditing process.	

## DIGITAL HEALTH AND CARE WALES AUDIT ACTION LOG

Agenda Item	4.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the Audit Action Log.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Audit findings contribute towards the improvements of processes and procedures leading to better quality services
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2: are key available in this section (4/4) use as appropriate where necessary.  
Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION/BACKGROUND

3.1	<p>This report details the current position with respect to audit recommendations that have been made, including:</p> <ul style="list-style-type: none"> <li>• Recommendations that have been completed during the period;</li> <li>• Recommendations scheduled for completion within the target date;</li> <li>• Recommendations that are overdue; and</li> <li>• Recommendations that are anticipated to not meet target dates.</li> </ul>
3.2	<p>The audit recommendation analysis outlines progress being made and illustrates the ongoing movement and change of status.</p>

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

- 4.1 The [Audit Log](#) shows the current reported status against recommendations received and the analysis shows all recommendations giving the current status of each recommendation which remained open at the last Committee meeting, and also those presented in report form to the Committee since the last meeting.
- 4.2 Following advice from Internal Audit, the one action dependent on a third party is being managed via a separate log for tracking.
- 4.3 There were 54 reviewed at the last meeting, where 33 were closed, leaving a total of 21 open actions. The Committee received 2 reports at the last meeting (listed below) which contained a total of 3 new actions. 1 action relating to Organisational Performance was re-opened as further action was identified. These have been added to the log, which now contains a total of 25 actions.
- Centre of Excellence (Reasonable assurance) – 3 actions
  - Cyber Security Improvement Plan (Substantial assurance)- 0 actions

The status of the 25 open actions is shown in the table below:

Number	RAG	Status
20	GREEN	Complete
4	YELLOW	Indicates that the action is on target for completion by the agreed date
1	AMBER	Indicates that the action is not on target for completion by the agreed date
0	RED	Indicates that the implementation date has passed and management action is not complete

- 4.4 The Committee are requested to note the completion of the following 18 actions:

Section 4: two boxes available in this section (2/2), use an appendix where necessary

Area	Actions
Organisational Performance x 10	DHCW-2223-04 1.3 DHCW-2223-04 1.4 DHCW-2223-04 1.5 DHCW-2223-04 2.2 DHCW-2223-04 2.3 DHCW-2223-04 2.5 DHCW-2223-04 3.1 DHCW-2223-04 3.2 DHCW-2223-04 3.3 DHCW-2223-04 3.4
Switching Service x 3	DHCW-2223-10 3.1b DHCW-2223-10 4.1a DHCW-2223-10 4.1b
**Private Status x 1	3367A2023 2021-22 2022.1
Estates Compliance x 1	DHCW-2223-14 2.1
Centre of Excellence x 3	DHCW-2223-07 1.1 DHCW-2223-07 1.2 DHCW-2223-07 2.1
Workforce PADRs x 2	DHCW-2223-01 1.1 DHCW-2223-01 1.2

- 4.5 The following action is not on target, and we are seeking the Committees approval for a formal extension request:

Area	Actions
**Private Status	3367A2023 2021-22 2022.3

- 4.6 There are no actions overdue with a RED status allocated during the period.
- 4.7 The remaining four actions are reported as on track for completion by the target date.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	Due to their technical nature, five actions have been classified as private and have sensitive details redacted.
5.2	Progress has been made over the period with a total of 20 actions completed. Progress against remaining actions will continue to be monitored by the Head of Corporate Governance in conjunction with Lead Directors on a regular basis.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the Audit Action Log.	

## DIGITAL HEALTH AND CARE WALES

### LOCAL COUNTER FRAUD UPDATE REPORT

Agenda Item	4.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Gareth Lavington, Cardiff and Vale Head of Counter Fraud
Presented By	Henry Bales, Cardiff and Vale Deputy Head of Counter Fraud

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<b>NOTE</b> the contents of the report that relate to Counter Fraud work carried out in the period two of the financial year 2023-2024.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission NA
No, (detail included below as to reasoning)	Outcome: NA
Statement: Not carried out. Administrative report only.	

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

Section 4: true boxes available in this section (1/2) use an appendix where necessary.  
Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	2/10/2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION/BACKGROUND

3.1 Quarterly reports are required to appraise the Audit and Assurance Committee and provide assurance that the organisation has a robust Counter Fraud Bribery and Corruption provision.
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The progress made in the <a href="#">Counter Fraud provision for DHCW</a> during the second quarter of 2023-2023 (19 June 2023 to 30 September 2023)
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## 5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

## 6 RECOMMENDATION

Recommendation	The Committee is being asked to
<p><b>NOTE</b> the contents of the report that relate to Counter Fraud work carried out in the period two of the financial year 2023-2024.</p>	



## DIGITAL HEALTH AND CARE WALES CORPORATE RISK MANAGEMENT REPORT

Agenda Item	5.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
<b>NOTE</b> the status of the Corporate Risk Register. <b>DISCUSS</b> The Corporate Risks assigned to the Audit and Assurance Committee <b>NOTE</b> The trending analysis for Committee risks 5.1i Board and Committee trending.	

### 1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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Tŷ GLAN-YR-AFON 21 Heol Ddwyriniol Y Bont-Faen, Caerdydd CF11 9AD

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

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

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 14001, ISO 20000, ISO 27001, BS10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below: Safe Care, Governance, leadership and accountability	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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	

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> 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.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<u>RESEARCH AND INNOVATION</u> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Section 2:

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## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	5 September 2023	Discussed and verified
Management Board	14 September 2023	Discussed and verified

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information Service
WASPI	Wales Accord on the Sharing of Personal Information	NDR	National Data Resource
SLA	Service Level Agreement	IMTP	Integrated Medium Term Plan
IRAT	Integration and Reference Team	ICU	Intensive Care Unit
ISD	Information Services Directorate	HBs	Health Boards
WG	Welsh Government	FDU	Finance Delivery Unit
SAIL	Secure Anonymised Information Linkage	CAPEX	Capital Expenditures
OPEX	Operating Expenditures	DU	Delivery Unit

## 3 SITUATION/BACKGROUND

<p>3.1 The <a href="#">DHCW Risk Management and Board Assurance Framework (BAF) Strategy</a> outlines the approach the organisation will take to managing risk and Board assurance.</p> <p>3.2 A full review of the BAF took place during April 2023 and was approved by the SHA Board in May 2023.</p>
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 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)'.
- 4.2 The Board considered DHCW's risk appetite statement and risk appetite tolerances during a Board Development session held in March 2023. The appetite and tolerances were approved by the Board in May 2023
- 4.3 [DHCW's Corporate Risk Register](#) currently has 28 risks on Register, 4 of which are allocated to the Audit and Assurance Committee. 3 are detailed for consideration by this Committee, 1 is private and will be reviewed during the private session. The remaining 22 are assigned to the Digital Governance and Safety Committee in public/private session as per the Committee assignment approach. Committee. However, it should be noted with the introduction of a new Committee of the Board (Programme Delivery Committee) some corporate risks assigned to the Digital Governance and Safety Committee will move to the remit of the new Committee.
- 4.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores) since the last report:

### NEW (6) 2 Private, 4 Public

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

Risk Ref	Risk Title	Risk Description	Committee Assigned
DHCW0323	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	IF additional funding is not allocated to DSPP/DHCW to support transition (including resource capacity to learn/upskill) nor to establish an operational application support model/team, THEN staff may need to be moved away from other services or the NHS Wales App switched off, RESULTING IN non-delivery of objectives and a delay in benefits being realised, as well as reputational damage.	Audit & Assurance

Risk Ref	Risk Title	Risk Description	Committee Assigned
DHCW0324	Availability of Resources to Support the WICIS Programme	IF there is no additional funding to support required changes to the WICIS Programme plan and contract THEN there is a risk of delays to implementation and dispute with the supplier RESULTING IN digital ICU systems and services not being available to users as planned	Digital Governance & Safety
DHCW0325	**PRIVATE	PRIVATE	Audit & Assurance
DHCW0326	Insufficient commitment to build out functionality from the NHS Wales App	IF we are unable to find & collaborate with other Digital Programmes across Wales to support & build on NHS Wales App functionality. THEN funding maybe limited and stakeholder engagement will be decrease negatively impacting on development and improvement of the NHS Wales App, RESULTING IN the NHS Wales App functionality stagnating and this will potentially cause reputational damage to DSPP, DHCW, NHS Wales and Welsh Government.	Digital Governance & Safety
DHCW0327	Delays in Operationalising Elements of the NDR Platform impacting Services which require NDR.	IF there are delays to elements of the new NDR data platform and architecture becoming operational as a live service THEN there will be delays to other services which are being designed and built to run on the NDR platform and architecture RESULTING IN additional costs, missed benefits and value opportunities, and erosion of stakeholder trust	Digital Governance & Safety
DHCW0328	**PRIVATE	PRIVATE	Digital Governance & Safety

REMOVED (6) 2 Private, 8 Public				
Risk Ref	Risk Title	Risk Description	Statement	Committee
DHCW0310	**PRIVATE	PRIVATE	Downgraded for management at Directorate level	Audit & Assurance
DHCW0299	Supplier capacity to support Electronic Prescription Service readiness activities.	IF: key stakeholders and suppliers are not able to support Electronic Prescription Service readiness activities and implementation due to resourcing pressures THEN: configuration, assurance, general set up activities during the readiness phase and business change/implementation activities will be delayed RESULTING IN: delay to the Primary Care Electronic Prescription Service Programme delivery timetable	Risk downgraded for management at Directorate level as section 255 has been agreed	Audit & Assurance
DHCW0309	**PRIVATE	PRIVATE	Contracts signed risk closed	Digital Governance & Safety
DHCW0280	**PRIVATE	PRIVATE	Amalgamated with DHCW0315 as this relates to the same risk and will be managed as one	Digital Governance & Safety
DHCW0312	Digital Cost Pressure – Exchange Rate Fluctuation Risk	IF the exchange rates for digital services contracts materially and directly currency linked THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the Organisations ability to reach a break-even position.	DHCW has incorporated monitoring processes as part of a recurrent finance/commercial meeting. Score downgraded and lowered to Directorate level as has met the target.	Audit & Assurance
DHCW0298	**PRIVATE	PRIVATE	Risk downgraded for management at directorate level	Digital Governance & Safety

## SCORE CHANGES

There were four changes in scoring reported during the period, three decreases and one increase in score.

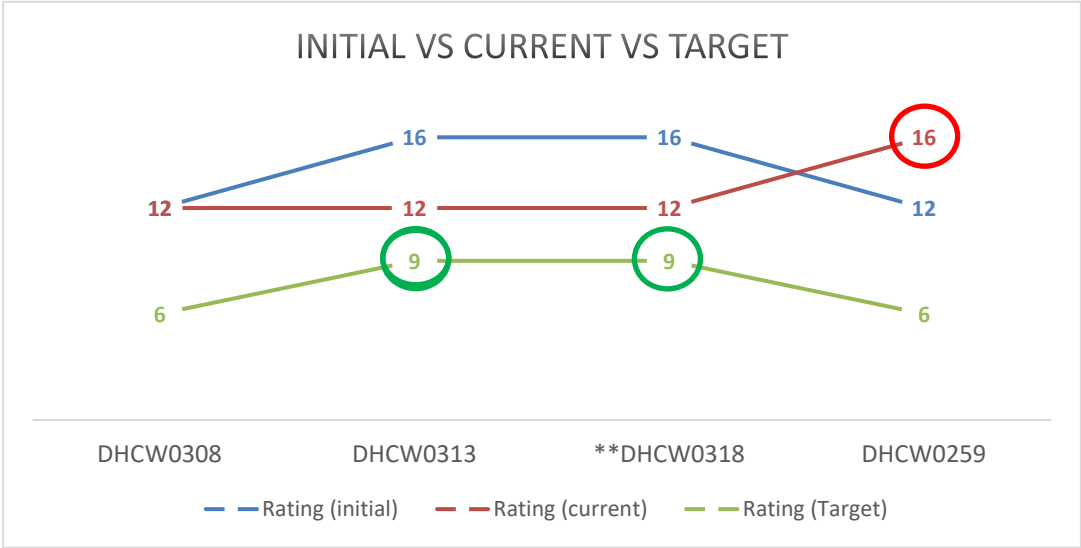
Reference	Name	Commentary
DHCW0322	NDR Phase 3 Funding	Decreased due to mitigation actions
DHCW0259	Staff Vacancies	Increased in likelihood
DHCW0313	Digital Cost Pressure – Service Model Changes	Decreased due to mitigation actions
DHCW0269	Switching Service – Data Warehouse	Decreased due to mitigation actions and forward plan

4.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			<b>**DHCW0277</b> ← <b>**DHCW0278</b> ← <b>**DHCW0279</b> ← <b>**DHCW0281</b> ← <b>**DHCW0282</b> ← <b>**DHCW0317</b> ←	<b>**DHCW0315</b> ←	
	MAJOR (4)		DHCW0322 – NDR Phase 3 funding ↓	DHCW0263: DHCW Functions → DHCW0296 – Allergies/Adverse Reactions – Single Source → DHCW0308 – Sustainable funding for NIAs → DHCW0320 – Citizen and stakeholder trust in use of HSC data → DHCW0323 – Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services ★	DHCW0259: Staff Vacancies ↑ DHCW0292 – Insufficient human resource capacity → DHCW0300 – Canis (Screening and Palliative Care) → <b>**DHCW0301</b> → DHCW0316 – Technical Debt Accumulation → <b>**DHCW0318</b> → DHCW0324 – Availability of resources to support the WICIS Programme ★ <b>**DHCW0325</b> ★ DHCW0327 – Delays in Operationalising NDR platform Impacting on Services which require NDR ★	<b>**DHCW0328</b> ★
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse ↓ DHCW0326 – Insufficient commitment to build out functionality from the NHS Wales App ★	DHCW0237: New requirements impact on resources and plan → DHCW0321 – Sustainable funding for WASPI → DHCW0313 – Digital Cost Pressure – Service Model Changes ↓	
	MINOR (2)					
	NEGLIGIBLE (1)					

★ New Risk   
↔ Non-Mover   
↓ Reduced   
↑ Increased   
\*\*Private risks

4.6 The Committee are also asked to consider the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those in green have reduced their current score below initial scoring, the remainder are the same as their initial score.



5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1 The Committee is asked to note the changes in the risk profile during the reporting period (since the last Audit and Assurance Committee meeting) as a result of six new risks being added, six risks being removed, and four changes in score on the Corporate Register.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
<p><b>NOTE</b> the status of the Corporate Risk Register.</p> <p><b>DISCUSS</b> the Corporate Risks assigned to the Audit and Assurance Committee.</p> <p><b>NOTE</b> The trending analysis for Committee risks at 5.1i Board and Committee trending.</p>	



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# Corporate Risk Trending Analysis Oct 2022 – Sept 2023

DHCW

October 2023

Corporate Risks covering October 2022 – September 2023

# Context

- DHCW was established on the 1 April 2021. A committee assignment approach was agreed as part of the risk management strategy.
- All corporate risks are added to the corporate risk register with the approval of the relevant Executive Lead.
- Corporate risks are reviewed each month via Management Board.
- During the period October 2022– September 2023 deep dives have taken place on the corporate risks assigned to the committees by the relevant committee.
- In May 2023 the Board Assurance Framework Report was approved by the SHA Board with corporate risks assigned to each of the five DHCW strategic missions.
- As part of the risk work-plan for 2022/23 a review of the movement of all corporate risks during this twelve-month period of operation was agreed, which is presented in these slides.

# Corporate Risks – Changes since 1 October 2022

- On the 1 October 2022 there were 26 risks on the corporate risk register.
- Between 1 October 2022 – 30 September 2023 there have been 33 new risks have been escalated to the Corporate Risk Register
- Between 1 October 2022 – 30 September 2023 31 risks have been removed (de-escalated or closed) from the Corporate Risk Register
- Risk movement shows there have been a similar number of risks escalated and de-escalated or closed during the twelve-month period.

# Corporate Risks not mitigated – 1 October 2022 – 30<sup>th</sup> September 2023

The full list of the eleven risks that have remained on the register over the last twelve-month period is noted below however the Committee should only note the risks assigned to Audit & Assurance, the rest will be considered at the DG&S Committee meeting:

DHCW0237 - New requirements impact on resources and plan (DG&S Committee)

DHCW0259 – Staff Vacancies (A&A Committee)

DHCW0263 – DHCW Data Functions DHCW0259 (DG&S Committee)

DHCW0269 – Switching Service – Data Warehouse (DG&S Committee)

DHCW0277 – \*\*PRIVATE (DG&S Committee)

DHCW0278 – \*\*PRIVATE (DG&S Committee)

DHCW0279 – \*\*PRIVATE (DG&S Committee)

DHCW0281 – \*\*PRIVATE (DG&S Committee)

DCHW0282 – \*\*PRIVATE (DG&S Committee)

DHCW0292 - Insufficient capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan (DG&S Committee)

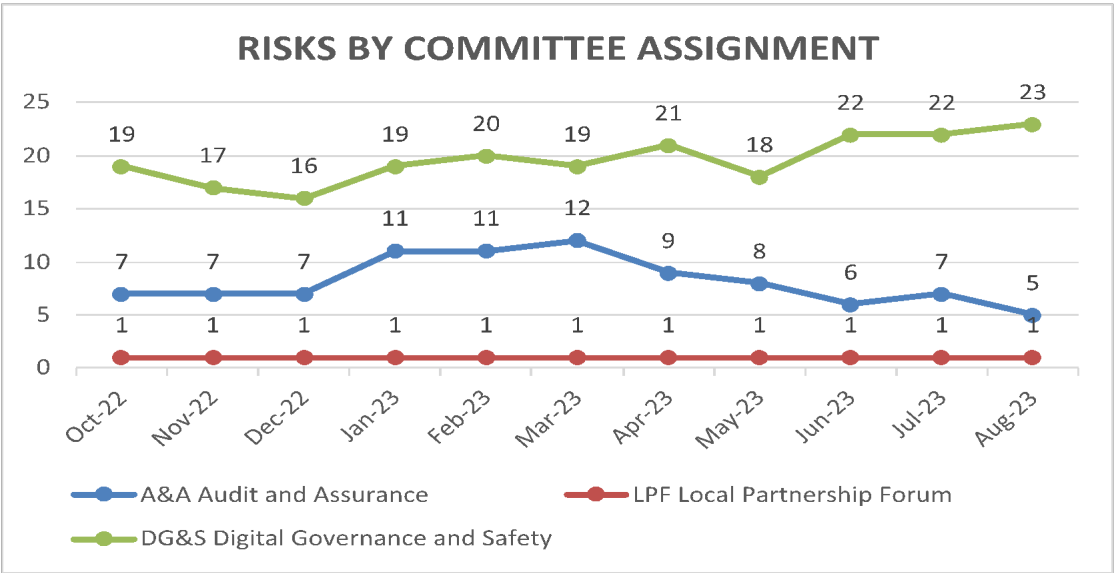
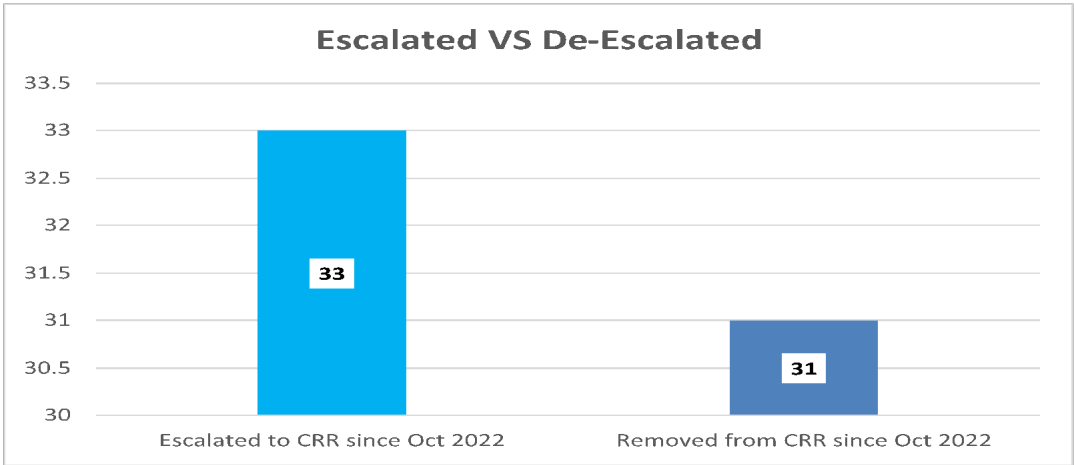
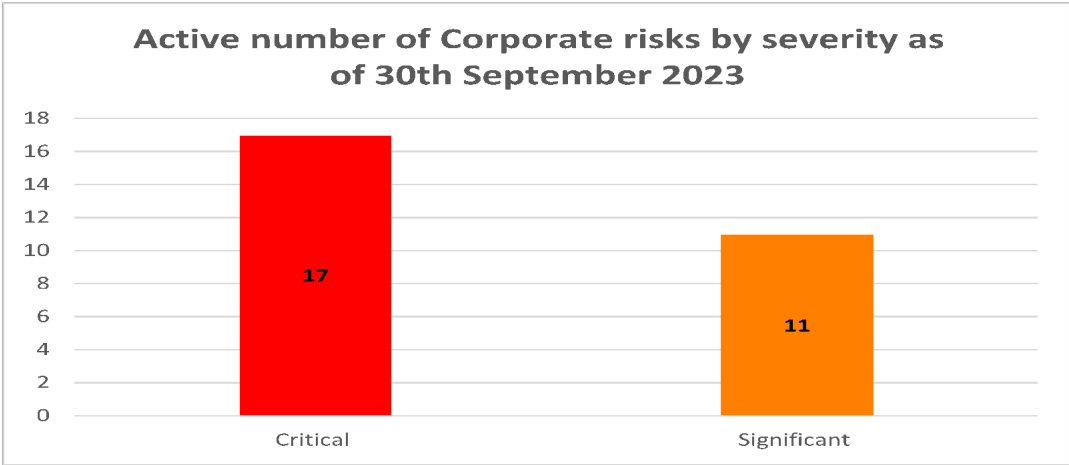
DHCW0296 - Allergies/Adverse Reactions - Single Source (DG&S Committee)

**There are two risks that have been on the corporate risk register since DHCW was established in April 2021 that remain active on the Corporate Risk Register. These account for 7% of active DHCW Corporate Risks which is a significant drop from 26% in the last reporting period. These are:**

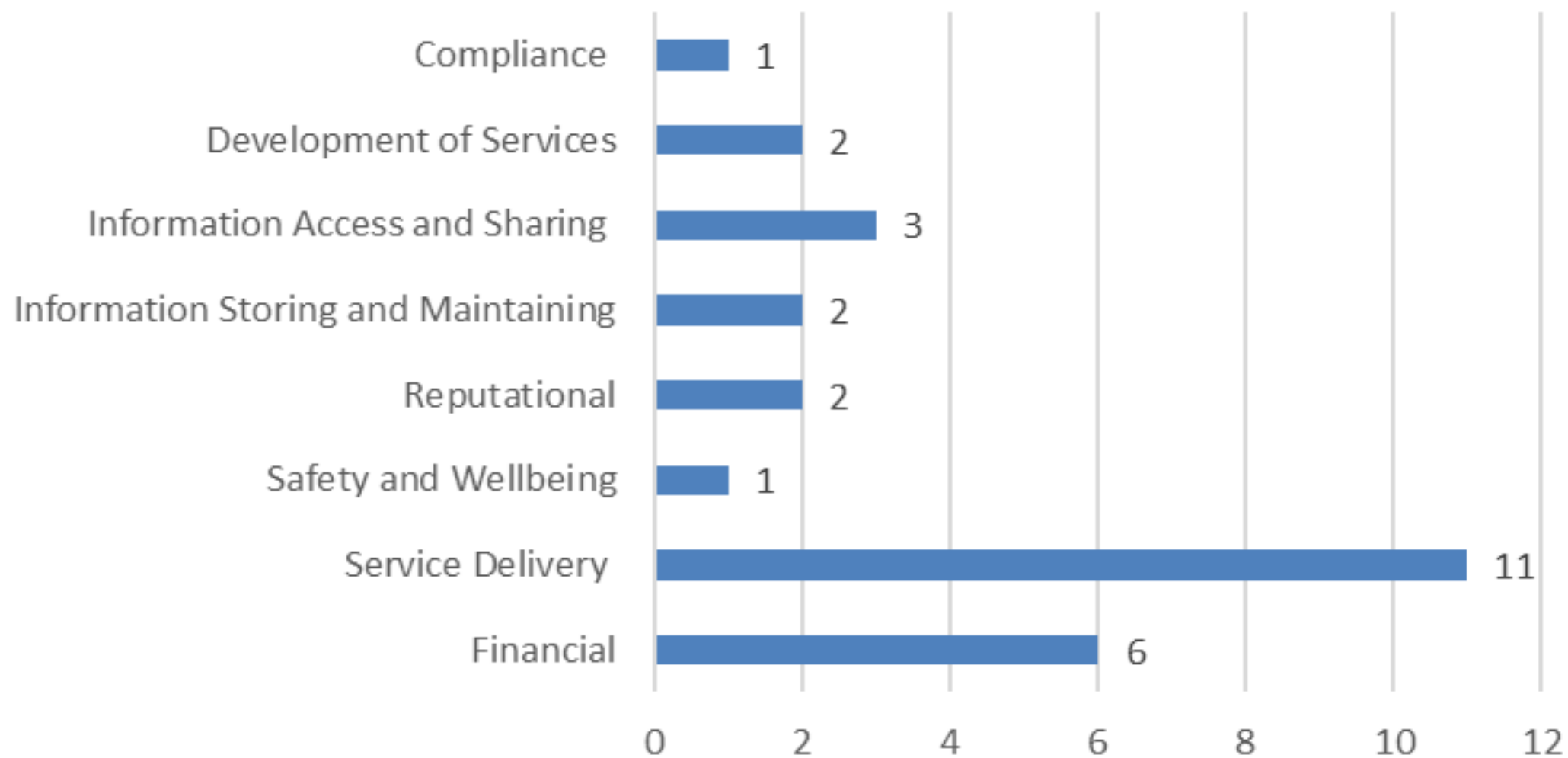
DHCW0237 - New requirements impact on resources and plan (DG&S Committee)

DHCW0259 – Staff Vacancies (A&A Committee)

The following slides shown demonstrate the movement in the Corporate Register from 01 October 2022 until 30 September 2023.



## ACTIVE RISKS BY PRIMARY RISK DOMAIN



# Number of Active Risks by Strategic Mission as at 30 Sept 2023

Mission	Number of Corporate Risks assigned
Mission 1 - Provide a platform for enabling digital transformation	12
Mission 2 - Deliver high quality digital products and services	7
Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care	4
Mission 4 - Drive better value and outcomes through innovation	3
Mission 5 - Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation	2

## DIGITAL HEALTH AND CARE WALES BOARD ASSURANCE FRAMEWORK – STRATEGIC MISSION 5

Agenda Item	5.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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	To Receive/Discuss
Recommendation	The Committee is being asked to
DISCUSS the two areas included within the Board Assurance Framework – Finance and Digital Inclusion.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
If more than one standard applies, please list below:	

<b><u>DHCW QUALITY STANDARDS</u></b>	BS 76000:2015
BS 76005	

<b><u>DUTY OF QUALITY ENABLER</u></b>	Whole Systems Approach
<b><u>DOMAIN OF QUALITY</u></b>	Effective
If more than one enabler / domain applies, please list below:	

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

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

Section 2:

RESEARCH AND INNOVATION IMPLICATION/IMPACT	Choose an item.

## 2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework		

### 3 SITUATION/BACKGROUND

3.1 The [BAF Report Dashboard](#) has recently been reviewed and updated with input from Executive Leads and other DHCW staff, and was presented to the SHA Board in May 2023.

3.2 The Board Assurance Framework (BAF) Dashboard brings together in one place all of the relevant information on the risks to the DHCW's strategic missions. The BAF dashboard provides information to Board members on the controls and assurances in place as well as the gaps and actions needed to mitigate risk and delivery against DHCW's strategic missions.

3.3 DHCW have five strategic missions, the BAF Report Dashboard has five associated principal risks articulated against each strategic mission. Each strategic mission has a risk appetite assigned to the mission, which reflects the approach DHCW will take to managing risk relating to that strategic mission. The risk appetite for each strategic mission and the associated portfolio areas can be seen below:

Strategic Mission	Risk Appetite
1. Provide a platform for enabling digital transformation	Cautious
2. Deliver high quality digital products and services	Cautious
3. Expand the health and care record and the use of digital to improve health and care	Moderate
4. Drive better value and outcomes through innovation	Open
5. Be the trusted strategic partner and a high quality, inclusive and ambitious organisation	Moderate

3.4 The Strategic Mission 5: Be the trusted strategic partner and a high quality, inclusive and ambitious organisation. Has an associated principal risk: IF we are not a Trusted Partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services. Strategic Mission 5 is owned by the Executive Director of Finance.

3.5 A number of areas (enablers) make up strategic mission 5 including:

- People and Culture
- Finance
- Sustainability
- Stakeholder Engagement
- Quality and Safety
- Governance, Performance and Assurance

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 At the May 2023 SHA Board meeting the BAF was present to the Board and the Chair of the Audit and Assurance Committee identified two areas for future review to gain assurance on progress against the BAF plan, these areas included:

- Financial Sustainability
- Digital Inclusion – part of the Stakeholder Engagement element of the BAF plan.

4.2 The two areas for review are included as Appendices.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1 The current NHS Wales financial climate is key risk area to achieving Strategic mission 5.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
DISCUSS the two areas included within the Board Assurance Framework – Finance and Digital Inclusion.	

## DHCW BAF DEEP DIVE REPORT

Date of Report:		04/10/2023			
Strategic Mission:		BE the trusted strategic partner and a high quality, inclusive and ambitious organisation.	Principle Risk:		Insufficient appropriate funding.
Deep Dive Area:		Financial sustainability: implementation of efficiency schemes (4282)			
Likelihood/Probability Rating (1-5):			Impact/Consequence Rating (1-5):		
Initial Score:		Current Score:	12/25 3 (Possible) x 4 (Major)	Target Score:	8/25 2 (Unlikely) x 4 (Major)

### Background:

(a brief history of the area being reviewed)

The NHS in Wales latest financial view is for a forecast significant deficit for 2023-2024. DHCW Chair and CEO's were asked to attend a meeting with other CEO/Chairs from NHS Wales with the Health Minister to address the situation given the underlying financial position is unsustainable;

The emerging ask:

- Make only essential spend, recovery plans need to be deliverable and everything is on the table.
- All Organisations with a deficit have been asked to prepare by 11<sup>th</sup> August actionable plans to reduce the deficit by 10%,20% and 30%.
- **All organisations that are financially balanced are asked to prepare by 11<sup>th</sup> August plans to improve their overall financial position.**

DHCW initially identified £2.5m in funding requirement reductions before further discussion with Welsh Government and DPIF leads led to a final total proposed figure of £4.1m.

### Progress to date to mitigate the overarching principle risk

Weekly executives 26th July assessed all non-committed spend by spend type (pay and non-pay) and by Directorate together with the current savings target. Action for each director to assess what is essential spend and consequential further reductions can be made.

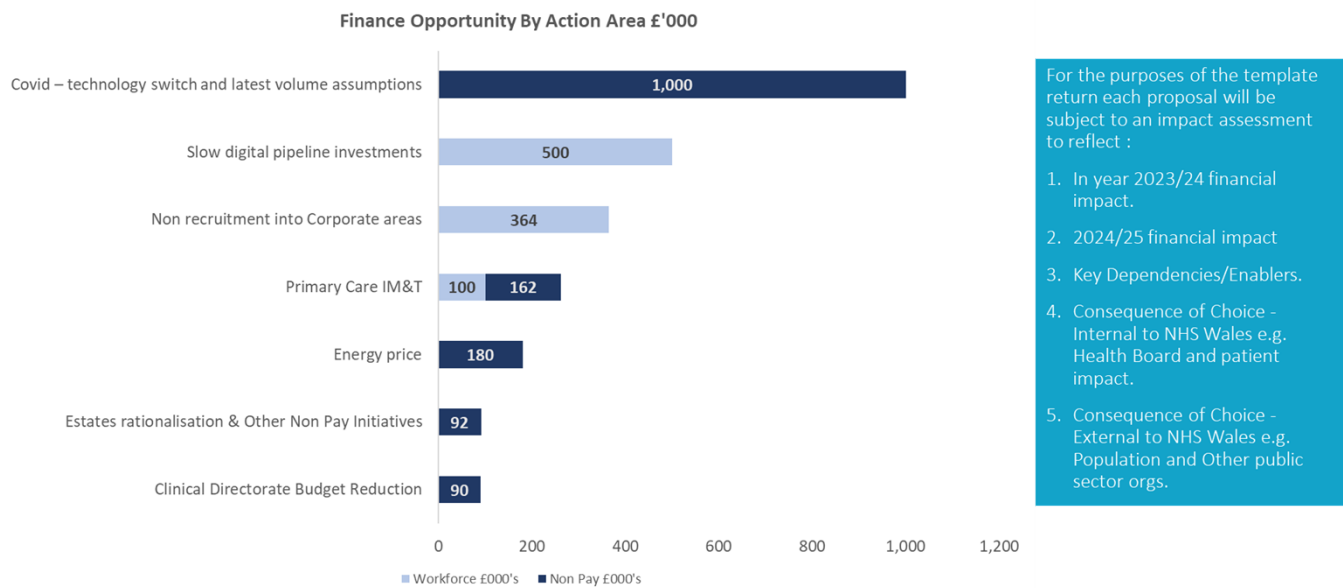
Directors of Digital discussion on 1st August to review digital pipeline and the areas digital to support in the forthcoming year.

Weekly Executive Team meeting 2nd August to review further spend reductions and agree actions by Directorate but also spend risks.

Board presentation and discussion on the approach and actions DHCW propose to undertake 10th August.

Submission of plan to Welsh Government 11th August.

The submission proposed £2.5m (non-recurrent) of DHCW funding for return to Welsh Government to support the NHS Wales position, this is reflective of 29% (£0.726m)/71%(£1.762m) core/ring fenced budget split. Presenting a total savings target for the organisation of £6.8m.



All actions are considered to have a high degree of confidence in terms of achievement with low or zero reliance upon external dependencies (excluding governance groups).

### Impact assessment

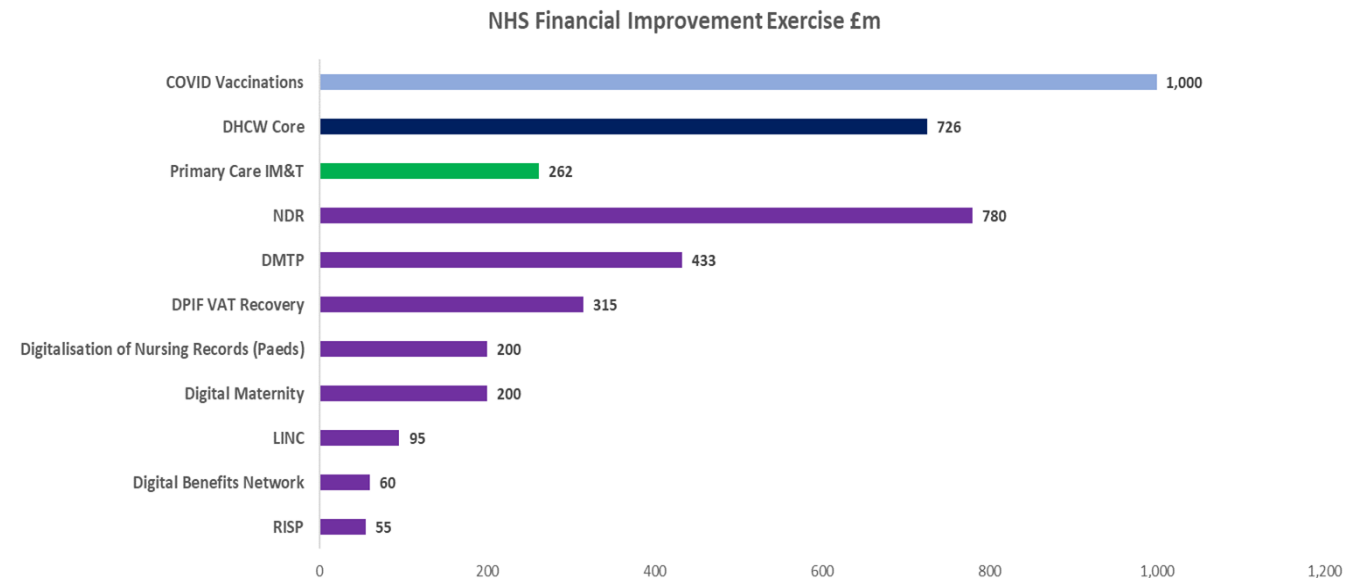
All budget reduction actions initially underwent a high-level impact assessment before further investigation.

Impact	£000's	% of Proposal
No/Minimal Impact	272	11%
Moderate Impact	2,216	89%
Major Impact	0	0%
<b>Total</b>	<b>2,488</b>	<b>100%</b>

- In terms of high level impact the assessment is presented as follows:
- No/Minimal Impact – reflective of financial gains or minor cost avoidance not impacting capacity. (Energy price decreases, Estates rationalisation & Other Non Pay Initiatives).
- Moderate Impact – reflective impact within mainly corporate areas, innovation or improvement with a medium short-term impact against planned deliverables. This group includes return of vaccines text/letter funding which would restrict scheduling activity should Winter COVID campaign impact current forecast or if COVID urgent is declared and more SMS and Letters are sent, non recruitment into corporate/strategy areas which may affect project implementation/achievement of mission 5 deliverables), slow digital pipeline investments and primary care IM&T refresh activity.
- Major Impact - reflective of where there is a clear and immediate impact upon front line service provision – possible patient impact.

## Further mitigation to contribute toward achieving the Target Risk Score with timeframe for completion: (Detail the further actions required and associated timeframes if known)

DHCW subsequently confirmed additional VAT recovery related to prior years resulting in a total funding requirement reduction of £4.1m (£2.1m DPIF, £0.7m DHCW Core, £0.3m Primary Care and £1m COVID Response).



A high-level impact assessment (for consideration) also accompanied the submission.

## Recommendation from the Deep Dive area lead:

(Should the risk score be increased, decreased, remain the same)

- Further horizon scanning amongst NHS organisations to assess any “downstream” impact upon DHCW of their local responses to the financial challenge. Risks to be raised as appropriate.
- Review any additional/future years funding reduction request from Welsh Government with adjustments incorporated within the baseline IMTP planning assumptions. To date this includes absorption of the Data Centre migration costs.

## Meeting Comments/Feedback

(To be incorporated in BAF updates to next Board Meeting)

## DHCW BAF DEEP DIVE REPORT - To be completed by the Owner

Date of Report:		29/9/23			
Strategic Mission:		Mission 5: Trusted strategic partner	Principle Risk:		DHCW does not achieve Digital Inclusion Charter accreditation
Deep Dive Area:		Achieve Digital Inclusion Charter Accreditation and deliver action plan to embed the six pledges			
Likelihood/Probability Rating (1-5):		1 – it is highly unlikely we will not achieve the accreditation	Impact/Consequence Rating (1-5):		
Initial Score:		Current Score:	12/25 – mission 5 generally	Target Score:	8/25 – mission 5 generally

### Background:

(a brief history of the area being reviewed)

Digital exclusion in Wales is higher than the rest of the UK, with over 7% of the population having no access to the internet, and digitally excluded people are some of the heaviest users of health and social care services. Ensuring DHCW makes the digital services it provides as accessible and inclusive as possible is critical to ensuring no one is left behind in the digital health revolution and encouraging public activation.

In September 2022, DHCW signed the Digital Inclusion Charter committing to six pledges to support digital inclusion. As part of our IMTP this year, we have committed to developing this work further and pursuing accreditation of the Charter, which will see us develop an action plan to further support and embed the work across DHCW.

The six pledges are:

- We ensure that all our staff and volunteers have an opportunity to develop basic digital skills, and that they take advantage of this opportunity.
- We ensure that digital inclusion principles are embedded into our day-to-day activities and we support the role digital tools have in managing health and wellbeing.
- We encourage and support our staff and volunteers to help other people to get online and have the confidence to develop basic digital skills and help other organisations to embrace digital tools.
- We commit support and resources for digital inclusion activities and initiatives in Wales in whatever ways we can, to ensure every citizen can engage digitally (if they choose).
- We share best practice and activity around digital inclusion with the Digital Communities Wales “Digital Confidence, Health and Well-being Programme” so that our activities are coordinated for maximum impact and measured consistently.
- We look to build local partnerships amongst organisations which want to share ideas and co-ordinate activities with others in their area.

### Progress to date to mitigate the overarching principle risk

To achieve our milestone of achieving Digital Inclusion accreditation and embedding digital inclusion across DHCW we have:

- Co-sponsored Digital Inclusion Summit 2022
- Mapped and reviewed the organisation's current activity to measure against the six Digital Inclusion pledges
- Developed a draft action plan with Digital Communities Wales
- Included Digital Inclusion as a topic for the virtual staff conference in April 2023
- Created two digital inclusion surveys with the first targeted at patients and public which has gone live (also available in paper format)
- Undertaken Digital Communities Wales training sessions with 880 Digital Champions to cascade using the NHS Wales App and good digital skills (60 DHCW staff trained to date)
- Held a Directors Strategic Session on Digital Inclusion April 2023
- Confirmed DHCW Executive Lead for Digital Inclusion – Helen Thomas, CEO
- Included a Listening and Learning Session on digital inclusion in our July 2023 Public SHA Board Meeting
- Launched an Expressions of Interest process across DHCW in August to invite applications for DHCW Digital Inclusion Working Group

**Further mitigation to contribute toward achieving the Target Risk Score with timeframe for completion:**  
 (Detail the further actions required and associated timeframes if known)

Work progressing within DHCW includes:

- Establishing DHCW Digital Inclusion working group to be chaired by Helen Thomas, CEO
- Exploring partnership opportunities with NHS and commercial organisations
- Undertaking mapping exercise and benchmarking of best practice in Wales and beyond
- Evaluating Digital inclusion survey for patients and the public
- Supporting opportunities for Digital Champions within DHCW community initiative
- Finalising and rolling out Digital inclusion surveys for NHS Wales and third sector organisations
- Engaging our networks (e.g. Directors of Digital, Independent Members Digital network) to update on our work and identify opportunities for further collaboration and activities
- Reviewing and finalising the action plan for submission to Digital Communities Wales for review and approval of accreditation

**Recommendation from the Deep Dive area lead:**

(Should the risk score be increased, decreased, remain the same)

Good progress has been made on this agenda, with a solid plan in place to embed across DHCW. It is essential all Directorates within DHCW embrace the importance of digital inclusion and consider how they can support this agenda through their own teams. The DHCW Digital Inclusion Working Group will need strong representation from across the organisation to ensure DHCW puts digital inclusion at the heart of our approach and drives system leadership in this area.

DHCW will need to protect adequate resource and support for this agenda to maintain our inclusive approach to delivering services and engaging all users.

**Meeting Comments/Feedback**

(To be incorporated in BAF updates to next Board Meeting)

## DIGITAL HEALTH AND CARE WALES WELSH LANGUAGE REPORT

Agenda Item	5.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Eleri Jenkins, Welsh Language Manager
Presented By	Laura Tolley, Head of Corporate Governance

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
Receive the report for <b>ASSURANCE</b> and <b>NOTE</b> the action plans for improvement.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	DHCW0208
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<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	A Wales of Vibrant Culture and Thriving Welsh Language
If more than one standard applies, please list below: A More Equal Wales	

<a href="#">DHCW QUALITY STANDARDS</a>	N/A
If more than one standard applies, please list below:	

<a href="#">DUTY OF QUALITY ENABLER</a>	Culture
<a href="#">DOMAIN OF QUALITY</a>	Equitable
If more than one enabler / domain applies, please list below: Workforce / Person Centred	

<a href="#">EQUALITY IMPACT ASSESSMENT STATEMENT</a>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not required	

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

Section 2: any key available in this section (4/4) use as appropriate necessary  
Section 2:

	<p>(a) providing opportunities for persons to use the Welsh language, and</p> <p>(b) treating the Welsh language, no less favourably than the English language</p> <p>(As outlined in the policy making Welsh Language standards regulations)</p>
<b>RESEARCH AND INNOVATION</b>	Yes, please see detail below
<b>IMPLICATION/IMPACT</b>	Welsh language standards in relation to research are included in the DHCW Welsh Language Scheme.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Welsh Language Group	10/10/23	Noted
Laura Tolley, Head of Corporate Governance	October 2023	Reviewed
Chris Darling, Board Secretary	October 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ESR	Electronic Staff Register	NWSSP	NHS Wales Shared Services Partnership
DMTP	Digital Medicines Transformation Portfolio	WIDI	Wales Institute for Digital Information
BI	Business Improvement		

## 3 SITUATION/BACKGROUND

3.1	<p>This report outlines the steps taken to monitor compliance with the actions included in the DHCW Welsh Language Scheme and gives an overview of:</p> <ul style="list-style-type: none"> <li>• progress with the DHCW More Than Just Words Plan 2022-2027</li> <li>• a compliance action plan that identifies areas for improvement and actions required to achieve compliance with the DHCW Welsh Language Scheme;</li> <li>• the current Welsh Language skills dashboard showing staff's self-assessment of their Welsh skills,</li> <li>• activity undertaken to develop the Welsh language and culture.</li> </ul>
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 4.1 The More Than Just Words Plan 2022-2027

The [More Than Just Words Action Plan](#) (updated at the end of September 2023) highlights areas for improvement, some of which need additional support and funding from Welsh Government. It is hoped that the recent appointment of a new More Than Just Words Board will provide advice and guidance on actions that require funding.

### 4.2 Welsh Language Scheme Action Plan

The DHCW Board have outlined clear intentions and commitments in relation to the organisation being bilingual. The [Welsh Language Scheme Action Plan](#) is monitored and reviewed for progress by Welsh Language Group on a bi-monthly basis. The plan highlights the actions requiring attention.

The summary findings are below:

Type of Standards	Approximate % compliance / RAG rating
Service Delivery Standards	75%
Policy Making Standards	90%
Operational Standards	75%
Record Keeping Standards	100%

### 4.3 Organisational Welsh Language Skills Dashboard

A new report of Welsh Language Skills levels 1-5 is now available through the Welsh Language Power BI dashboard enabling better monitoring of the organisation's achievement of action number 17 of the More Than Just Words Action Plan. (minimum of a courtesy level of Welsh) The [September 2023 data](#) includes the following information:

- 39.8% of staff have a minimum of level 1 Welsh language skills. The target is set at 50% by the end of quarter 4. This will be achieved through ongoing promotion of a 'Welcome Course' at Senior leadership meetings and staff away days.
- Welsh Language Awareness Course compliance has increased significantly since the last report and is now at 84.9%.
- Information on the number of staff in each directorate who haven't entered their Welsh language skills levels on the Electronic Staff Record (ESR).

#### 4.4 **Developing the Welsh language skills of staff**

A new survey to collect information on the Welsh language skills and learning of staff was launched on the 2 October 2023. The survey will also collect information on staff willing to support DHCW engagement events. Staff with Welsh language skills at level 3 or above will also be encouraged to attend confidence building courses in partnership with the centre for learning Welsh.

#### 4.5 **Assessing the Welsh Language Skills of Jobs**

The number of job descriptions sent for assessment to date is low, with only 7 job descriptions assessed since the last Committee meeting. This requirement has been discussed in recent all Wales, Welsh Government and Welsh Language Manager meetings. The development of a new assessment tool by Powys Teaching Health Board will be adopted by DHCW (and other UHBs) to improve the assessment process, in the meantime, discussions to improve DHCW's job assessment position are ongoing with the People and Organisational Development team.

#### 4.6 **Developing the Welsh Language and Culture and Sharing Best Practice**

Development of a new webpage to share best practice across Health and Social care is progressing with WIDI. NHS Welsh Language Managers will receive training to enable them to upload information to the webpage. Further updates on the web page will be included in the February Committee meeting.

#### 4.7 **Community Engagement**

As requested at the last Committee meeting, below outlines the work DHCW are undertaking in relation to Community Engagement:

- The recruitment of a new Welsh speaking Engagement Manager will improve stakeholder engagement in Welsh.
- DHCW has representation at the Cwm Taf Morgannwg University Health Board More Than Just Words Forum which provides opportunities for collaboration within the CTM area.
- DHCW are planning to have a presence at the National Eisteddfod, being held in Rhondda Cynon Taf in August 2024.
- Collaboration with NWSSP on All-Wales promotional events and careers fairs across Wales will begin in January 2024.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1

Due to increased demand for translation, a temporary increase in the number of words to be translated by NWSSP has been agreed until the end of March 2024. The recruitment of a new Translation Manager and a Translator to work with the Business Change team, will mitigate this risk. DHCW were unsuccessful during the first round of recruitment for a Translation Manager, therefore this post has been increased to a full -time and is currently being re-advertised. In addition, DHCW are exploring the sharing of memory software with NWSSP and HEIW which will significantly reduce the time and improve efficiently of translation.
- 5.2

The implementation of a new telephony system to filter calls to a Welsh speaking member of staff has been delayed until the end of October 2023. However, Welsh Language skills within the Service Desk have improved with 4 Welsh speakers at present able to deal with initial calls through the medium of Welsh, in addition, almost all service desk staff have completed a level 1 Welcome Course. However, further recruitment of Welsh speaking staff is necessary in order to ensure all shift patterns are covered.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
Receive the report for <b>ASSURANCE</b> and <b>NOTE</b> the action plans for improvement.	

## DIGITAL HEALTH AND CARE WALES

# PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda Item	5.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Nathan Beynon, Strategic Procurement and Contract Manager
Presented By	Julie Francis, Head of Commercial Services

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

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: The report sets out the matters of commercial and financial compliance under the standing financial instructions	

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

## Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
<b>PERSON, COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Michelle Sell, Chief Commercial Officer	3 Oct 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SFI	Standing Financial Instructions	PCR	Public Contracts Regulations
STA	Single Tender Action	IMTP	Integrated Medium Term Plan
CCN	Change Control Notes		
WCCIS	Welsh Community Care Information System		
NIIAS	National Intelligent Integrated Audit Solution		

## 3 SITUATION/BACKGROUND

3.1 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 June 2023 to 31st August 2023 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.

SFI Reference	Description	Items
1.2.1	Inappropriate adherence to Standing Orders	1
12.9.4	Free of Charge Services	0
12.13	Single Quotation Actions	0
12.13	Single Tender Actions	1
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)	0

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

### 1. Single Tender Actions to be reported in accordance with 12.13 of the Standing Financial Instructions

**Agreement Title:** National Intelligent Integrated Audit Solution (P655)

**Agreement Period:** Three (3) years. Maximum Contract Period to 30<sup>th</sup> September 2026

**Anticipated Value:** £748,650.00 ex VAT

**Supplier:** Maxwell Stanley

#### Context/Background

A direct award has been made in accordance with the bespoke and complex requirements of the NIIAS Service together with its technical and operational issues. During the term of this Agreement, i.e. commencing in 2024, DHCW Subject Matter experts will develop: options appraisal/business case and procurement to replace the existing solution.

### 2. Inappropriate Adherence with Standing Financial Instructions

In accordance with 1.2.1 of the Standing Financial Instructions there is a requirement to report on examples of inappropriate adherence with Standing Financial Instructions. A requirement for Data Discovery Consultancy was called off outside the existing processes required under the External Workforce Resources Framework Agreement leading to a retrospective development of a work-package to formalise contract delivery.

**Services Received:** Data Discovery Consultancy (retrospectively added as a Work Package (WP007) to P812 External Workforce Resources Framework Agreement)

**Duration of Service:** 1 June 2023 to 31 August 2023

**Value:** £43,700.0 (ex VAT)

**Supplier:** TPX Impact

#### Context/Background

In May 2023 the WCCIS Programme Team commissioned TPX Impact to undertake a discovery exercise for the Data Domain within the WCCIS Service. The outcome of this consultancy was to produce a Data Discovery report document, which would detail the current position of the data domain. Within the report the supplier was required to outline:

- i. Remediation and resolution of any extant issues; and
- ii. Recommendation on the migration methods to a new WCCIS solution.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1 [Appendix A 5.4i](#), that being the Procurement Scheme of Delegation Compliance Report June-August 2023, includes one (1) STA relating to:
- (i) National Intelligent Integrated Audit Solution(P655); and

and one (1) Inappropriate adherence with Standing Financial Instructions relating to:

(ii) WCCIS Data Discovery Consultancy.

(i) **Single Tender Action for National Intelligent Integrated Audit Solution**

a. STA has been undertaken in accordance with the SFI’s and has been approved by the Executive Director of Finance and chief Executive Officer.

b. The Agreement with Maxwell Stanley has been established in accordance with regulation 32 of the Public Contracts Regulations (2015) regulations, which expressly permits a contract to be established with an incumbent supplier for the repetition of similar works or services.

(ii) **WCCIS Data Discovery Consultancy**

a. The service rendered to DHCW was commissioned outside the agreed process under an extant Framework Agreement.

b. A retrospective work package (WP007) has been established under an existing DHCW framework agreement for external work force resource (P812). The work-package establishes the commercial and contractual coverage for liabilities warranties and indemnities of the resultant work delivered and to facilitate payment of the invoice DHCW received upon completion of the service.

c. This in-appropriate adherence to standing order has been reported to the DHCW Board Secretary and the Executive Director of Finance and clarity has been provided to the stakeholder in understanding the call-off process under the Framework Agreement.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report.	

## DIGITAL HEALTH AND CARE WALES PROGRAMME GOVERNANCE ARRANGEMENTS

Agenda Item	5.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<p><b>NOTE</b> the proposed new Governance arrangements relating to DHCW hosted programmes, and the ongoing work in this area.</p>	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

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

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

Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	August 2023	Approved
Exec Team	September 2023	Discussed
Strategy SLT	September 2023	Discussed
Chris Darling, Board Secretary	September 2023	Approved
Management Board	September 2023	Endorsed
SHA Board	September 2023	Noted

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	SRO	Senior Responsible Owner

### 3 SITUATION/BACKGROUND

- 3.1 DHCW is accountable to Welsh Government, with leadership and direction provided by the [DHCW Board](#), which has oversight in ensuring sound governance arrangements. DHCW's remit is to provide national digital and data services and infrastructure to NHS Wales.
- 3.2 DHCW hosts a number of Welsh Government funded major digital programmes, providing a range of expertise including but not limited to programme management, commercial, technical, delivery and business change, reporting into relevant national programme boards. Typically, external Senior Responsible Owners (SROs), appointed by Welsh Government, are accountable for delivery of these programmes. Historically there has been variation in governance structures across these major programmes, and with the establishment of DHCW as a statutory body in April 2021, it was identified by DHCW and Welsh Government that it would be helpful if the accountabilities and responsibilities of Digital Programme Boards and DHCW are clarified for DHCW hosted programmes.
- 3.3 DHCW commissioned an independent review supported by Welsh Government, which has been carried out by Mr. Steve Combe MBE, an independent governance advisor, with significant experience of NHS governance. The review commenced on the 7 November 2022. The report was finalised in April 2023 and shared by the DHCW Chair with the Minister for Health and Social Care. In addition, the DHCW Chief Executive shared the report with the Chief Executive for NHS Wales / Director General for the Health and Social Services Group.
- 3.5 The report was also shared formally with SROs of the DHCW hosted programmes, Welsh Government, Audit Wales and other stakeholders.
- 3.6 The implications from the report were considered via:
  - DHCW Board Development Day on the 27 April 2023
  - Consideration at the DHCW Audit and Assurance Committee on the 3 July 2023
  - Liaison with Welsh Government via the DHCW Chief Executive.
- 3.7 The main recommendation from the report was to simplify governance arrangements to include streamlining lines of accountability, ensure greater clarity on roles and responsibility, allowing DHCW hosted programmes to operate in an open and transparent manner.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1	Since the publication of the report, DHCW have met with Welsh Government Officials and have agreed that financial and delivery accountability for all DHCW hosted programmes would transition to sit with the DHCW Accountable Officer – Chief Executive Officer.
4.2	Welsh Government will hold DHCW to account for the delivery of DHCW hosted programmes, using existing performance management arrangements e.g. Joint Executive Team (JET) reviews and Integrated Quality Planning and Delivery (IQPD) Reviews.
4.3	Welsh Government Officials have developed a phasing for the transfer of programmes to the new arrangements whilst all new programmes will adopt the new governance arrangements automatically. New programme governance arrangements, for all programmes will be fully in place by the end of March 2024.
4.4	The DHCW Chair, together with the CEO, have agreed to establish a sub-committee of the DHCW Board to provide assurance and scrutiny on delivery of major DHCW hosted programmes in an open and transparent manner.
4.5	The Terms of Reference for the new Programmes Delivery Committee will be considered by the Committee and come to a future SHA Board meeting for formal approval, with the first Committee meeting planned for November 2023. The internal DHCW management governance arrangements to oversee programmes is being strengthened. These internal arrangements are being developed with input from programme leads. In addition, the Digital Governance and Safety Committee Terms of Reference have been updated to remove reference to oversight of DHCW hosted programmes.

5 5KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	There is lack of clarity in terms of accountability for major DHCW hosted digital programmes. The new Governance arrangements will address this ambiguity but requires a number of areas to be confirmed by DHCW and Welsh Government.
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6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the proposed new Governance arrangements relating to DHCW hosted programmes.	

## DIGITAL HEALTH AND CARE WALES HIGH VALUE PURCHASE ORDER REPORT

Agenda Item	5.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Mark Cox, Associate Director of Finance & Sian Williams Head of Finance & Reporting
Presented By	Mark Cox, Associate Director of Finance & Sian Williams Head of Finance & Reporting

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<b>NOTE</b> the work undertaken on improving the efficiency of the Annual Accounts auditing process.	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

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

Section 2: are key available in this section (4/4) use as appropriate where necessary.  
Section 2:

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

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	03.10.2023	Approved

<b>Acronyms</b>			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

## 3 SITUATION/BACKGROUND

<p>3.1 The purpose of this report is to provide the Audit &amp; 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 &amp; 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.</p> <p>3.2 The report also details instances where cumulative order values to suppliers have amounted to over £0.750m during the financial year.</p>
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## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 During the period 12 June 2023 – 26 September 2023 nine orders over £0.750m were raised. The cumulative total of all the orders with a value of more than £0.750m stands at £38.16m since last reporting date and a total value of £38.16m for the financial year.

4.2 The details of all orders raised year to date and individual governance approval is presented within [Appendix A – High Value Purchase Order Tracker](#). An extract is detailed within table 1 for the transaction since October Audit Committee.

4.3 Table 1: High Value Orders (reclassified extract) 12 June 2023 – 26 September 2023

Ref	Date Raised	Area	Supplier	Description
A1	27/06/2023	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	All Wales Microsoft Enterprise Agreement
A2	27/06/2023	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	All Wales Microsoft Enterprise Agreement
A3	15/09/2023	RISP	PHILIPS ELECTRONICS UK LTD	ALL-WALES LICENCE FEE
A4	19/07/2023	Computer Software and hardware Support & Maintenance	SOFTCAT	Enterprise Licence and Remote technical support
A5	19/06/2023	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS SUPPORT & MAINTENANCE
A6	19/07/2023	GP Systems Maintenance Support	HP INC UK LTD	HP MANAGED PRINT BASE COST
A7	19/07/2023	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD	VISION SUPPORT & MAINTENANCE
A8	20/09/2023	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD	VISION SUPPORT & MAINTENANCE
A9	31/07/2023	Data Centre Services	COMPUTACENTER (UK) LTD	On-Premise Subscription and Essential Maintenance License

4.4 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 12 June 2023 – 26 September 2023 there are 3 suppliers that have since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with Appendix A).

4.5 Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 12 June 2023 – 26 September 2023

Ref	No of Orders	Area	Supplier	Description
B2	12	DSPP	KAINOS SOFTWARE LTD	DIGITAL APPLICATION SUPPORT
B3	52	VEHICLES	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme
B4	5	Community, Cloud adoption, WIS and Technical support	TPXIMPACT LTD	Misc. Professional Technical Services

4.6 DHCW Commercial Services department is undertaking an exercise reviewing past procurement activity and forward spend plans to ascertain whether efficiencies can be gained in future procurements where there are similar levels of historical activity.

4.7 For completeness and because of the potential for overlap in appendix A & B the details of suppliers where spend has exceed £0.750m are also presented within this report and itemised further in [Appendix C](#) and table 3 of this report. The table is a year-to-date position as of the 26 September 2023.

4.8 Table 3: Suppliers with Spend of over £0.750m for the period of 1 of April 2023 – 26 September 2023

Ref	Area	Supplier
C1	Community, Cloud adoption, WIS and Technical support	RED CORTEX
C2	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD
C3	RISP	PHILIPS ELECTRONICS UK LTD
C4	Computer Software and hardware Support & Maintenance	SOFTCAT
C5	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)
C6	DSPP	KAINOS SOFTWARE LTD
C7	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD
C8	Data Centre Services	COMPUTACENTER (UK) LTD
C9	GP Systems Maintenance Support	HP INC UK LTD
C10	Vehicles	NORTHUMBRIA HC NHS TRUST
C11	Community, Cloud adoption, WIS and Technical support	TPXIMPACT LTD

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	No key risks or matters for escalation to the Committee.
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6 RECOMMENDATION

Recommendation	The Committee is being asked to
<b>NOTE</b> the work undertaken on improving the efficiency of the Annual Accounts auditing process.	

## DIGITAL HEALTH AND CARE WALES QUALITY ASSURANCE & REGULATORY COMPLIANCE UPDATE REPORT

Agenda Item	5.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

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

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	N/A
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<a href="#">WELL-BEING OF FUTURE GENERATIONS ACT</a>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<a href="#">DHCW QUALITY STANDARDS</a>	ISO 9001
If more than one standard applies, please list below:	

<a href="#">DUTY OF QUALITY ENABLER</a>	N/A
<a href="#">DOMAIN OF QUALITY</a>	N/A
All Quality Standards apply	

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

IMPACT ASSESSMENT	
<a href="#">QUALITY AND SAFETY</a> IMPLICATIONS/IMPACT	Yes, please see detail below Duty of Quality implications throughout this report
<a href="#">LEGAL</a> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<a href="#">FINANCIAL</a> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<a href="#">WORKFORCE</a> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<a href="#">SOCIO ECONOMIC</a> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2:

<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	No, there are no specific research and innovation implications relating to the activity outlined within this report.
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## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	25/09/2023	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISO	International Standards Organisation	QIAL	Quality Improvement Action List
eQMS	Electronic Quality Management System	MHRA	Medicines and Healthcare Products Regulatory Agency
NIS	Network and Information Systems regulations	CRU	Cyber Resilience Unit
OES	Operators of Essential services (as defined in the NIS regulations)	CAF	Cyber Assessment Framework
SaMD	Software as a Medical Device	IOPR	Integrated Organisational Performance Report
OFI	Opportunity for improvement		

### 3 SITUATION/BACKGROUND

3.1 There have been three planned external audits during this period.

- ISO 20000 Stage 1 Certification IT Service Management
- ISO 20000 Stage 2 Certification IT Service Management
- ISO 30415 Stage 1 Certification Human resource management — Diversity and inclusion

ISO 20000 had a total of ten observations noted but achieved full recertification. ISO 30415 had eleven observations noted in advance of a stage 2 audit scheduled for October. This increased number of observations is not unusual for a first audit with a new auditor/new standard. All have been logged on the QIAL and are being addressed by the relevant teams.

3.2 The monthly Quality and Regulatory meetings have been held with actions and observations noted. The Quality and Regulatory Team quarter two milestone objectives have been achieved in full and focus has now shifted to quarter three deliverables.

3.3 The quality portal is central to improving compliance and increase visibility of Quality within DHCW it continues to be widely used with over 35,00 visits in quarter 2 and almost 210,000 visits since its inception. The portal continues to be the focal point for all things quality and regulatory based and remains a valuable tool during external audits as it streamlines activities and enables all essential information to be easily located.

The latest addition to the Portal is a library of iPassport training videos to support the go-live of the non-compliance and internal audit modules.

3.4 The CRU has undertaken assessment audits of 3 OES for compliance against the NIS regulations with assurance reports issued to the OES and the Competent Authority. Positive feedback has been received from each OES.

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

4.1 There are 3 upcoming External audits planned in Quarter three 2023/24.

- ISO 30415 stage 2 certification
- BS 76000 surveillance visit
- Service Desk Institute surveillance visit

4.2 The risk based internal audit programme has been implemented to underpin compliance against each of the standard's requirements for internal audit. Now in its second year, the programme is currently 100% compliant with the schedule.

The work carried out to develop and implement the risk based internal audit programme was written up and submitted to the NHS Wales awards in the 'Enriching the wellbeing, capability and engagement of the health and care workforce' category with a submission titled 'Increasing Audit Efficiency and Inspiring Internal Auditors of the Future'. There were 28 entries in this category, the team have been shortlisted as finalists. Awards ceremony is 26<sup>th</sup> October.

As expected, the increased volume of internal audits has resulted in an increase in QIAL numbers, this should be viewed positively as each nonconformity raised offers an opportunity for improvement within the organisation.

4.3 Evidence of the monthly review of the legislation register is now under way within the IMS group and Quality and Regulatory Group meetings. The formal procedure and review of the content and structure of the register is now in place, with bi-annual updates to be provided to this committee. Latest report provided as agenda item 2.9 for this meeting.

4.4 Quality Improvement Action List (QIAL) figures continue to improve. Currently 93% of QIAL are within target date (up from 81% last quarter). There are currently 58 open actions (down from 105 last quarter). The team are continuing to work with owners/handlers for the overdue QIAL's and compliance will be reported to the next IMS Assurance group meeting for a plan to be implemented to further improve this. Integrated Management Systems (IMS) document reviews noted a 3% increase in reviews to 75%, the current target that the team are working towards is for 95% of documents to be within their review dates. Detailed reports have been sent to document owners; the Quality team are working closely with them to rectify this position.

4.5 The roll out and on-boarding of the electronic Quality Management System (eQMS) iPassport continues. Document module onboarding has been paused pending development and Executive approval of a new document management strategy and policy. However, in line with the Quality annual plan and IMTP milestones, quarter 3 will see the introduction of the non-compliance module, which will replace and improve upon QIAL, and the internal audit module.

- 4.6 Work on Medical Device Regulation compliance continues, MHRA anticipate publishing updated legislation later this year.

Work is underway with the Microsoft 365 centre of excellence to develop a qualification and classification tool using Power App, this will be applied to all new services/applications through the WIAG process.

Engagement with the MHRA continues to confirm the Medical Device status of services identified by an initial assessment of our existing portfolio.

Gap analysis against ISO 13485 is expected to be completed during quarter 3, any remedial work will be targeted for completion during quarter 4 to allow us to seek certification to this standard.

- 4.7 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into force on 1 April 2023. This brings into force an updated Duty of Quality.

A DHCW specific implementation plan has been developed in line with the Welsh government roadmap. Progress against the plan is in line with Welsh Government targets and is reported monthly to Management Board via the IOPR.

Head of quality continues to attend the NHS Wales Duty of Quality reference group, which looks at standardising approaches to Quality across NHS Wales, a sub group has been created for DHCW, HEIW and NWSSP to discuss approaches that may differ to Health Board requirements.

First 'Always On' report will be published (following appropriate governance) with quarter 2 data, this will be a relatively small report but will be built iteratively during future reporting periods.

- 4.8 The CRU has defined KPI metrics for management reporting of its performance. These will be included in IOPR reporting from October 2023, pending Executive approval.

- 4.9 6 incidents have been reported to the CRU during this reporting period, 4 of which were deemed reportable against the NIS regulations.

- 4.10 Work is underway to develop a Product based Quality framework in line with Juran's quality quadrilogy. This will also align with Duty of Quality expectations and requirements.

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

In summary:

- 5.1 In the last period DHCW had successful audits for both ISO 20000 and ISO 30415. ISO 20000 had ten observations noted and ISO 30415 had eleven observations noted in advance of a full recertification audit.
- 5.2 The Quality and Regulatory Group will target a standard and directorate view of quality compliance; focus will be on integrating the quality and regulatory plans as part of the directorate Annual Plans. Further development of metrics will continue in line with organisational performance reporting. This workstream will also contribute to the reporting requirements of the Duty of Quality.
- 5.3 Activity to raise awareness of 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.
- 5.4 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.
- 5.5 The key activities for the team as we move into quarter three are:
  - Duty of Quality compliance
  - Roll out of quality improvement training and toolkit in line with IMTP milestone.
  - Finalise and rollout Quality Impact Assessment toolkit.
  - Migration of QIAL to iPassport for non-conformity management
  - Development of the Product based Quality framework.
  - Developing and implementing a robust, compliant document management strategy

## 6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the content of this report.	

## DIGITAL HEALTH AND CARE WALES DECARBONISATION, ESTATES AND COMPLIANCE REPORT

Agenda Item	5.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	17 October 2023

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the Decarbonisation, Estates and Compliance Report	

Section 1: NB this section must be completed prior to submission

## 1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome:
Statement: EQIA not required for this report	

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below The report provides details of health and safety incidents and compliance
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below The report demonstrates our progress toward compliance with Welsh Government targets published in the NHS Wales Decarbonisation Delivery Plan issued via a Welsh Health Circular and also covers activity required to be undertaken under health & safety and environmental legislation.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below The report details activity necessary to maintain a safe working environment for staff.

Section 2: *Information available in this section (4/4) use as appropriate necessary*  
Section 2:

SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	28 September 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	NWSSP	NHS Wales Shared Services Partnership
SHE	Safety, Health & Environmental	MTCO2e	Metric tons of carbon dioxide equivalent

## 3 SITUATION/BACKGROUND

3.1	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.
3.2	The latest Estates and Compliance Monthly Report is included as <a href="#">Appendix 5.8i</a> for the Committee's attention. The report covers compliance progress to the month of August 2023.
3.3	Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum.
3.4	Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report: <ul style="list-style-type: none"> <li>Decarbonisation Working Group</li> <li>Environmental Awareness Group</li> <li>Safety, Health and Environmental (SHE) Group</li> <li>Water Safety Group</li> </ul>

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

### 4.1 DHCW Decarbonisation Strategic Delivery Plan

Digital Health and Care Wales (DHCW) has a clearly defined Decarbonisation Strategic Delivery Plan (which includes actions to be undertaken every year up to 2030). We have established targets in line with those of NHS Wales (that in turn are aligned to the collective public sector ambition of being net zero by 2030), targets are featured within our Delivery Plan.

All NHS organisations have been tasked with looking at Estates Rationalisation options. We have explored options for shared accommodation both with DHCW sharing other organisations premises as well as other organisations sharing part of DHCW premises; this will continue to be explored. Current negotiations have enabled DHCW to give notice at one of our sites (Mamhilad House). We are in discussions with our landlords in Swansea to explore rationalisation of our space in Technium 2.

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

DHCW intend to proceed with the target date for refreshing our Decarbonisation Action Plan (DAP) in 2025. This has been communicated to Welsh Government. Decarbonisation is reflected in our major plans and strategies, including our Annual Plan, Integrated Medium Term Plan and Estates Plan and it is also being included in the National Benefits Framework that is being developed by our Finance Department.

We will continue to engage with NHS Wales Shared Services Partnership with the aim of improving the calculation mechanisms for procurement emissions, we have seen some recent improvements which have allowed us to more accurately calculate our supply chain emissions which has resulted in a reduction.

A Decarbonisation Reporting Team has been set up with the NHS Wales Shared Services Partnership (NWSSP) to manage a new quarterly Decarbonisation reporting process on behalf of Welsh Government. The team issued us with the template to report upon progress against the initiatives contained in the All-Wales Plan. Our 2023/24 Quarter 1 return was submitted on 23<sup>rd</sup> August 2023 ahead of target.

We have acknowledged the need to understand our digital footprint and with colleagues from operational teams, have started discussions in this area.

### 4.2 Environmental Management System

DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

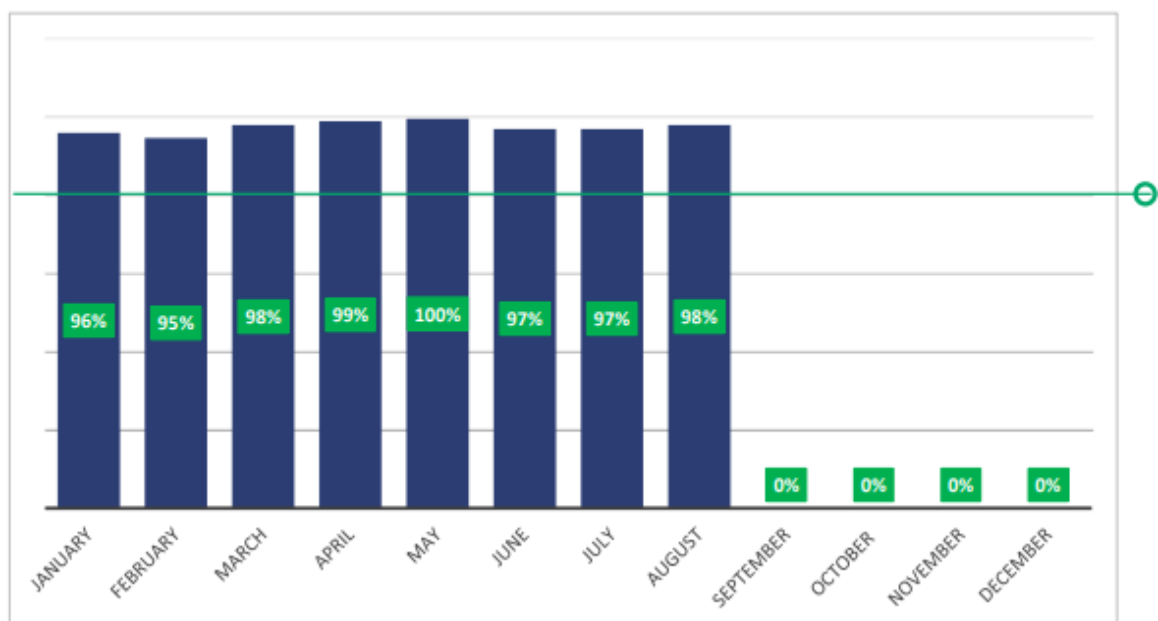
ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system. It helps organizations improve their environmental performance through more efficient use of resources and reduction of waste, gaining a competitive advantage and the trust of stakeholders:

QIAL Actions in progress	QIAL Actions Closed (last 12 months)	Queries and Complaints	Environmental, Waste and Energy Training
0	39	0	94%

#### 4.3 Estates Compliance

Overall Compliance of plant systems and equipment is 98%, well above our target of 90%.

This means that as of the end of August 2023 (with the exception of one test where Landlord documentation is awaited) all 211 of our services have up to date documentation, testing of a further 13 will be over the next month and dates for the remaining 6 are being arranged. The graph below shows performance throughout the year:



Internal planned preventative maintenance is currently at 100%, which is an excellent position reflecting the focus in this area.

#### 4.4 Health and Safety

There have been one health & safety incident reported to date this financial year which related to ill-health (pre-existing) in the workplace.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1 DHCW have submitted the following returns on target:

Annual Emissions Return for 2022/23  
Decarbonisation Quarterly Report Q1 2023/24

- 5.1 We are continuing to see the benefits of the creation and appointment to a new role - Environmental Development and Estates Compliance Facilitator. This role will lead on progressing actions within our Decarbonisation Action Plan and some very positive links with other NHS organisations have been forged to share and learn from best practice.
- 5.2 The overall Estates Compliance score for planned preventative maintenance is as high as it can be at 100%.
- 5.3 End of year carbon emissions data submitted via our quantitative report to Welsh Government in September 2023 has identified a reduction against baseline year (2019/20) of 65%.
- 5.4 The Exceptional Cost Pressures Group has been focusing on opportunities for reductions in energy consumption which are in line with our decarbonisation ambitions. Our working arrangements have enabled us to look at how our buildings are used, we have been able to assess areas in use and save costs related to heating/lighting in unoccupied space.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the Decarbonisation, Estates and Compliance Report	