

Pwyllgor Archwilio a Sicrwydd Lechyd a Gofal Digidol Cynni

Tue 18 October 2022, 09:00 - 12:15

Agenda

09:00 - 09:05
5 min

1. MATERION RHAGARWEINIOL

1. Croeso a chyflwyniadau

I'w Nodi

Cadeirydd

2. Ymddiheuriadau am Absenoldeb

I'w Nodi

Cadeirydd

3. Datganiadau o Fuddiannau

I'w Nodi

Cadeirydd

09:05 - 09:15
10 min

2. AGENDA GYDSYNIO

2.1 Cofnodion cyfarfod 4 Gorffennaf 2022 sydd eto i'w cadarnhau - Cyhoeddus

I'w Cymeradwyo

Cadeirydd

 2.1 23082022-JR-AuditAndAssuranceMinutes-en-cy-C.pdf (17 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi

Cyfarwyddwr Gweithredol Cyllid

 2.2 Audit and Assurance NWSSP October 22.pdf (4 pages)

 2.2i SSPC Assurance Report 21 July 2022.pdf (6 pages)

2.3 Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

 2.3 Forward Workplan.pdf (4 pages)

 2.3i App A Audit & Assurance Committee Forward Workplan v9.pdf (2 pages)

2.4 Ymchwiliad COVID

I'w Nodi

Ysgrifennydd y Bwrdd

 2.4 REP Covid 19 Inquiry Preparedness Update October 2022.pdf (7 pages)

2.5 Adroddiad Datgarboneiddio

I'w Nodi

Pennaeth Gwasanaethau Corfforaethol

 2.5 Decarbonisation Report.pdf (4 pages)

 2.5i Appendix A Decarbonisation Report.pdf (8 pages)

2.6 Diweddariad ar y Ddeddf Ansawdd ac Ymgysylltu

I'w Nodi

Pennaeth Ansawdd a Gwasanaethau Rheoleiddio Dros Dro

 2.6 Quality and Engagement Act Update 18 October 2022.pdf (7 pages)


2.7 Polisiâu:


I'w Cymeradwyo

Ysgrifennydd y Bwrdd

- POL-CG-016 Polisi Diogelwch Dŵr
- POL-CG-005-Gweithdrefn Polisi Lles Iechyd a Diogelwch Iechyd a Gofal Digidol Cymru
- POL-CG-007 Delio â Phryderon a Chwynion

 2.7 Policy Report AA.pdf (7 pages)

 2.7i Appendix i POL-CG-016 Water Safety Policy.pdf (15 pages)


 2.7ii Appendix ii POL-CG-005-DHCW Health and Safety Welfare Policy Procedure.pdf (16 pages)

 2.7iii Appendix iii POL-CG-007 Handling Concerns and Complaints.pdf (16 pages)

2.8 Cynllun Tymor Canolig Integredig (IMTP) 23-26

I'w Nodi

Cyfarwyddwr Cynllunio

 2.8 IMTP 2023-2026 Update Audit and Assurance Cttee Oct 2022.pdf (4 pages)

09:15 - 09:15


0 min

3. BUSNES Y CYFARFOD

3.1 Cofnod Gweithredu

I'w Nodi

Cadeirydd

 3.1 Action log.pdf (1 pages)

09:15 - 10:30

75 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 Audit Committee Cover Sheet .pdf (4 pages)

 4.1i DHCW 2223 - Internal Audit Update Report - October 2022.pdf (4 pages)

4.2 Adroddiadau Adolygiad Archwilio Mewnol


Ar gyfer Sicrwydd

Archwilio Mewnol PCGC


- Traciwr Argymhellion;

- Datgarboneiddio;

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

 4.2ii DHCW Recommendation Tracker - Internal Audit FINAL Report.pdf (16 pages)

 4.2iii Internal Audit Decarbonisation Audit Committee Cover Sheet Item 4.2 (003).pdf (4 pages)

 4.2iv Decarbonisation Internal Audit FINAL.pdf (14 pages)

4.3 Diweddariad Pwyllgor Archwilio Cymru

Ar gyfer Sicrwydd

Archwilio Cymru

 4.3 Audit Wales Update Cover Report (October 2022).pdf (4 pages)

 4.3i 2901A2022 DHCW AC Update (Oct 2022).pdf (14 pages)

4.4 Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol

I'w Nodi

Ysgrifennydd y Bwrdd

 4.4 Baseline Governance Review Action Report.pdf (5 pages)

 4.4i Baseline Governance Review Action Plan v3.pdf (4 pages)

4.5 Cofnodion Gweithredu Archwilio

I'w Nodi *Pennaeth Gwasanaethau Corfforaethol*

- 4.5 REP-DHCW Audit Action Log Sep 22-v1.0.pdf (5 pages)
- 4.5i DHCW Audit Action Log Sep 22.pdf (5 pages)

4.6 Adroddiad Diweddaru Atal Twyll Lleol

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

- 4.6 Counter Fraud.pdf (4 pages)
- 4.6i DHCW Period 2 2022 Progress Report Final.pdf (9 pages)

Egwyl – 15 munud

10:30 - 12:15
105 min

5. ADRODDIADAU LLYWODRAETHU

5.1 Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus / Pwyllgor Iechyd a Diogelwch

I'w Drafid *Ysgrifennydd y Bwrdd*

- 5.1 PAPAC H&SC Committee Review in DHCW.pdf (5 pages)

5.2 Adroddiad Rheoli Risg a Sicrwydd y Bwrdd

I'w Drafid *Ysgrifennydd y Bwrdd*

- Gwraidd y Mater - Risgiau Ariannol

- 5.2 Risk Management Report.pdf (9 pages)
- 5.2i Appendix A DHCW Corporate Risk Register.pdf (11 pages)
- 5.2ii Appendix B Board and Committee Trending 2022.pdf (7 pages)
- 5.2iii Corporate Risk Deep Dive Report-Digital Inflation.pdf (3 pages)
- 5.2iv Corporate Risk Deep Dive Report-Increased Utility Costs.pdf (3 pages)
- 5.2v Corporate Risk Deep Dive Report-National Insurance.pdf (2 pages)

5.3 Cydymffurfiaeth â'r Gymraeg a Fframwaith Gwella

Ar gyfer Sicrwydd *Rheolwr y Gymraeg*

- 5.3 Welsh Language Report Oct 2022.pdf (6 pages)
- 5.3i Welsh Language Action Plan - Audit and Assurance 2022.pdf (9 pages)
- 5.3ii Appendix B DHCW More Than Just Words Five Year Action Plan 22-27.pdf (6 pages)

5.4 Adroddiad Safonau Ymddygiad

I'w Nodi *Rheolwr Llywodraethu Corfforaethol*

- 5.4 Standards of Behaviour Report.pdf (5 pages)
- 5.4i Appendix A Declarations of Interest Register 22_23.pdf (15 pages)
- 5.4ii Appendix B DHCW Gifts & Hospitality Declarations v2-0.pdf (2 pages)

5.5 Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi *Cyfarwyddwr Cyswllt Cyllid*

- 5.5 High Value Purchase Orders 18th October_Final F-01.pdf (5 pages)
- 5.5i Appendix A - High Value Purchase Orders Tracker Sept 26th.pdf (1 pages)
- 5.5ii Appendix B - Cumulative High Value Transactions Tracker Sept 26th.pdf (3 pages)
- 5.5iii Appendix C - Cumulative High Value Spend By Supplier Sept 26th.pdf (1 pages)

5.6 Diweddariad am Golledion a Thaliadau Arbennig – Ar Llafar

5.7 Adroddiad Cydymffurfedd Caffael a Chynllun Dirprwyo

I'w Nodi

Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol

 5.7 AA Rep Procurement and Scheme of Delegation Compliance Report.pdf (4 pages)

5.8 Adroddiad Diweddaru Cydymffurfedd Ansawdd a Rheoleiddio

I'w Nodi


Pennaeth Dros Dro Ansawdd a Rheoleiddio


 5.8 DHCW Quality and Regulatory Update Report 18 October 2022.pdf (6 pages)

5.9 Fframwaith Sicrwydd Deddfwriaethol

I'w Nodi

Rheolwr Llywodraethu Corfforaethol

 5.9 Legislative Assurance Framework.pdf (4 pages)

 5.9i Appendix A Legislative Assurance Framework.pdf (11 pages)

 5.9ii Appendix B Legislation Register - Q2 2022.pdf (11 pages)

5.10 Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth

I'w Nodi

Pennaeth Gwasanaethau Corfforaethol

 5.10 REP-DHCW Decarbonisation Estates Compliance Report-v1.0.pdf (6 pages)

 5.10i Appendix A External Estates Compliance Report - September 2022.pdf (20 pages)

12:15 - 12:15

0 min

6 MATERION I GLOI

6.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Draffod

Cadeirydd

6.2 Unrhyw Faterion Brys eraill

I'w Draffod

Cadeirydd


6.3 Dyddiad y cyfarfod nesaf: 14 Chwefror 2023


I'w Nodi

Cadeirydd

Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 09:00 – 12:15

 04/07/2022

 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones	MW-J	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Simon Cookson	SC	Cyfarwyddwr Archwilio a Sicrwydd	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio Dros Dro	Iechyd a Gofal Digidol Cymru
Eleri Jones (ar gyfer eitem agenda 5.3)	EJ	Rheolwr y Gymraeg	Iechyd a Gofal Digidol Cymru

Gareth Lavington	GL	Arbenigwr Atal Twyll Lleol Arweiniol	Atal Twyll Lleol Caerdydd a'r Fro
Shikala Mansfield (ar gyfer eitem agenda 4.2)	SM	Pennaeth y Gweithlu a Datblygu Sefydliadol	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Rachael Powell (ar gyfer eitem agenda 3.1)	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Ymddiheuriadau			
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	Iechyd a Gofal Digidol Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod Iechyd Arbennig	AS	Archwilio a Sicrwydd
DPA	Dangosyddion Perfformiad Allweddol	PAPA C	Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus
SO's	Rheolau Sefydlog	CAS	Cyfarwyddiadau Ariannol Sefydlog
AaGIC	Addysg a Gwellu Iechyd Cymru	FCP	Gweithdrefnau Rheoli Ariannol
ADS	Cymhwyso, Datblygu a Chefnogi	AfC	Agenda ar gyfer Newid
WCCIS	System Wybodaeth Gofal Cymunedol Cymru		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd bawb i'r Pwyllgor Archwilio a Sicrwydd. Rhoddwyd croeso arbennig i Eleri Jenkins, Rheolwr y Gymraeg, Laura Tolley, Rheolwr Llywodraethu Corfforaethol, Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Cuddwybodaeth ac Ymchwil a Shikala Mansfield, Pennaeth y Gweithlu a Datblygu Sefydliadol.</p> <p>Mynegodd y Cadeirydd ddymuniadau da y Pwyllgor i Grace Quantock, Is-gadeirydd Archwilio a Sicrwydd a oedd wedi ymddiswyddo o Iechyd a Gofal Digidol Cymru yn dilyn ei phenodiad yng Nghorff Llais y Dinesydd ar gyfer Iechyd a Gofal Cymdeithasol fel Dirprwy Gadeirydd.</p> <p>Cadarnhaodd y Cadeirydd ei bod eisoes wedi cyfarfod cyn y cyfarfod hwn ag Archwilio Mewnol ac Allanol i ystyried y papurau a diolchodd iddynt am eu hamser.</p> <p>Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei gofnodi ac y byddai'n cael ei bostio ar wefan Iechyd a Gofal Digidol Cymru yn dilyn y cyfarfod.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd ymddiheuriadau am absenoldeb gan:</p> <ul style="list-style-type: none"> Julie Francis, Pennaeth Gwasanaethau Masnachol 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Datganodd y Cadeirydd fuddiant mewn perthynas ag eitem agenda 5.3 Fframwaith Cydymffurfio a Gwella'r Gymraeg, fel Cadeirydd Grŵp Gorchwyl a Gorffen 'Mwy na Geiriau'.</p>	Nodwyd	Dim i'w nodi
2	AGENDA CYDSYNIO - I'W CHYMERADWYO		
2.1	<p>Cofnodion heb eu cadarnhau o'r cyfarfodydd 3 Mai, 24 Mai a 14 Mehefin 2022 – Cyhoeddus</p> <p>Penderfynodd y Pwyllgor:</p> <p>Gymeradwyo’r cofnodion fel cofnod cywir o’r drafodaeth a byddent yn cael eu gwneud yn gyhoeddus.</p>	Cymeradwyd	Dim i'w nodi
2.2	<p>Pwyllgor Sicrwydd Partneriaeth Cydwasanaethau GIG Cymru</p> <p>Penderfynodd y Pwyllgor:</p> <p>Nodi cynnwys Adroddiad Sicrwydd Pwyllgor Sicrwydd</p>	Nodwyd	Dim i'w nodi

	Partneriaeth Cydwasanaethau GIG Cymru.		
2.3	<p>Pwyllgor Cadeiryddion Archwilio Cymru Gyfan</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI adroddiad Cryno Pwyllgor Cadeiryddion Archwilio Cymru Gyfan.</p>	Nodwyd	Dim i'w nodi
2.4	<p>Blaengynllun Gwaith</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Blaengynllun Gwaith y Pwyllgor.</p>	Nodwyd	Dim i'w nodi
RHAN 3 – BUSNES Y CYFARFOD			
3.1	<p>Cofnodion Gweithredu</p> <p>Gwahoddwyd Chris Darling, Ysgrifennydd y Bwrdd (CD) i gyflwyno'r Log Gweithredu. Nododd y Pwyllgor fod pum cam gweithredu wedi'u nodi o'r cyfarfod diwethaf, ac roedd pob un o'r pump wedi'u cwblhau gyda'r camau a ddogfennwyd yn y Cofnod Gweithredu. Nodwyd bod cam gweithredu 20211005-A03 wedi'i nodi fel un cyflawn gyda'r adroddiad yn cael ei ddsbarthu i Aelodau y tu allan i'r cyfarfod.</p> <p>Rhoddodd Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Cudd-wybodaeth ac Ymchwil (RP) y wybodaeth ddiweddaraf am gam gweithredu 20211005-A04. Dywedodd RP fod archwiliad wedi cael ei gynnal yn 2021 a gynhyrchodd nifer o gamau gweithredu i Iechyd a Gofal Digidol Cymru eu gweithredu. Cadarnhaodd RP fod gwaith yn mynd rhagddo ac yn cael ei fonitro drwy'r Pwyllgor Llywodraethu a Diogelwch Digidol, gyda'r nod o ddarparu gwell metrigau perfformiad wrth edrych tua'r dyfodol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Log Gweithredu.</p>	Nodwyd	Dim i'w nodi
RHAN 4	ARCHWILIO AC ATAL TWYLL		
4.1	<p>Adroddiad Cynnydd yr Archwiliad Mewnol</p> <p>Cyflwynodd Simon Cookson, Cyfarwyddwr Archwiliad Mewnol Partneriaeth Cydwasanaethau GIG Cymru (SC) y Cynllun Cynnydd yr Archwiliad Mewnol. Ymunodd ei gydweithiwr Stephen Chaney, Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru (STc) â SC i gyflwyno'r ddau adroddiad archwilio a gwblhawyd o raglen 2021/22.</p> <p>Darparodd SC yr uchafbwyntiau o'r adroddiad cynnydd a dywedodd fod 14 archwiliad wedi'u cynllunio ar gyfer y 2022/23 hwn, gyda 4 ar y gweill ar hyn o bryd. Roedd y gwaith ar gynllunio strategol, rheoli perfformiad ac ymgorffori</p>	Ar gyfer Sicrwydd	Dim i'w nodi

	<p>cynlluniau ymgysylltu â rhanddeiliaid wedi mynd yn ei flaen yn dda. Yn ogystal, roedd pedwar adolygiad arall ar wahanol gamau o gynllunio a oedd yn aros i gychwyn.</p> <p>Roedd y Pwyllgor yn falch o nodi y rhagwelwyd y byddai 7 o'r adolygiadau yn cael eu cyflwyno i gyfarfod mis Hydref.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODIr diweddariad Archwilio Mewnol ar gyfer sicrwydd.</p>		
4.2	<p>Adroddiadau Adolygiad Archwilio Mewnol</p> <p>Y Gweithlu</p> <p>Roedd yr adolygiad wedi cael sgôr Sicrwydd Rhesymol.</p> <p>Amlinellodd Stephen Chaney, Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru (StC) y gwaith a wnaed yn yr adolygiad.</p> <p>Dywedodd Ruth Glazzard, Is-gadeirydd ac Aelod Annibynnol (RG) fod Agenda ar gyfer Newid (AfC) ar adegau, wedi ei gwneud yn anodd recriwtio i rai swyddi o fewn Iechyd a Gofal Digidol Cymru a holodd a oedd unrhyw dystiolaeth yn yr archwiliad a oedd yn cefnogi hyn y gallai Iechyd a Gofal Digidol Cymru ei defnyddio i ofyn am newidiadau i Agenda ar gyfer Newid, i gynorthwyo gyda hyblygrwydd wrth recriwtio rolau.</p> <p>Ymatebodd Shikala Mansfield, Pennaeth y Gweithlu a Datblygu Sefydliadol (SM) fod yn rhaid i holl gyrff y GIG weithredu o fewn Agenda ar gyfer Newid, fodd bynnag, roedd gwaith meincnodi wedi cychwyn ar gyfer rolau a swyddi penodol.</p> <p>Cadarnhaodd StC fod Archwilio Mewnol wedi edrych ar y gofynion ar gyfer Agenda ar gyfer Newid ac wedi defnyddio sampl o 10 rôl ac nid oedd wedi canfod unrhyw eithriadau gyda nhw. Fodd bynnag, er nad oeddent wedi dod o hyd i unrhyw enghreifftiau yn benodol o bobl nad oeddent yn ymuno ag Iechyd a Gofal Digidol Cymru oherwydd cyflog, roedd nifer fawr o swyddi gwag ar adeg yr archwiliad ac ni ellid penderfynu a oedd hyn oherwydd cyflog neu ddiffyg cyflenwad addas o adnoddau.</p> <p>Cadarnhaodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (CO-L) fod y mater ar agenda'r Bwrdd Rheoli a thrwy adolygiadau'r Gyfarwyddiaeth leol, gyda'r bwriad o wella nifer y merched mewn technoleg ar bob lefel o'r sefydliad a gwneud digidol yn fwy deniadol i sectorau eraill y gweithlu.</p> <p>Sicrhawyd y Pwyllgor y byddai Iechyd a Gofal Digidol Cymru yn bwrw ymlaen â meysydd a oedd wedi'u nodi o fewn yr archwiliad a oedd o fewn pŵer Iechyd a Gofal Digidol Cymru i fynd i'r afael â nhw h.y. lleihau hyd y broses o restr fer a chyfweld ymgeiswyr cyn gynted â phosibl.</p>	Ar gyfer Sicrwydd	Dim i'w nodi

	<p>Adolygiad Cyfarwyddiaeth</p> <p>Cyflwynodd StC drosolwg o Adolygiad y Gyfarwyddiaeth a oedd wedi canolbwyntio ar baramedrau'r gweithlu, yn benodol ymsefydlu, yr Arfarniad Personol ac Adolygiadau Datblygu (PADR) a hyfforddiant Statudol a Gorfodol. Derbyniodd yr adolygiad archwilio sgôr Sicrwydd Rhesymol gyda nifer o argymhellion yn cael eu cyflwyno.</p> <p>Gofynnodd David Selway, Aelod Annibynnol, am eglurhad ynghylch a fyddai'r risg allweddol a oedd yn ymwneud â chyfleoedd datblygu staff ar gyfer dechreuwyr newydd yn cael ei godi mewn archwiliad yn y dyfodol.</p> <p>Eglurodd StC fod yr adolygiad wedi edrych ar staff newydd a staff presennol a'r cyfleoedd datblygu a byddai'r rhain ynghyd â meysydd eraill sy'n gysylltiedig â'r gweithlu yn cael eu hystyried eto o dan nifer o ffurfiau yn ystod y blynyddoedd nesaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN y ddau adroddiad ar gyfer SICRWYDD.</p>		
4.3	<p>Diweddariad Pwyllgor Archwilio Cymru</p> <p>Cyflwynodd Nathan Couch, Archwilio Cymru (CC) Ddiweddariad Pwyllgor Archwilio Cymru a oedd yn rhoi'r wybodaeth ddiweddaraf am y gwaith archwilio ariannol a pherfformiad cyfredol ac arfaethedig ac amlygodd y pwyntiau allweddol canlynol: -</p> <ul style="list-style-type: none"> • Roedd yr archwiliad ariannol wedi'i gwblhau a daeth y gwaith ynghylch trosglwyddo balansau ariannol o Ymddiriedolaeth GIG Felindre i Iechyd a Gofal Digidol Cymru i ben. • Cafodd yr Archwiliad o Gyfrifon 2021/22 ei ardystio ar 15 Mehefin a'i osod gerbron y Senedd ar 17 Mehefin. • Roedd y gwaith ar yr Asesiad Strwythuredig yn mynd rhagddo, gan adeiladu ar yr Adolygiad Sylfaenol a gynhaliwyd yn 2021/22. • Y bwriad oedd cyflwyno'r Asesiad Strwythuredig i'r Bwrdd ym mis Tachwedd 2022 ac i'r Pwyllgor Archwilio a Sicrwydd ym mis Chwefror 2023. • Byddai adolygiad thematig Cymru Gyfan ar drefniadau cynllunio'r gweithlu yn archwilio sut roedd gweithgareddau cynllunio'r gweithlu lleol a chenedlaethol yn cael eu datblygu i reoli risgiau'r gweithlu a mynd i'r afael ag anghenion y gweithlu. • Cyhoeddwyd yr adroddiad ar fynd i'r afael â'r ôl-groniad gofal yng Nghymru oedd wedi'i gynllunio ym mis Mai ac 	Ar gyfer Sicrwydd	<p>Cam Gweithredu:</p> <p>NC i roi adborth gan y Pwyllgor i'w gydweithwyr ar bwysigrwydd digidol yn yr ôl-groniad gofal oedd wedi'i gynllunio.</p>

	<p>amlinellwyd crynodeb o'r negeseuon allweddol yn Atodiad 1. Amlygodd yr adroddiad fod angen i Gymru sicrhau cyfleoedd i wneud y defnydd gorau o dechnolegau digidol.</p> <ul style="list-style-type: none"> • Byddai adroddiad dilynol System Wybodaeth Gofal Cymunedol Cymru yn cael ei ystyried yn ffurfiol gan y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar 6 Gorffennaf ac yna bydd yn cael ei ddosbarthu i gydweithwyr Iechyd a Gofal Digidol Cymru a'i gyflwyno i'r Pwyllgor Archwilio a Sicrwydd nesaf. <p>Gofynnodd y Pwyllgor am sicrwydd ynghylch rôl ddigidol fel galluogwr i fynd i'r afael â'r ôl-groniad gofal oedd wedi'i gynllunio, ac ystyriwyd y dylai fod yn agwedd hanfodol i leihau'r ôl-groniad.</p> <p>Cytunodd NC i roi adborth i'r cwestiwn i'w gydweithwyr a gynhaliodd yr adolygiad a dod yn ôl at yr Aelodau y tu allan i'r cyfarfod.</p> <p>Rhoddodd Chris Darling, Ysgrifennydd y Bwrdd (CD) sicrwydd bod Iechyd a Gofal Digidol Cymru wedi ymateb drwy'r Cydffederasiwn a ddarparodd ymateb wedi'i goladu gan GIG Cymru i'r Pwyllgor Iechyd a Gofal Cymdeithasol ar bwynt adfer y rhestrau aros, o fewn yr ymateb amlygwyd y dylid cael mwy o ran trawsnewid digidol, yn benodol ynghylch y cynllun ariannol hirdymor sydd ei angen ar gyfer digidol.</p> <p>Cam Gweithredu: 20220704-A01 Cytunodd NC i fynd ag adborth y Pwyllgor yn ôl ar bwysigrwydd digidol wrth ddelio â'r ôl-groniad gofal oedd wedi'i gynllunio a dod yn ôl at y Pwyllgor gyda chanfyddiadau gan gydweithwyr a gynhaliodd yr adolygiad.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Diweddariad Pwyllgor Archwilio Cymru ar gyfer SICRWYDD.</p>		
4.4	<p>Traciwr Camau Gweithredu Archwilio</p> <p>Cadarnhaodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol (JA) fod 16 o gamau gweithredu wedi'u hadolygu yn y cyfarfod diwethaf lle cafodd 13 eu cau gan adael cyfanswm o 3 cham gweithredu agored. Derbyniodd y Pwyllgor bedwar adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 36 o gamau gweithredu newydd. Roedd y rhain wedi'u hychwanegu at y cofnod a oedd bellach yn cynnwys cyfanswm o 39 o gamau gweithredu agored.</p> <p>Roedd JA yn falch o adrodd bod 29 o'r 39 hynny wedi'u cwblhau, roedd 8 ar y trywydd iawn i gael eu cwblhau erbyn eu dyddiad targed, fodd bynnag roedd dau wedi mynd heibio i'w dyddiad gweithredu ond roedd disgwyl iddynt gael eu cwblhau</p>	Trafodwyd	Dim i'w nodi

	<p>o fewn y mis nesaf. Cytunodd y Pwyllgor i'r camau gweithredu a gwblhawyd a gyflwynwyd gael eu tynnu o'r Traciwr.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODIr camau gweithredu oedd yn weddill a'r gwaith arfaethedig oedd ar y gweill i gau'r camau gweithredu.</p>		
4.5	<p>Adroddiad Blynyddol y Gwasanaeth Atal Twyll Lleol 2021/2022</p> <p>Cadarnhaodd Gareth Lavington, Rheolwr Atal Twyll, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (GL) fod yr adroddiad yn cynrychioli'r gwaith a wnaed dros gyfnod 2021/22. Roedd y crynodeb o gydymffurfiaeth yn ymwneud â'r safonau swyddogaethol newydd roedd yr Awdurdod Atal Twyll wedi'u gosod arnynt a oedd yn disodli'r safonau blaenorol.</p> <p>Nododd y Pwyllgor fod cydymffurfiaeth mewn perthynas â'r Safonau i gyd wedi'u marcio naill ai'n wyrdd neu'n oren. Amlygwyd y materion oren at sylw'r Pwyllgor: -</p> <ul style="list-style-type: none"> • Yr Asesiad Risg ar gyfer y sefydliad • Llwybrau Adrodd • Cynnal Gweithgaredd Canfod • Mynediad at a chwblhau hyfforddiant <p>Oherwydd diffyg adnoddau, 29 niwrnod o weithgaredd Atal Twyll a ddarparwyd yn unig.</p> <p>Sicrhawyd y Pwyllgor nad oedd unrhyw broblemau wedi'u canfod gyda gwiriadau cyn cyflogi ar gyfer staff asiantaeth yn Iechyd a Gofal Digidol Cymru, gan fod Iechyd a Gofal Digidol Cymru hefyd wedi cynnal eu gwiriadau eu hunain, fodd bynnag, byddai adolygiad yn cael ei gynnal ym mis Rhagfyr 2022 i sicrhau bod asiantaethau yn gwirio yn unol â'r fethodoleg newydd.</p> <p>Rhoddodd CO-L sicrwydd pellach bod Iechyd a Gofal Digidol Cymru wedi cwblhau eu hasesiadau risg mewnol eu hunain ar gyfer meysydd allweddol ac atgoffodd y Pwyllgor fod yr Hyrwyddwr Atal Twyll, Rachael Powell, yn gweithio ochr yn ochr ag Atal Twyll i godi ymwybyddiaeth o fewn y sefydliad.</p> <p>Penderfynodd y Pwyllgor:</p> <p>GYMERADWYO adroddiad blynyddol Atal Twyll ar gyfer 2021/2022</p>	Cymeradw wyd	Dim i'w nodi
4.6	<p>Cynllun Blynyddol Atal Twyll Lleol 2022/2023</p> <p>Derbyniodd y Pwyllgor Gynllun Blynyddol Atal Twyll Lleol 2022/23 a oedd yn nodi'r rhaglen waith ar gyfer y flwyddyn nesaf.</p> <ul style="list-style-type: none"> • Cynlluniwyd 40 niwrnod, gyda 30 niwrnod yn 	Cymeradw wyd	Dim i'w nodi

	<p>rhagweithiol a 10 niwrnod yn adweithiol.</p> <ul style="list-style-type: none"> • Roedd set o safonau newydd yn cael eu defnyddio ar gyfer cydymffurfio. • Ceisiwyd ymgysylltu'n agosach â chydweithwyr yn Iechyd a Gofal Digidol Cymru er mwyn deall y sefydliad yn well. • Byddai'r cynllun yn eang ac yn hyblyg i ddarparu ar gyfer unrhyw newidiadau yn ystod y misoedd nesaf. <p>Penderfynodd y Pwyllgor:</p> <p>GYMERADWYO'r Cynllun Blyneddol Atal Twyll ar gyfer 2022/2023</p>		
4.7	<p>Adroddiad Diweddaru Atal Twyll Lleol</p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddaru Atal Twyll Lleol ar gyfer y cyfnod 1^{af} Ebrill 2022 i 30 Mehefin 2022.</p> <p>Cadarnhaodd GL fod yr Adran Atal Twyll bellach wedi'i staffio'n llawn gyda phedwar personél a oedd wedi galluogi'r ffocws i gael ei roi ar y seilwaith a datblygu'r Cynllun Atal Twyll ar gyfer 2022/2023.</p> <p>Yn ystod y cyfnod roedd y gwaith canlynol wedi'i wneud: -</p> <ul style="list-style-type: none"> • Cyhoeddwyd dau rybudd twyll. • Roedd trefniadau ar y gweill i gyflwyno sesiynau i staff yn Iechyd a Gofal Digidol Cymru mewn perthynas ag ymwybyddiaeth o dwyll. • Roedd un Hysbysiad Atal Twyll wedi'i gyhoeddi gan Awdurdod Atal Twyll y GIG. • Nid oedd unrhyw atgyfeiriadau wedi'u derbyn drwy'r ffurflen ymholiadau ar-lein. • Nid oedd unrhyw ymchwiliadau ar y gweill. <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Diweddaru Atal Twyll</p> <p>Diolchodd y Pwyllgor i GL am gynhyrchu'r Adroddiad Blyneddol, y Cynllun Blyneddol a'r adroddiad cynnydd.</p>	Nodwyd	Dim i'w nodi
RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	<p>Rheoli Risg a Sicrwydd Bwrdd</p> <p>Cadarnhaodd CD fod y Bwrdd wedi derbyn a chymeradwyo templed Fframwaith Sicrwydd y Bwrdd ym mis Ionawr, ers hynny roedd gwaith pellach wedi'i wneud a'i adolygu mewn sesiynau Datblygu'r Bwrdd a'r Bwrdd. Roedd yr awydd Risg</p>	Nodwyd	<p>Cam Gweithredu:</p> <p>Cytunodd y Pwyllgor ei bod yn</p>

	<p>wedi'i ddiwygio ar gyfer pob un o'r prif risgiau oedd yn ymwneud â chenadaethau strategol Iechyd a Gofal Digidol Cymru a byddai drafft terfynol yn cael ei gyflwyno i Fwrdd mis Gorffennaf ac yna ddwywaith y flwyddyn ym mis Mai a mis Tachwedd.</p> <p>Darparodd CD y sefyllfa proffil risg bresennol:</p> <ul style="list-style-type: none"> • Roedd 22 o risgiau ar y gofrestr, a manylwyd ar 13 ohonynt yn y papurau a 9 risg yn ymwneud â diogelwch a adolygwyd yng nghyfarfod preifat Llywodraethu a Diogelwch Digidol. Nodwyd bod adroddiad Cyflwr Seiber wedi'i gyflwyno i sesiwn breifat Bwrdd yr Awdurdod Iechyd Arbennig ym mis Mai lle cynhaliwyd trafodaeth ynghylch y risgiau Seiber hefyd. • Roedd 6 risg newydd wedi'u hychwanegu at y Gofrestr Risg Gorfforaethol ers y cyfarfod diwethaf, roedd 5 wedi'u dogfennu yn y papurau ac roedd 1 yn risg breifat. Cynghorodd CD fod risg Cyllid Buddsoddi Blaenoriaethau Digidol (DPIF) wedi'i hisraddio i gofrestr Risg y Gyfarwyddiaeth yn dilyn cyhoeddi papurau. • Roedd 5 risg wedi'u tynnu oddi ar y gofrestr, 2 risg gyhoeddus a 3 risg breifat. <p>Rhoddodd CD ddiweddariad ar y 6 risg a neilltuwyd i'r Pwyllgor:</p> <p>-</p> <ul style="list-style-type: none"> • DHCW0259 Swyddi Gwag Staff - cynhaliwyd ymchwil manwl yng nghyfarfod y Pwyllgor ym mis Ionawr. Byddai Gwersi Recriwtio a Ddysgwyd yn cael eu cyflwyno i'r Bwrdd ddiwedd mis Gorffennaf. Byddai hyn yn rhoi rhywfaint o fewnwelediad ac adborth o ran sut roedd y risg yn cael ei lliniaru. • DHCW0288 Cyllid Refeniw Mudo'r Ganolfan Ddata - roedd y contract presennol yn barod i gael ei adnewyddu felly roedd y goblygiadau posibl o ran cost yn cael eu gwerthuso ond byddai'n dod o fewn y flwyddyn ariannol nesaf yn bennaf, fodd bynnag, roedd yn cael ei godi i sicrhau ei fod yn flaenoriaeth a gydnabyddir gan Lywodraeth Cymru. Cynhaliwyd adolygiad o ofynion y ganolfan ddata a chytunwyd y gellid israddio'r risg. • DHCW0289 Chwyddiant Digidol — Gall materion sy'n ymwneud â'r gadwyn gyflenwi a phwysau prisiau arwain at effaith negyddol • DHCW0208 Cydymffurfiaeth â'r Gymraeg — byddai hyn yn cael ei drafod yn llawn yn eitem 	<p>amserol edrych yn fanylach ar rai o'r risgiau a gofynnwyd iddynt ystyried pa faes i edrych arno a'i fwydo yn ôl i'r adran Llywodraethu Corfforaethol yn ystod yr ychydig ddyddiau nesaf</p>
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	<p>agenda 5.3.</p> <ul style="list-style-type: none"> DHCW0284 Pwysau Ariannol Costau Cyfleustodau Mwy - byddai'r gost hon yn cael ei hariannu gan Lywodraeth Cymru. Gwnaed cyflwyniad yn fisol i LIC fel rhan o ffurflenni monitro Iechyd a Gofal Digidol Cymru. DHCW0285 Cynnydd Yswiriant Gwladol heb ei ariannu — byddai'r gost hon yn cael ei hariannu gan Lywodraeth Cymru. <p>Cynghorodd CD fod cynllun carreg filltir Sicrwydd a risg y Bwrdd bellach wedi'i gwblhau a byddai cynllun gwaith diwygiedig yn cael ei gyflwyno i'r cyfarfod nesaf ym mis Hydref ar gyfer risg a Sicrwydd y Bwrdd gan fynd ymlaen ar gyfer 2022/23.</p> <p>Y bwriad oedd i'r Pwyllgor Llywodraethu a Diogelwch Digidol (DG&S) gyfarfod ddechrau mis Awst a sicrhodd David Selway, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol y pwyllgor fod risgiau seiber yn cael eu hystyried mewn sesiynau preifat oherwydd natur a sensitifrwydd y risgiau ac yn ogystal â'r trafodaethau arferol, ymgwymerwyd ag ymchwil manwl un tro i faterion seiber.</p> <p>Sicrhawyd y Pwyllgor, pan wnaed yr asesiad cychwynnol ar effaith Cronfa Fuddsoddi Blaenoriaethau Digidol (DPIF) ar y rhaglenni parhaus, fod un neu ddau o gynlluniau mewn perygl, ond cafodd y rhain eu hailbroffilio i gynlluniau eraill a oedd â llawer mwy o ddyraniad ariannol ac felly'n galluogi'r cynlluniau 'mewn perygl' i gael eu hariannu'n llawn.</p> <p>CAM GWEITHREDU: 20220704-A02 Cytunodd y Pwyllgor ei bod yn amserol edrych yn fanylach ar rai o'r risgiau a gofynnwyd iddynt roi rhywfaint o ystyriaeth ynghylch pa faes i edrych arno a'i fwydo yn ôl i'r adran Llywodraethu Corfforaethol yn ystod y dyddiau nesaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Rheoli Risg gan gynnwys y Gofrestr Risgiau Corfforaethol a'r Cynllun Carreg Filltir</p>		
5.2	<p>Cylchlythyr Iechyd Cymru – Adroddiad Blynyddol</p> <p>Cyflwynodd Laura Tolley, Rheolwr Llywodraethu Corfforaethol (LT) adroddiad blynyddol cyntaf Cylchlythyr Iechyd Cymru a fyddai'n cael ei gyflwyno ddwywaith y flwyddyn wrth symud ymlaen.</p> <p>Roedd y Pwyllgor yn falch o nodi'r broses a gymerwyd i sicrhau cydymffurfiaeth â'r gwaith o fonitro Cylchlythyr Iechyd Cymru, a chroesawodd yr adroddiad hwn a ddaeth gerbron y Pwyllgor i gael sicrwydd.</p> <p>Penderfynodd y Pwyllgor</p>	Nodwyd	Dim i'w nodi

	NODI Cylchlythyr Iechyd Cymru – Adroddiad Blynnyddol		
5.3	<p>Cydymffurfiaeth â'r Gymraeg a Fframwaith Gwella</p> <p>Cyflwynodd Eleri Jenkins, Rheolwr y Gymraeg (EJ) yr adroddiad ar Fframwaith Cydymffurfio a Gwella'r Gymraeg a oedd yn rhoi trosolwg o'r cynnydd a wnaed yn y chwe mis diwethaf.</p> <p>Amlinellodd EJ y camau a gymerwyd i fonitro cydymffurfiaeth a'r prif heriau a oedd yn cynnwys recriwtio staff sy'n siarad Cymraeg.</p> <p>Nododd y Pwyllgor fod angen gwneud mwy o waith i hyrwyddo'r sefydliad fel un sy'n siarad Cymraeg a recriwtio'n ddwyieithog.</p> <p>Amlygwyd rhai materion gyda staff yn mewnbynnu lefel eu cymhwysedd yn Gymraeg ar Gofnod Electronig y Staff (ESR) a rhoddwyd diweddariad ynghylch sut i wneud y broses yn haws. Ar hyn o bryd, roedd EJ yn gweithio drwy hyn gyda'r gweithlu, i sicrhau bod staff yn cofnodi eu lefel cymhwysedd yn gywir ac roedd disgwyl i'r gwaith hwn gael ei gwblhau yn ystod y ddau i dri mis nesaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Adroddiad Fframwaith Cydymffurfio a Gwella'r Gymraeg ar gyfer SICRWYDD.</p>	Ar gyfer Sicrwydd	Dim i'w nodi
5.4	<p>Adroddiad Safonau Ymddygiad</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 Gofal Digidol Cymru.</p> <p>Atgoffwyd y Pwyllgor fod cofrestr 2021/22 a dderbyniwyd ym mis Mai yn nodi cyfradd cydymffurfio o 87% ar gyfer Datganiad o fuddiannau a dderbyniwyd ar gyfer staff band 8a + a'r nod oedd rhagori ar y ffigur hwn ar gyfer 2022/23. Ar hyn o bryd roedd cyfradd ymateb 2022/23 yn 100% ar gyfer Aelodau'r Bwrdd a 34% ar gyfer band 8a ac uwch. Roedd gwaith yn mynd rhagddo i gynyddu nifer yr holl staff a disgwylid y byddai'r ffigur hwn yn cynyddu ar gyfer cyfarfod mis Hydref.</p> <p>Cytunwyd yn unol â Byrddau Iechyd, Ymddiriedolaethau ac Awdurdodau Arbennig eraill i weithredu ffurflen datganiad buddiant 3 blynedd o fis Ebrill 2022, fodd bynnag, byddai'n ofynnol i bob aelod o'r Bwrdd gyflwyno datganiad yn flynyddol o hyd.</p> <p>Roedd gwaith yn mynd rhagddo gyda'r Gweithlu i alluogi'r holl staff i gwblhau eu cyflwyniad drwy'r Cofnod Electronig y Staff a byddai diweddariad ar gynnydd yn cael ei ddarparu yn y cyfarfod nesaf.</p>	Ar gyfer Sicrwydd	Dim i'w nodi

	<p>Nododd y Pwyllgor fod 9 datganiad o letygarwch wedi'u cyflwyno ers y cyfarfod diwethaf, ac roedd pob un ohonynt wedi'u cymeradwyo gan yr Arweinydd Gweithredol perthnasol ac roedd manylion am y rhain yn yr adroddiad. Yn ogystal, gofynnwyd i'r Pwyllgor nodi 1 achos o dderbyn lletygarwch oedd yn ôl-ddyledus a godwyd yng nghyfarfod y Pwyllgor ym mis Mai</p> <p>Dywedodd RG fod y system bresennol yn hawdd i staff ei defnyddio, a byddai'n siomedig colli cynnydd yn y maes hwn pe bai fersiwn Cofnod Electronig y Staff o'r ffurflen Datgan Buddiant yn anodd i staff ei defnyddio.</p> <p>Cadarnhaodd LT fod rhywfaint o waith cymharol yn mynd rhagddo gyda'r gweithlu i adolygu sut y cyflwynwyd y ffurflen datganiad buddiant a'r adroddiad yng Nghofnod Electronig y Staff.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN Adroddiad Datganiadau Buddiannau, Rhoddion a Lletygarwch ar gyfer SICRWYDD.</p>		
5.5	<p>Adroddiad Archebion Prynu Gwerth Uchel</p> <p>Rhoddodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid (MC) fanylion am y tair archeb dros y trothwy o £750k a drafodwyd yn ystod y cyfnod adrodd.</p> <p>O'r tair archeb a godwyd ers yr adroddiad archwilio diwethaf, roedd un yn ymwneud â Chytundeb Menter Microsoft Cymru Gyfan, yr ail ag Ymateb COVID-19 yn cefnogi Profi, Orlhain a Diogelu a'r archeb olaf ar gyfer darparu Gwasanaethau Ansawdd Data o ran cymorth gofal sylfaenol a systemau meddygon teulu.</p> <p>Cyflwynodd MC welliant posibl i'w ystyried gan y Pwyllgor sef edrych yn ôl a chynhyrchu cymharydd o'r flwyddyn ariannol ddiwethaf hyd at eleni i weld a oedd unrhyw gynnydd neu ostyngiadau neu newidiadau mewn tuedd a allai fod o ddiddordeb i'r Pwyllgor. Roedd amseriad yr archebion wedi'u hadolygu a gwelwyd anghysondeb, felly cynigiwyd gwneud adroddiadau cymharol gyda llinellau amser cyson wrth symud ymlaen.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Archeb Brynu Gwerth Uchel a'r Archebion Cronnus.</p>	Nodwyd	Dim i'w nodi
5.6	<p>Diweddariad am Golledion a Thaliadau Arbennig</p> <p>Cadarnhaodd CO-L nad oedd unrhyw Golledion a Thaliadau Arbennig i'w trafod.</p> <p>Penderfynodd y Pwyllgor:</p>	Nodwyd	Dim i'w nodi

	NODI'R Diweddariad o'r Colledion a'r Taliadau Arbennig ar gyfer SICRWYDD .		
5.7	<p>Adolygiad Cydymffurfio â Chyfarwyddyd Ariannol Sefydlog</p> <p>Cyflwynodd MC yr Adolygiad Cydymffurfio â Chyfarwyddyd Ariannol Sefydlog ac aeth y Pwyllgor drwy gynnwys y Cyfarwyddiadau Ariannol Sefydlog. Roedd 8 o newidiadau wedi'u cynnig ond roedd y rhain yn gosmetig a gramadegol yn bennaf.</p> <p>Nododd y Pwyllgor ei bod yn ddefnyddiol deall lle roedd newidiadau wedi'u gwneud i sicrhau bod y Cyfarwyddiadau Ariannol Sefydlog yn unol â sut roedd y sefydliad yn gweithredu.</p> <p>Ychwanegodd MC nad oedd yr ymarfer Cydymffurfio wedi codi unrhyw feysydd o ddiffyg cydymffurfio.</p> <p>Penderfynodd y Pwyllgor:</p> <p>GYMERADWYOr Cyfarwyddiadau Ariannol Sefydlog a'r newidiadau arfaethedig i'r Bwrdd a NODI'r cynnydd hyd yma o ran eu gweithredu a'u cydymffurfio.</p>	Nodwyd	Dim i'w nodi
5.8	<p>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p> <p>Cyflwynodd Michelle Sell, Cyfarwyddwr Cynllunio a Pherfformiad a'r Prif Swyddog Masnachol (MS) yr adroddiad a gofynasant i'r Pwyllgor nodi:</p> <ul style="list-style-type: none"> • 2 dendr sengl a oedd yn ymwneud ag unig gyflenwyr ar gyfer gwasanaethau pwrpasol • 2 estyniad contract y tu allan i'w tymor gwreiddiol. <p>Penderfynodd y Pwyllgor:</p> <p>NODI cynnwys yr Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p>	Nodwyd	Dim i'w nodi
5.9	<p>Adroddiad Diweddaru Cydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid</p> <p>Cyflwynodd Paul Evans, Pennaeth Rheoleiddio Dros Dro yr adroddiad a chyflwynodd yr uchafbwyntiau allweddol i'r Pwyllgor: -</p> <ul style="list-style-type: none"> • ISO 27001 Gofynion System Rheoli Diogelwch Gwybodaeth - roedd yr archwiliad ail-ardystio yn llwyddiannus gydag un achos bach o beidio â chydymffurfio a chodwyd un cyfle i wella. • Roedd iPassport wedi'i gymeradwyo ac roedd cyfrifon defnyddwyr wedi'u neilltuo i'r holl staff. • Roedd y porth ansawdd wedi derbyn 22,080 o ymweliadau yn ystod y chwarter diwethaf. 	Nodwyd	Dim i'w nodi

	<ul style="list-style-type: none"> • Roedd y strategaeth Dyfeisiau Meddygol a'r cynllun gweithredu yn parhau i gael eu datblygu. • Roedd cydymffurfiaeth y Rhestr Weithredu Gwella Ansawdd (QIAL) wedi gwella ymhellach ers cwblhau'r adroddiad blynyddol. • Roedd gan yr Uned Seibergadernid nifer o swyddi allweddol lle roedd recriwtio ar y gweill. Yn ogystal, roedd y set gyntaf o archwiliadau ac adroddiadau ar gyfer Llywodraeth Cymru wedi'u cwblhau. <p>I grynhoi, cafwyd perfformiad cryf gan y Tîm Ansawdd ac roedd ansawdd yn cael ei ymgorffori ar draws Cyfarwyddiaethau.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Adroddiad Diweddar Cydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid.</p>		
5.10	<p>Adolygiad Blynyddol Ansawdd a Rheoleiddio</p> <p>Gofynnodd CO-L i'r Pwyllgor fyfyrion ar y cynnydd roedd yr adran Ansawdd a Rheoleiddio wedi'i wneud a oedd yn ddyledus i raddau helaeth i'r gwaith o dan arweiniad Konrad Kujawinski.</p> <p>Talodd Paul Evans, Pennaeth Rheoleiddio Dros Dro (AG), deyrnged hefyd i Konrad am y gwaith a wnaeth a'r ffordd yr arweiniodd y tîm.</p> <p>Darparodd PE rai o'r uchafbwyntiau yn yr adroddiad: -</p> <ul style="list-style-type: none"> • Crëwyd porth ansawdd i gynyddu gwelededd a darparu gwybodaeth am ansawdd ac integreiddio ansawdd ar draws y sefydliad. Roedd y porth wedi bod yn cael ei ddatblygu'n barhaus yn ei flwyddyn gyntaf a chafodd dros 73,000 o ymweliadau gan aelodau o staff. • Y System Rheoli Integredig (IMS) - gellid dod o hyd i'r holl ddogfennau a reolir ym mhob Adran wedi'u cyhoeddi o fewn y System Rheoli Integredig • QIAL — roedd cynnydd ar gamau gweithredu o fewn y Rhestr Weithredu Gwella Ansawdd wedi parhau i wella yn ystod y chwe mis diwethaf. • Pasbort y System Rheoli Ansawdd (EQMs) - mae'r gwaith cyflwyno'n parhau gyda hyfforddiant i staff. <p>Diolchodd y Pwyllgor i'r tîm am gyflawni'r gwaith hwn yn ystod cyfnod anodd i'r Gyfarwyddiaeth.</p> <p>Dywedodd RG ei bod yn glir bod y weledigaeth roedd Konrad wedi'i gosod, i barhau i ymgorffori ansawdd ac iaith ansawdd yn y sefydliad a gwneud ansawdd yn rhan o rôl ddyddiol pawb yn cael ei datblygu.</p> <p>Penderfynodd y Pwyllgor:</p>	Nodwyd	Dim i'w nodi

	NODI Adolygiad Blynyddol Ansawdd a Rheoleiddio		
5.11	<p>Adroddiad Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol</p> <p>Cyflwynodd CD y diweddariad ar yr Adolygiad Llywodraethu Sylfaenol a adroddwyd i'r Pwyllgor ym mis Ionawr. Cyngorwyd y Pwyllgor mai nod yr Adolygiad Llywodraethu Sylfaenol oedd ateb y cwestiwn, a oedd Iechyd a Gofal Digidol Cymru yn gwneud cynnydd da ac yn rhoi trefniadau ar waith i gefnogi llywodraethu da a defnyddio adnoddau'n effeithiol.</p> <p>Ni chafodd yr argymhellion eu nodi yn y cofnod gweithredu ffurfiol, fodd bynnag, roedd cynllun gweithredu ar gyfer cyfleoedd i wella wedi'i greu.</p> <p>Rhoddodd CD ddiweddariad i'r Pwyllgor am y meysydd i'w gwella:</p> <ul style="list-style-type: none"> Gall recriwtio IM fynd i'r afael â mater bylchau sgiliau ac amrywiaeth gyda chyfweliadau wedi'u cynnal ar 7 Mehefin. Cynhaliwyd hyfforddiant moesau rhithwir ac roedd yr holl bwyllgorau cyhoeddus bellach wedi'u recordio a'u postio ar y rhyngwyd yn unol â'r argymhelliad. Roedd ffocws strategaeth hirdymor wedi'i gynnwys yn rhaglen Datblygu'r Bwrdd ar gyfer 2022/23. <p>Cyngorodd CD ei fod yn awyddus i gael safbwynt ar gyfer cyfarfod mis Hydref a oedd naill ai'n cau neu'n darparu ffordd glir ymlaen ar yr holl argymhellion o'r Adolygiad Llywodraethu Sylfaenol, fodd bynnag, byddai unrhyw argymhellion agored yn cael eu hymgorffori yn yr adrodd ar yr Asesiad Strwythuredig i sicrhau llinell glir o olrhain yr argymhellion.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Cynllun Gweithredu'r Adolygiad Llywodraethu Sylfaenol</p>	Ar gyfer Sicrwydd	Dim i'w nodi
5.12	<p>Adroddiad Ystadau a Chydymffurfiaeth</p> <p>Cyflwynodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol (JA) yr uchafbwyntiau canlynol o'r adroddiad:</p> <ul style="list-style-type: none"> Cynllun Cyflenwi Strategol Datgarboneiddio Iechyd a Gofal Digidol Cymru - Roedd y cynllun yn caniatáu adolygiad o ffynonellau allyriadau o dan gylch gwaith Iechyd a Gofal Digidol Cymru a gwnaed cynnydd sylweddol ar hyn. Ardystiad System Rheoli Amgylcheddol ISO 14001 — mae Iechyd a Gofal Digidol Cymru drwy ei sefydliad rhagflaenol wedi derbyn yr ardystiad ers 2014. Cydymffurfiaeth Ystadau — roedd cydymffurfiaeth 	Nodwyd	Dim i'w nodi

	<p>gyffredinol systemau a chyfarpar peiriannau yn 96% yn erbyn y targed o 90%.</p> <ul style="list-style-type: none"> Iechyd a Diogelwch — ni fu unrhyw ddigwyddiadau iechyd a diogelwch hyd yn hyn yn ystod y flwyddyn ariannol hon. <p>Hysbyswyd y Pwyllgor, er y disgwylid y byddai angen mwy o arian gan Lywodraeth Cymru i ddatblygu'r cynllun Datgarboneiddio ymhellach, roedd pethau y gellid eu gwneud megis goleuadau ystadau newydd yn lle'r hen rai gyda chyfalaf ar gael y gellid gwneud cais yn ei erbyn. Roedd terfyn ar yr hyn y gellid ei wneud i adeiladau ond gellid rheoli'r camau sy'n weddill h.y. gellid rheoli newid i gerbydau trydan ar gyfer y fflyd o fewn y gyllideb.</p> <p>Cynghorwyd y Pwyllgor fod Iechyd a Gofal Digidol Cymru yn ceisio edrych ar ei ôl troed, a oedd yn deillio yn bennaf o gaffael, ac o safbwynt gweithredol, yr Ystâd a sut olwg sydd arni mewn amgylchedd digidol modern a'u bod yn gweithio ar hyn fel cydgytundeb i ddeall yr hyn roedd angen ei wneud, fodd bynnag, yn y tymor byr i ganolig, ni ragwelwyd y byddai gofyn mawr am gyllid ar hyn o bryd.</p> <p>Roedd y Pwyllgor yn cydnabod bod yr ychydig flynyddoedd diwethaf wedi effeithio ar yr allyriadau o safbwynt yr ystâd, er ei bod yn llai eglur beth oedd y cynnydd cysylltiedig ar gyfer pob aelod o staff.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'r Adroddiad Ystadau a Chydymffurfiaeth.</p>		
RHAN 6	MATERION I GLOI		
6.1	<p>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</p> <p>Nododd y Cadeirydd yr eitemau a gymeradwywyd, a gefnogwyd ac a drafodwyd i'w cynnwys yn adroddiad y Cadeirydd i'r Bwrdd.</p> <p>Nodwyd bod y Pwyllgor hwn yn dangos arferion da.</p>	Trafodwyd	Dim i'w nodi
6.2	<p>Unrhyw Faterion Brys eraill</p> <p>Ni chodwyd unrhyw fusnes brys arall i'w nodi.</p>	Nodwyd	Dim i'w nodi
6.3	<p>Dyddiad ac amser y cyfarfod nesaf:</p> <ul style="list-style-type: none"> 18 Hydref 2022 am 09:00am 	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Agenda Item	2.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 DHCW receive a number of services from NHS Wales Shared Services. A summary of the most recent Partnership Committee meeting can be found as item 2.2i via the NHS Wales Shared Services Partnership Committee Assurance Report.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

The Committee is being asked to:

NOTE the NHS Wales Shared Services Partnership Committee Assurance Report

6 APPROVAL / SCRUTINY ROUTE

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

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 July 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Procurement Update</u>	
<p>Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.</p> <p>The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.</p> <p>The Committee NOTED the update.</p>	
<u>Matters Arising – Recruitment Update</u>	
<p>Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.</p> <p>The Committee NOTED the presentation.</p>	
<u>Chair's Report</u>	
<p>The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:</p> <ul style="list-style-type: none"> • Attending a development session with the Velindre Trust Board on 28 June 	

to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;

- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

Managing Director Update

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

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;
- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22nd of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

Annual Review 2021/22

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

Audit Committee Terms of Reference

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

Finance, Performance, People, Programme and Governance Updates

Finance – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30th June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information

from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20th July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

IMTP Q1 Update – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

Performance – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

Project Management Office Update – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. NWSSP are currently undertaking a procurement exercise to source a replacement system

People & OD Update – The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following

the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

Corporate Risk Register – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP’s role in helping to establish the Citizens’ Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

Declarations of Interest – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.

Papers for Information

The following items were provided for information only:

- Decarbonisation Action Plan;
- Annual Governance Statement 2021/22;
- Health & Safety Annual Report 2021/22
- Finance Monitoring Returns (Months 2 and 3)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

N/A

Date of next meeting

22 September 2022

DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN AND HORIZON SCANNING

Agenda Item	2.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Forward Work-plan has been updated to include the:
- Welsh Community Care Information System (WCCIS) follow up report following receipt at the Senedd Public Administration and Public Accounts Committee. This item will be included within Audit Wales Committee Update.
 - De-Carbonisation Report
 - Integrated Medium Term Plan (IMTP) 23-26
 - Policies:
 - POL-CG-005-DHCW Health and Safety Welfare Policy Procedure
 - POL-CG-016 Water Safety Policy
 - WFOD-PO-016 Appraisal and Development Review Policy
 - POL-CG-010 Disaster Recovery Policy
 - POL-OSD-008 Principles & Standards of Privileged Access Management
 - POL-CG-007 Handling Concerns and Complaints
 - DHCW-POL-10 DHCW Validation Policy
 - POL-CG-003 Policy on Policies
 - Public Accounts and Public Administration Committee / Health and Safety Committee

- Deep Dive – Financial Risks
- Legislative Assurance Framework

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The updated forward workplan can be found in full at item 2.3i Appendix A.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Audit and Assurance Committee	May 2021	Initial workplan approved.

Digital Health and Care Wales Audit and Assurance Committee Work Programme

Meeting Date	Standing Items	Governance	Finance	Internal Audit	External Audit	Additional Items
18 th October	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board Audit Tracker 	<ul style="list-style-type: none"> Risk and Board Assurance Report Declarations of Interest, Gifts and Hospitalities Report Covid Inquiry Cyber Resilience Unit Welsh Language Compliance Report Legislative Assurance Framework Compliance Report 	<ul style="list-style-type: none"> Losses and special payments report Procurements and scheme of delegation report High Value Purchase Order and Cumulative report 	<ul style="list-style-type: none"> Internal Audit Progress Report Internal Audit reviews 	<ul style="list-style-type: none"> Audit and Assurance Committee updates Audit Wales review reports DHCW Audit Report Themes Review WCCIS follow up report following receipt by PACs 	<ul style="list-style-type: none"> Local Counter Fraud Update Report Quality and Regulatory Compliance Report Estates Report Policies x 8 PAPAC/H&S Committee (via CD email 26/08/22) Deep Dive – Financial Risks IMTP – 23-26
14 th February	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme 	<ul style="list-style-type: none"> Governance Assurance Framework review report Standing Orders Annual compliance report Cyber Resilience Unit Welsh Language Compliance update 	<ul style="list-style-type: none"> Losses and special payments report Procurements and scheme of delegation report High Value Purchase Order 	<ul style="list-style-type: none"> Internal Audit Progress Report Internal Audit reviews National IT Systems Audit report (private session) 	<ul style="list-style-type: none"> Audit and Assurance Committee updates Audit Wales review reports DHCW Audit Report Themes Review 	<ul style="list-style-type: none"> Local Counter Fraud Update Report Quality and Regulatory Compliance Report Estates Report Policy on the use of Welsh internally Audit Wales Decarbonisation - five calls for action

Meeting Date	Standing Items	Governance	Finance	Internal Audit	External Audit	Additional Items
	<ul style="list-style-type: none">Committee Highlight Report to BoardAudit Tracker		and Cumulative report			response. AW EqIA management response.

DIGITAL HEALTH AND CARE WALES

COVID-19 INQUIRY PREPAREDNESS UPDATE

Agenda Item	2.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Noting
Recommendation	
<p>The Committee is being asked to:</p> <p>NOTE the latest position on a UK inquiry into Covid-19 and note the work taking place to prepare for a UK wide Covid-19 Inquiry which will require input from DHCW.</p>	

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

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

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

2 SITUATION/BACKGROUND

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

In his [statement](#) to the House of Commons, Boris Johnson said the UK Government will work closely with the devolved administrations to establish the inquiry and they will be consulted before the scope is finalised.

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

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

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

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 On 21st July 2022, The Chair of the Covid Inquiry, Baroness Heather Hallett, issued an opening statement via an online webinar. In the opening statement, Lady Hallett set out exactly how she plans to run this Inquiry, thoroughly, swiftly, and with the aim of making sure the UK is better prepared for future pandemics.
- 3.2 The Chair also outlined a schedule for the Inquiry over the next 12 months and has announced that they have already begun gathering evidence. As expected, the Inquiry will be split into Modules. Procedural hearings will begin in September and October, starting with Module 1 which will look at preparedness. Public hearings for Module 1 will begin in spring 2023, and more information on Module 2 and Module 3 will be available in the coming weeks.
- 3.3 DHCW along with other Health Bodies in NHS Wales are working closely with NWSSP Legal and Risk Services and the Welsh NHS Confederation to prepare for the inquiry. DHCW have instructed NWSSP Legal and Risk Services to represent DHCW and have held two meetings with the solicitor allocated to DCHW to review progress to date and agree specific next steps.
- 3.4 Baroness Hallett, as the newly appointed Chair of the Inquiry, in due course can now designate parties as core participants of her own volition or, alternatively, a party can make an application to be granted core participant status which the Chair can grant or refuse.

Although, in broad terms, a public inquiry's powers and procedures are set out in the Inquiries Act 2005 and the Inquiry Rules 2006, the detailed procedures of any individual inquiry are determined by the Chair. Together, these will define the benefits of being a core participant and these are likely to include:

- making opening submissions to the Inquiry (if designated as a core participant in time to do so);
- having prior sight of written statements and documents provided by witnesses before those witnesses give oral evidence to the Inquiry;
- proposing questions to be raised with other witnesses (although it is likely to be in the discretion of Counsel to the Inquiry as to whether to ask those questions); and
- making closing submissions to the Inquiry at the conclusion of the evidence.

So one of the first questions an organisation should ask itself is whether it wishes to be a core participant and, if so, should it not be so designated by the Chair, whether and when to make an application for such designation.

- 3.5 When considering applications for Core Participant status, the Chair will have regard to Rule 5(2) of the Inquiry Rules 2006 which states that when determining the applications, the Chair must consider, in particular, whether:

- the person/organisation played or may have played a direct and significant role in relation to matters to which the inquiry relates;
- the person/organisation has a significant interest in an important aspect of the matters to which the Inquiry relates; or
- the person/organisation may be subject to explicit or significant criticism during the inquiry proceedings or in the report, or in any report.

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

- 3.6 The categories of Core Participant will be shaped by the Inquiry Terms of Reference. Likely categories of core participants could include bereaved families, survivors of Covid including those suffering from Long Covid, domestic abuse survivors, health care workers, other front-line workers, NHS Trusts, personal protective equipment (PPE) providers, test and trace providers, vaccine providers, educational establishments, businesses, academics, epidemiologists, and various government departments.
- 3.7 Advice from the NWSSP Legal and Risk Services on the basis of information provided regarding DHCW's specific role during the pandemic is that they consider it reasonable to conclude that DHCW may not need to be considered a Core Participant in respect of the three modules currently identified. Because DHCW did not actually carry out the test, trace and protect service; instead it facilitated and streamlined those services by developing a digital test request and results reporting service i.e. whilst making a very important contribution, it was not involved in providing the 'front line' service (i.e. the coordination and oversight in respect of identifying those with symptoms, tracing individuals and providing them with results, advice and guidance by telephone/text message): other initiatives similarly may have improved the conditions for those directly involved in the response to the pandemic, but are not things that would trigger Core Participant status.
- 3.8 This position may of course change if further modules are published which relate more directly to DHCW's role in the pandemic. If that is the case, different deadlines for application for Core Participant status will apply and we can consider any application if and when required.
- 3.9 Advice has also been provided on whether and when to contact employees who have left or retired from DCHW (or NWIS). Any very senior employees who have left could well be called upon to provide evidence of some kind and therefore, it would be sensible to put them on notice now and ask them to jot down some notes on any key decisions they made to help them remember if they are asked to give evidence.
- 3.10 In parallel work continues through the DHCW Covid-19 Working Group on the collation of information relating to all actions and decisions taken during the pandemic both for outward facing services (digital developments to support management of the pandemic) and for those relating to its internal business such as safe working arrangements and governance processes

and the NWSSP Legal Adviser has been invited to review and provide feedback on any further actions required.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 On the basis of the advice from the assigned NWSSP Legal Adviser DHCW is not planning to apply for Core Participant status in relation to the first 3 Inquiry Modules. This position will be confirmed with the Welsh Government lead to ensure consistency with the national approach for NHS Wales.
- 4.2 The DHCW Covid-19 Working Group Chair will write to any key individuals who have retired or left DHCW who it is considered may be called upon to give evidence to advise them of this potential requirement and invite them to complete a 'Reflections' template.
- 4.3 The 'Reflections' template will also be shared with key individuals within the organisation and consideration is being given to the most effective way to support this process.
- 4.4 Work is on-going within the organisation to ensure that any potential records are retained to support the requirement to provide evidence to the Inquiry. Initial investigations suggest that this may require a review of the email retention policy more generally.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	25 th August 2022	Noted

DIGITAL HEALTH AND CARE WALES

DECARBONISATION QUALITATIVE RETURN

APRIL – AUGUST 2022

Agenda Item	2.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Claire Osmundsen-Little, Executive Director of Finance

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

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
Choose an item.	Outcome:
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 Compliance with Welsh Government Targets
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Budget has been identified to support initiatives and a longer term plan is being costed.
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below Commitment from the Workforce is key to achieving targets
<u>SOCIO ECONOMIC</u> 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.
<u>RESEARCH AND INNOVATION</u> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

- 3.3 The Community of Experts on Climate Change Group and the Decarbonisation Action Plan Peer review have been vital in allowing DHCW to work collaboratively, both gaining and sharing knowledge with other organisations. DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations (particularly NWSSP) in the development of a strategy for low-carbon ICT procurement.
- 3.4 Our environmental performance is reported to and discussed at our Audit and Assurance Committee which reports to the DHCW Board. In terms of communication with staff, we run Environmental Awareness Campaign communications, which are produced on a monthly basis, and these, together with our Environmental Awareness intranet page, have been instrumental in communicating the climate emergency to DHCW employees.
- 3.5 DHCW successfully trialed an additional two Electric Fleet Vehicles, this now brings the number of EV within our Fleet to three. We have increased the number of EV Charging Points (EVCs) with the installation of four additional EVCs at our Tŷ Glan-yr-Afon office.
- 3.6 A Decarbonisation Cloud Emissions Impact Dashboard is being developed, which will enable DHCW to measure emissions related to cloud computing.
- 3.7 Hybrid working practices have allowed 96% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

- 5.1 The Committee is being asked to **NOTE** the contents of this report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16 th October 2022	Noted

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

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

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

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

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

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

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

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

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

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

Executive summary of progress to date:
<p>At DHCW our regular environment related meetings (Decarbonisation Working Group, Environmental Awareness Group and the Safety, Health and Environmental Group), which have participation from heads of department as well as others with a key role in the delivery of our Decarbonisation work, have enabled holistic working across the organisation.</p> <p>The Community of Experts on Climate Change Group and the DAP Peer review have been vital in allowing DHCW to work collaboratively, both gaining and sharing knowledge with organisations.</p> <p>DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations (particularly NWSSP) in the development of a strategy for low-carbon ICT procurement.</p> <p>Our environmental performance is reported to and discussed at our Audit and Assurance Committee which reports to the DHCW Board. In terms of communication with staff, we run Environmental Awareness Campaign communications, which are produced on a monthly basis, and these, together with our Environmental Awareness intranet page, have been instrumental in communicating the climate emergency to DHCW employees.</p> <p>DHCW successfully trialled an additional two Electric Fleet Vehicles, this now brings the number of EV within our Fleet to three.</p> <p>We have increased the number of EV Charging Points (EVCPs) with the installation of four additional EVCPs at our Tŷ Glan-yr-Afon office.</p> <p>A Decarbonisation Cloud Emissions Impact Dashboard is being developed, which will enable DHCW to measure emissions related to cloud computing.</p> <p>Hybrid working practices have allowed 96% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.</p>

LED lighting surveys have been conducted at all DHCW premises to establish the anticipated costs of upgrading to LEDs throughout our estate. Later this year we aim to install LED lighting at our Tŷ Glan-yr-Afon and Technium 2 offices.

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

	Achievements	Risks to delivery
Procurement initiatives	<ul style="list-style-type: none"> DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations particularly NWSSP in the development of a strategy for low-carbon ICT procurement. We continue to drive value in the local supply chain, whilst maintaining high standards for goods and services. 	<ul style="list-style-type: none"> Lack of participation from key organisations i.e. NWSSP and DHCW. Deviation from approved tender process.

<p>Buildings, estates planning and land use initiatives</p>	<ul style="list-style-type: none"> ▪ 2021/2022 saw DHCW operational emissions reduce by 57%. We have continued in this vain in early 2022/2023, with QTR 1 emissions vs QTR 1 2019/2020 (baseline) as follows:- <ul style="list-style-type: none"> ○ Gas has reduced by 19% ○ Electricity has reduced by 27% ○ Water has reduced by 42% ○ 99% of our waste was recycled, with less than 1% being sent to landfill ▪ DHCW have now moved out of the less energy efficient Blaenavon Datacentre and in to the cloud based Church Village Datacentre. Both Datacentres have Green Tariff supplied electricity. Landlords have assured that the PUE is as low as possible at this moment in time (Vantage 1.6 and Church Village 1.14). ▪ TM44 air conditioning efficiency inspections have taken place at our premises. We have been working through site-specific action plans, which are currently 94% complete. ▪ Later this year we aim to install LED lighting at our TGA and Technium 2 offices. ▪ We have had Biodiversity Surveys conducted at all of our premises. We are currently working through the Biodiversity Action Plan. 	<ul style="list-style-type: none"> ▪ Homeworking has significantly contributed to improved operational emissions performance; therefore, an end to homeworking will inevitably see a rise in emissions. Lack of cooperation from our landlords in the purchase and supply of renewable energy. ▪ Increased requirements for datacentres. Lack of cooperation from our landlords in the purchase and supply of renewable energy. ▪ Lack of landlord cooperation and resource to make necessary adjustments to air conditioning. ▪ There is a risk to delivery if Capital Funding for this project is not approved. ▪ Lack of volunteers participating in biodiversity initiatives.
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Transport initiatives	<ul style="list-style-type: none"> ▪ We have installed an additional four EV Charging Points (EVCPs) at our TGA office. We now have the following EVCPs available to employees at our premises:- <ul style="list-style-type: none"> ○ TGA – 8 ○ Castlebridge - 0 (however, TGA is situated adjacent to Castlebridge 2; therefore, TGA EVCPs can be utilised) ○ Media Point - 4 ○ Technium 2 - 4 (landlord controlled) ○ Mamhilad - 4 (landlord controlled) ○ Bocam - 0 (We have no current long term plans for this location; therefore, EVPCs have not been installed thus far) ○ Vantage – 2 ○ Church Village – 0 (Landlord does have one EVCP available to their staff; discussions are underway to inquire if DHCW are able to access this unit. ▪ Three (out of 11) leased Fleet Vehicles are now EVs. ▪ We plan to conduct a Travel Survey later this year to help us establish current distances and 	<ul style="list-style-type: none"> ▪ Lack of users may result in landlords removing EVPCs. ▪ The lack of EV charging facilities across the country together with the limited mileage of EVs will limit our ability to switch all of our fleet to EVs, due to the remote location that we are required to attend over a long distance. ▪ Lack of survey participation.
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	<p>modes of travel, which will improve our commuting methodology.</p> <ul style="list-style-type: none"> Following reviewing the results from the Travel Survey, we will review and update the Travel Plan. We have publicised the Fleet Solutions Car lease scheme, which now has a low emissions set limit of 120g/km for vehicles that can be leased. Hybrid Working has aided smarter working enabling a 92% reduction in Business Mileage emissions in 2021/2022 compared with 2019/2020 (baseline). 	<ul style="list-style-type: none"> Delays in the completion of the Travel Survey will impede the timeframe of the Travel Plan review. If the scheme should no longer be available to employees. A return to in person meetings will see an increase in business mileage emissions.
Approach to health care (service design/models of care, medicines, waste)	<ul style="list-style-type: none"> Our homeworking methodology has significantly changed due to us now using the formula contained within the Net Zero Carbon Reporting Spreadsheet as opposed to our own formula, which was previously used. During the period of April-August 2022, approx. 96% of our employees worked remotely. 	<ul style="list-style-type: none"> Further changes in methodology will limit the ability to accurately measure reductions. A return to office working will significantly reduce the number of employees homeworking.
Further initiatives	<ul style="list-style-type: none"> With the move to cloud computing DHCW have a need to measure Cloud Emissions. We are looking into potential emissions impact 	<ul style="list-style-type: none"> Lack of resource for the development of the emissions tool.

	<p>dashboard tools that can be utilised for this purpose.</p> <ul style="list-style-type: none"> ▪ DHCW have successfully developed and launched a Booking App to manage Desk, EV Charging and Car Parking spaces to enable harmonised hybrid working between homeworking and on site working. ▪ Collaborative working - DAP Peer Review DHCW attended a WG event to peer review Decarbonisation Plans developed across NHS Wales. There was positive feedback on our plan and we led discussion in a number of areas. ▪ DHCW have proactively sent an Environmental Awareness Campaign to our employees each month from APR-AUG to communicate the Climate Emergency, stimulate low carbon behaviours and encourage engagement in the decarbonisation agenda, campaigns have included:- <ul style="list-style-type: none"> ○ Apr-Energy Efficiency at Home ○ May- Sustainable Travel ○ Jun-World Environmental Day ○ Jul-The Lazy Persons Guide to Saving the World ○ Aug-Cycle to Work Day ▪ NHS Wales Shared Services Partnership have recently undertaken an audit of DHCW Decarbonisation Management Practices, with formal feedback imminent. 	<ul style="list-style-type: none"> ▪ Lack of resource to effectively manage and lack of employees utilising the app. ▪ Lack of action following peer feedback. ▪ Lack of employee engagement. ▪ Lack of action following feedback.
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Relevant Strategies and Guidance

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

DIGITAL HEALTH AND CARE WALES

THE HEALTH AND SOCIAL CARE (QUALITY AND ENGAGEMENT) (WALES) ACT 2020 UPDATE

Agenda Item	2.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Legislative requirement to comply with the Quality & Engagement Act
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Legislative requirement to comply with the Quality & Engagement Act
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WS	Workstream		

2 SITUATION/BACKGROUND

- 2.1 This paper outlines the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 for noting. It covers the two relevant key areas of the Act, the duties relating to Quality and Candour. DHCW has a Quality Assurance and Regulatory Compliance team that reports to the Director of Finance and Business Assurance. It has developed the DHCW Quality plan, approved by the Audit and Assurance Committee that incorporates most of the Quality and Engagement Act requirements. In the forthcoming year the contents will be validated to ensure compliance. DHCW Quality team are represented on the Welsh Government Duty of Quality (WS 2 Quality Reporting Framework) group that is developing the implementation plans for the NHS Wales.
- 2.2 The Act was passed by the Senedd on 17 March 2020 and received Royal Assent on 1 June 2020. Welsh Governments aim is to bring all the Act into force by April 2023.
- 2.3 The Act uses legislation as a mechanism for improving and protecting the health, care and well-being of the current and future population of Wales.
- 2.4 The Act covers four principal areas:
 - Duty of **Quality** on NHS bodies and Welsh Ministers
 - Duty of **Candour** on NHS bodies and primary care
 - Establishment of a new **Citizen Voice Body** for Health and Social Care
 - Provision for **statutory Vice Chairs** of NHS Trusts

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Duty of Quality

- 3.1.1 The Duty requires health services to demonstrate that quality is at the heart of all they do, ensuring they are **delivering services with a system-wide approach to achieve quality of**

care in a way that secures continuous improvement in quality and improved outcomes for the population.

- 3.1.2 The Duty of Quality focuses on the **six domains of quality**: Safe, Effective, Person-centred, Timely, Efficient, Equitable. It seeks to strengthen these domains across a maturing **Quality Management System**.
- 3.1.3 The Duty applies to **all health service functions**, not just clinical functions.
- 3.1.4 NHS bodies **must publish an annual report** setting out how they have complied with the new Duty. This will build on and replace the current Annual Quality Statements.
- 3.1.5 The report must include an assessment of the extent of any improvement in outcomes achieved.
- 3.1.6 Welsh Government have set up five workstreams in relation to Duty of Quality provided below.
- **WS 1 Overarching principles and guidance development** - Statutory guidance in draft; supporting resources in development including case studies
 - **WS 2 Quality reporting framework** – document being drafted; further consideration of indicators and measures is needed; consideration of an ‘always on’ approach with regular reporting in addition to an annual report
 - **WS 3 Health and Care Standards** – incorporated in to WS1 statutory guidance development for high level quality standards; next steps to be clarified including impact on HIW’s inspection methodology
 - **WS 4 Communication and engagement** – digital awareness campaign; stakeholder events; newsletters
 - **WS 5 Education** – digital materials for NHS staff and civil service in early stages of development; face to face training for Welsh ministers, senior civil servants and board members of NHS bodies
- 3.1.7 Information from Welsh Government is in the final stages of review, once complete a consultation will be launched

3.2 Duty of Candour

- 3.2.1 The Act places a duty of candour on NHS bodies at an organisational level and will support existing professional duties.
- 3.2.2 The duty is triggered when a service user to whom health care is being or has been provided by the NHS body suffers an adverse outcome and where the care or treatment was, or may have been a factor in the service user suffering that outcome.
- 3.2.3 When the duty is triggered NHS bodies will need to follow a set procedure. This will be set out in Regulations.
- 3.2.4 NHS bodies must publish a candour report, as soon as practicable, after the end of each financial year. It is intended that such a report would build on existing reporting structures, such as existing arrangements under Putting Things Right.
- 3.2.5 Consultation on the Duty of Candour began on 20th September 2022 and runs until 13th December 2022.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Update on the Key Areas for DHCW - Quality Reporting Framework

WS 2 have identified potential headings and content for the Annual Quality Report, these will be further reviewed at the next WS 2 meeting with a consultation to follow. The Framework focuses on the Key headings and content which are summarized as follows:

4.1.1 Potential Headings

- Statement from Chair and Chief Executive
- Introduction
- Looking back: reflection on the last year and where we are now
- Forward look: what are our priorities and plans for the next year?
- Summary and conclusions

4.1.2 Potential Content

- Introduction
- The six domains of quality and additional core concepts
- Quality reporting – general principles
- What should be included in the annual narrative quality report?
- Quality indicators, measures and evidence – general principles
- Assuring the quality report

- Publishing the quality report
- Engagement and feedback

DHCW quality team will ensure that these requirements, when finalised will be part of the DHCW Quality plans.

5 RECOMMENDATION

5.1 The Audit and Assurance Committee is being asked to:

Note the content of the report, the details of The Health and Social Care (Quality and Engagement) (Wales) Act 2020, in particular the duties of Quality and Candour which are of relevance to DHCW but also the future reporting requirement which the team are currently working with the Welsh Government Duty of Quality (WS 2 Quality Reporting Framework) group to design and develop.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	30/09/2022	

DIGITAL HEALTH AND CARE WALES

POLICY REPORT

Agenda Item	2.7
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Name of Meeting	Audit & Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Approval
Recommendation Audit & Assurance Committee are asked to: APPROVE the contents of the report and the endorsed policies as outlined in 3.5 and NOTE the policy outlined in 3.6 for SHA Board approval.	

1 IMPACT ASSESSMENT

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The following policies identified by the SHA Board have been approved and are now in use across the organisation:

- Anti-Malware Policy previously called Anti-Virus Policy
- Capital Management Procedure
- Security and Counter Terrorism Policy
- The Communications and Media Management Policy
- Relocation expenses policy (The relocation expenses policy has been identified as the Velindre University NHS Trust Removal and Associated Expenses Policy. In line with the approach for existing policies covered by the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements this policy was adopted in December 2021)
- Stakeholder Engagement Strategy
- Research and Innovation Strategy (Previously Research and Development Strategy)

3.2 Below outlines the update on each of the policies identified and the plan for the remaining policies.

Policy	Status	Update	Expected approval
Welsh Language Scheme	COMPLETE	We now have approval from the Welsh Language Commissioners Office and is out for consultation. With the aim of approving at the November 2022 Board and launching in December 2022. The Welsh Language Scheme update can be found at 2.4i	November 2022
Communications Strategy	IN RE-DRAFT	This strategy was discussed at Management Board and is being reviewed by the Communications task and finish group and will be presented back to the Management Board in 2-3 months, with a Communications Improvement Plan to be developed first.	January 2023
Intellectual Property Policy	IN RE-DRAFT	This policy was presented to the Digital Governance and Safety Committee and referred for further work. This has been delayed further and will now be presented to the Committee in February 2023 for approval.	February 2023

- 3.3 The Corporate Governance team have undertaken an audit of all organisational policies listed on the Integrated Management System. DHCW currently have 83 policies across the organisation, 57 of which are out of date and require review (as of 03.10.2022) and of the 57 out-of-date policies, 8 are recorded as all-Wales policies.

The 57 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 (figures include all-Wales policies as recorded in the IMS):

Directorate	Number of policies currently in review / approval process	Number of policies out-of-date that require review	Executive Lead
Clinical	1	1	Rhidian Hurle, Executive Medical Director
Corporate Governance	1	1	Chris Darling, Board Secretary
Corporate Services	0	10	Claire Osmundsen-Little, Executive Director of Finance
Communications	0	3	Chris Darling, Board Secretary
Finance	0	13	Claire Osmundsen-Little, Executive Director of Finance
Operations	1	1	Gareth Davis, Interim Executive Director of Operations
People and Organisational Development	1	23	Sarah-Jane Taylor, Director of People and Organisational Development
Strategy	0	1	Ifan Evans, Executive Director of Strategy

- 3.4 The Corporate Governance team are working with report authors of the identified policies to support them in the review of the policy, in addition to ensuring 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, with policies expected to continue to go through the review, consultation, and approval process to ensure that DHCW has accurate and up to date policies in use across the organisation. It is anticipated that the majority of policies will be reviewed and updated by the next Audit & Assurance Committee in January 2023.

3.5 The following policies have recently gone through the Corporate Governance review process and have been endorsed by Management Board. The next steps are for the policies to be approved by the Committee, translated, if not already, uploaded to the IMS/iPassport and published bilingually to DHCW websites;

App. ID	Policy	Document ID	Executive Lead	Assigned Committee	Committee Date	Status
i	Water Safety Policy	POL-CG-016	Claire Osmundsen-Little	A&A	18/10/2022	Endorsed by MB on 16/09/22: with author for translation and once approved by the Committee, publishing to DHCW Welsh and English websites, uploading to the IMS/iPassport and dissemination through the appropriate channels.
ii	Health and Safety Welfare Policy Procedure	POL-CG-005	Claire Osmundsen-Little	A&A	18/10/2022	

3.6 In line with DHCW Standing Orders, the following policy requires SHA Board approval, therefore is being shared with the Committee for noting ahead of SHA Board approval in November 2022. Following SHA Board approval, the policy will be translated, if not already, uploaded to the IMS/iPassport and published bilingually to DHCW websites.

App. ID	Policy	Document ID	Executive Lead	Assigned Committee	Committee Date	Status
iii	Handling Concerns and Complaints	POL-CG-007	Chris Darling	A&A Requires SHA Board Approval	18/10/2022	Endorsed by MB on 16/09/2022. Once noted by A&A Committee on 18/10/2022, presented to SHA Board for approval on 24/11/2022 before dissemination through the appropriate channels and publishing to DHCW websites.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Please note the Welsh Language Scheme has now been approved by the Welsh Language Commissioners Office and is currently out for consultation.
- 4.2 Both the Communications Strategy and the Intellectual Property Policy have been identified for further work and re-drafting by the relevant leads before being presented to Management Board and the Committees for approval.
- 4.3 Organisational Policies reporting against compliance will be shared with the SHA Board via the Audit and Assurance Committee Highlight Report.

5 RECOMMENDATION

- 5.1 Audit & Assurance Committee are asked to:

APPROVE the contents of the report and the endorsed policies as outlined in 3.5 and **NOTE** the policy outlined in 3.6 for SHA Board approval.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Leads (as noted per policy)		
Management Board	16/09/2022	Endorsed policies (as noted in 3.5 and 3.6)

POL-CG-016

DIGITAL HEALTH AND CARE WALES

WATER SAFETY POLICY

This Policy describes the activity required to ensure that Water Safety is managed across the Estate

Document Version	v2
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Status	Approved
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Document author:	Michael McGrath
Approved by:	Claire Osmundsen-Little
Date approved:	23/06/22
Review date:	23/06/25

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

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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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 14001
If more than one standard applies, please list below:	

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: TBC
Yes, applicable	Outcome: Positive
Statement: The assessment found that there was no impact to the equality groups mentioned. Where appropriate the organisation will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.	

<u>PUBLIC POLICY EXEMPTION STATEMENT</u>	No, (detail included below as to reasoning)
N/A	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16 September 2022	
Audit & Assurance Committee	18 October 2022	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Forms part of Health & Safety Legislation
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Digital Health and Care Wales has responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to patients, visitors, staff and other persons working at or using its premises
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Safety of the Workforce
SOCIO ECONOMIC IMPLICATION/IMPACT	Choose an item.

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
27/04/2020	1	Velindre Trust	First Draft
25/11/2021	d1.1	Michael McGrath	Document updated to reflect new arrangements
13/05/2022	2	Michael McGrath	Version 2 for approval


1.2 REVIEWERS


This document requires the following reviews:

Date	Version	Name	Position
13/05/2022	2	Julie Ash	Head of Corporate Services
13/05/2022	2	Claire Osmundsen-Little	Executive Director of Finance

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Michael McGrath		
Role:	Estates & Compliance Manger		
Signature:	 <hr/> Author	Date:	16/05/2022

Approver's Name:	Claire Osmundsen-Little		
Role:	Executive Director of Finance		
Signature:	 <hr/> Approver	Date:	

1.4 DOCUMENT LOCATION

Electronic	https://nhs.wales365.sharepoint.com/sites/DHC_Quality/IMS/Forms/AllItems.aspx
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2 POLICY STATEMENT

Digital Health and Care Wales accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to patients, visitors, staff and other persons working at or using its premises in line with the current version of the [Water Safety Plan](#) and [Site-specific 'Written Schemes'](#).

3 SCOPE OF POLICY

This Water Safety Policy applies to all premises whether owned or occupied by the Organisation under lease or other Service Level Agreements (SLA) including:

- i. All premises owned and occupied exclusively by the Organisation.
- ii. All premises owned and occupied partly by the Organisation.
- iii. All premises not owned by the Organisation but occupied exclusively by the Organisation on a permanent basis.
- iv. All premises not owned by the Organisation but occupied partly by the Organisation on a permanent basis.
- v. All premises not owned by the Organisation but occupied partly by the Organisation on a temporary or periodic basis.

4 AIMS AND OBJECTIVES

The aim of this Policy is to introduce all structured Management practices required to allow the Organisation to deliver suitable and sufficient Legionella and Pseudomonas aeruginosa, “safe” hot water, cold water, drinking water and ventilation systems Management and Control in compliance with current Guidelines (Approved Codes of Practice, and Health and Safety Guidance HSG274), Legislation and Water Supply Regulations. It is expected that this Water Safety Policy will be complied with by all the Organisation's employees and by all appointed contractors, in whatsoever capacity, with or without contractual agreements.

5 ROLES AND RESPONSIBILITIES

5.1 Water Safety Group (WSG)

DHCW has set up this group as one element of its Water Quality Management and Control infrastructure, in order to achieve all Policy objectives. See WSG Terms of Reference for remit, membership and responsibilities.

5.2 Chief Executive (Duty Holder)

- Has the Corporate Responsibility for all aspects of Water Quality within all properties occupied by DHCW.
- Shall nominate, in writing the Responsible Person (Water), their deputies, WSG Chair, and the Authorising Engineer-Water (AE-W).
- Although the Duty Holder cannot absolve their responsibilities, the day to day responsibilities are delegated to the Designated Person (Water).

5.3 Designated Person (Water) (Head of Corporate Services)

- Shall have responsibility for monitoring and reporting the performance of the Water Quality Management and Control Regimes throughout the Organisation to Board Level.
- Shall facilitate the appropriate formalised suitability evaluation and appointment of all Responsible Persons.
- Shall facilitate suitable and sufficient training of all associated members of Organisation staff.
- In association with the WSG, shall prepare and issue any required tender documentation to manage all water system management, water dosing, Legionella and safe working water related contract in compliance with Organisation contract management procedures.
- Assist in the development of schemes for risk minimisation and control in order of priority giving consideration to cost, risk and difficulty.

5.4 Responsible Person – Water (WSG Chair)

- Shall accept responsibility for the Organisational implementation of Water Quality Management & Control Programme in accordance with the requirements of the WSP and other pertinent Water Quality Management & Control guidance documentation and instruction.
- Shall Chair the WSG.
- Shall facilitate the development of Written Schemes for risk minimisation and control in order of priority giving consideration to cost, risk and difficulty.
- Shall have the responsibility of periodically assessing the training requirements of all staff and third-party organisations (contractors) under their control who are associated with Water Quality Management and Control; arranging suitable training where required and recording these assessments.
- Shall assist in the compilation of the Water Safety Plan (WSP).
- Shall appoint a Deputy Responsible Person (Water) to act up in their absence, including Deputy Chair WSG.
- Shall assess Competent Persons (Water) and provide records and update to the WSG on Competence Assessment status.
- Shall review the status of all risk assessments within their organisation, and where required supervise the completion of suitable and sufficient risk assessments on all water systems and 'wet' air conditioning plant within each site under their control.
- Shall consider the risk assessment findings and, together with the members of the WSG, prioritise any remedial works.
- Shall instruct and supervise the completion of all prioritised remedial work highlighted during the risk assessment or the review.
- Shall, where practicable, ensure record drawings of systems are available and kept updated.
- Shall be responsible for ensuring that all processes, procedures, Permits, and Certification detailed in the WSP are suitably executed and implemented.
- Shall keep maintenance and monitoring records and make available for inspection, all records to be kept for 5 years.
- Shall have the responsibility for ensuring that all water systems are designed, modified, installed, tested and commissioned to the Guidance and standards referred to in this Policy and the WSP.

5.5 Deputy Responsible Person – Water (Deputy WSG Chair)

- Shall act up to the RP(W) responsibilities in their absence.
- Shall assist the RP(W) as required to maintain the Water Quality Management & Control Programme.

5.6 Consultant Microbiologist

- Shall assist with the interpretation of local clinical risk assessment of 'users' to enable for suitable implementation of appropriate Water Quality Management processes and procedures.
- Provide advice the members of the WSG in all matters relating to Legionella and Pseudomonas aeruginosa contamination and infection prevention and management.
- Shall assist in the compilation of the Organisation's Water Safety Plan (WSP).

5.7 Competent Persons (Water)

Competent Persons are Technicians, trades staff and contractors who have received approved training and have sufficient experience to service, maintain and clean water systems in a safe and effective manner.

- Shall ensure that all procedures, safe working practices and permits to work are followed and that any personal protective equipment or clothing is used.
- Shall report to the Responsible Person (Water) of all defects, unusual occurrences and other anomalies, and record such defects in writing in the defects register before leaving site.
- Shall complete written records when required.

5.8 Authorising Engineer – Water (AE-W)

- Shall act as an independent professional adviser to the Organisation. The AE(W) shall be appointed by the Duty Holder (or their appointed representative) with a brief to provide services in accordance with current Guidance.
- Shall act as auditor and assessor and make recommendations for the appointment of Responsible Person (Water) and Deputy Responsible Person (Water).
- Shall provide an annual audit to the WSG. To carry out this role effectively, particularly with regard to audit, the AE(W) shall remain independent of the operational structure of the Organisation.
- Shall be a member of the WSG and attend at the Group's meetings.
- Shall provide training, advice and assistance in all Legionella and Pseudomonas aeruginosa Management & Control and Safe Water Management matters, including the PPM Programme, Log-Book system and all relevant Management Manuals.
- Shall sanction any interpretation of relevant professional guidance, any local house rules and any derogation that may be necessary for their application.
- Shall ensure that any amendments or updates to replacement guidance issued and any other relevant mandatory or statutory professional guidance is brought formally to the attention of the Organisation and are understood by all appropriate personnel by recording / documenting the process.
- Shall agree in writing any local deviation/derogation from mandatory / statutory guidance that may be necessary for their application to a particular location.
- Shall, when required to do so, provide to the members of the WSG ad-hoc general 'remote' verbal advice on matters pertaining to Legionella and Pseudomonas aeruginosa management and control and other Water Quality Management issues.
- Shall, when required to do so, provide input advice to the design process in respect to the construction/installation phase and for the subsequent operational service thereafter.
- Shall, in conjunction with the appointed design engineer, contribute to the design process, to ensure all water and air systems, implicated within the design remit, comply with the requirements of the WSP.

- Shall, when required to do so, upon completion, provide a certificate of compliance for new water systems including major modifications/refurbishments.

5.9 Water Safety Consultant

- Shall be independent from all other contractors who provide the Organisation with services and/or products pertaining to Water Quality Management and Control.
- Shall be suitably trained and qualified to perform all auditing tasks described in the Water Safety Plan and be a member of the Legionella Control Association (LCA).
- Shall carry out a System and Process Audit, as instructed by the WSG Chair and present findings to the WSG.
- Shall provide input advice to the design process in respect to the construction / installation phase and for the subsequent operational service thereafter.
- Shall, upon completion, provide a risk assessment for new water systems including major modifications / refurbishments.
- Shall act up to the position of AE(W), and complete any of the tasks assigned to AE(W) where required, and in line with contractual agreements in place.

5.10 Risk Assessor

- Shall be independent from all other contractors who provide the Organisation with services and/or products pertaining to Water Quality Management and Control.
- Shall be suitably trained and qualified to perform all risk assessment tasks described in the Water Safety Plan and be a member of the Legionella Control Association (LCA).
- When commissioned to do so, shall carry out a suitable and sufficient Legionella risk assessment compliant with: a) UKAS ISO/IEC 17020:2012; b) HSG274 Part 2 (2014) – 'The control of Legionella bacteria in hot and cold water systems'; c) BS 8580 – 'Water quality: risk assessments for Legionella control – Code of Practice'; d) BSRIA's (1999) FMS 4/99 – 'Guidance and the standard specification for water services risk assessment'; and e) BSRIA's (2015) BG 57/2015 – 'Legionnaires' disease.
- When commissioned to do so ensure that risk assessments are reviewed and/or updated when there are significant changes to statutory standards, operational requirements and when there are significant changes to a building's domestic water and wet air systems.
- When commissioned to do so, ensure that risk assessments are carried out on all process and equipment, such as medical equipment (where applicable).
- Ensure that, for all buildings/areas assessed to be of Moderate Risk or higher, issue an 'Interim Problem Notification Pro-Forma' found in the WSP, detailing any necessary immediate corrective and remedial actions which need to be carried out. In addition, the 'Notification' shall indicate the Short/Medium-term and Long-term corrective and remedial actions that need to be carried out. The list of remedial actions shall be suitably divided and allocated to each organisation for completion. Each organisation must report to the WSG on the status of completion of remedial works thus allocated.

5.11 Water Quality Management Contractors and Sub-Contractors

- A contractor is the person or organisation commissioned, under contract, by the WSG to be responsible for the maintenance, supply, installation, validation and verification of hot and cold water services and 'wet' air handling systems, and for the conduct of the installation checks and tests.

- All contractors involved in the Water Quality Management Programme, shall be suitably trained and qualified to perform tasks described in their contract and detailed in the Water Safety Plan and be a member of the Legionella Control Association (LCA). However, where a specialist contractor is required to carry out emergency remedial works and does not meet the membership criteria listed above, they may be employed by the discretion of the site WSG.
- Shall issue all reports in a format agreed by the WSG and as detailed in the Written Scheme.
- Shall work with members of the WSG to identify hazards and reduce risks by following safe working practices.

6 DEFINITIONS/ACRONYMS

TERM/ACRONYM	DEFINITION
AE(W)	Authorising Engineer (Water)
WSG	Water Safety Group
WS	Written Scheme
RP(W)	Responsible Person (Water)
DRP(W)	Deputy Responsible Person (Water)
WSG	Water Safety Group
PPM	Planned Preventative Maintenance

7 IMPLEMENTATION/POLICY COMPLIANCE

7.1 General Requirements

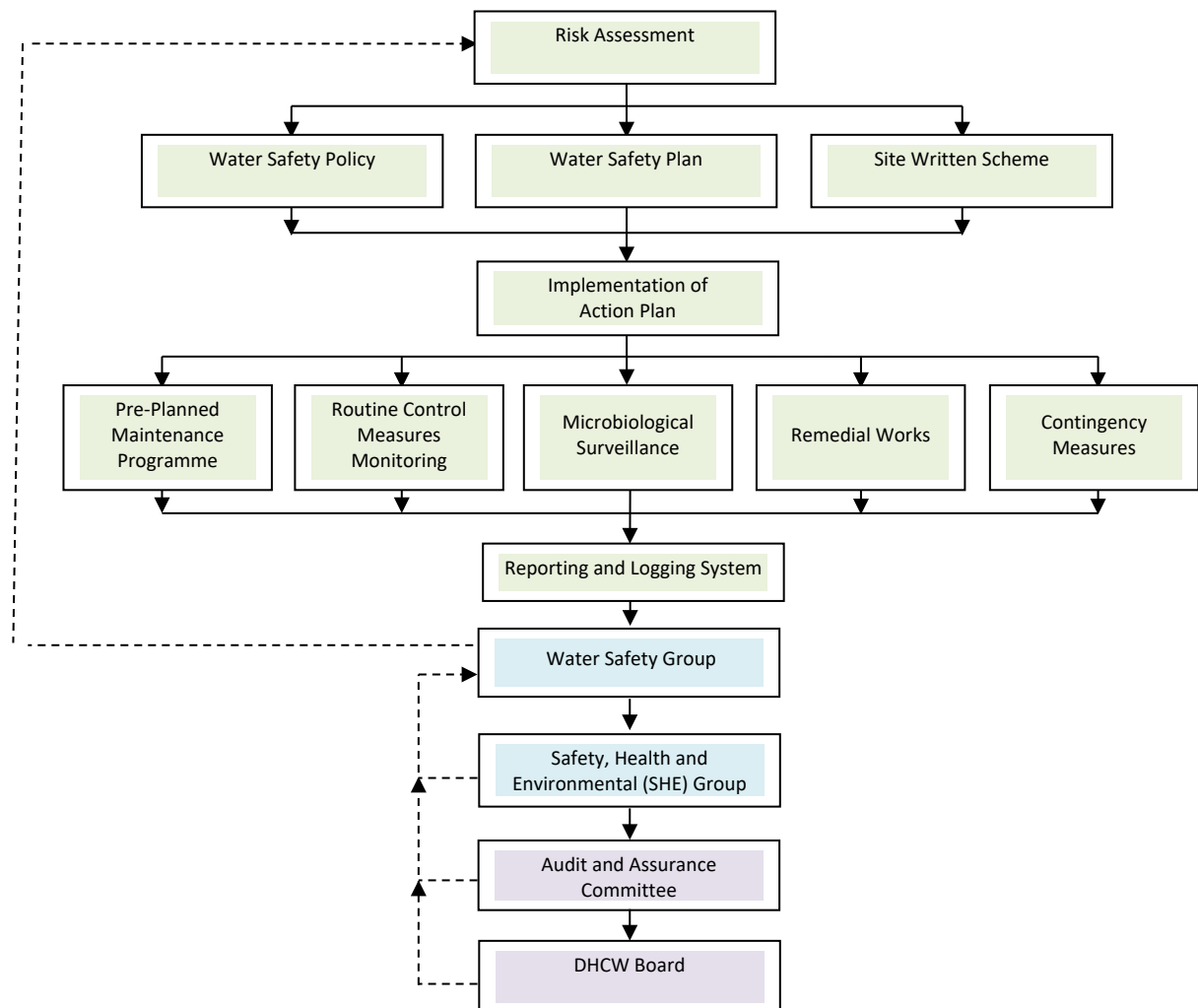
As required by the Health and Safety Commissions (2013) Approved Code of Practice (L8 - Fourth Edition), the Organisation will undertake to:

- a. Identify and assess sources of risk;
- b. Prepare site specific 'Written Scheme' for preventing, reducing or controlling the risk;
- c. Implement and manage and monitor precautions;
- d. Keep records of the precautions implemented for each of the premises under the Organisation's control.
- e. Appoint appropriate persons, at various positions, to be managerially responsible.

7.2 General Responsibilities (refer to Section 5)

The Duty Holder (Chief Executive) shall appoint a Water Safety Group (WSG) Chair, Responsible Person(s) (Water) (RP(W)) and Authorising Engineer (Water) (AE(W)), operating at Organisation Wide Level. The WSG Chair and AE(W), shall jointly assess and appoint the members of Water Safety Group (WSG) and from all departments to accept the strategic implementation and internal auditing responsibility for the control of the 'Water Quality Management and Control' and to be legally accountable, on a joint and several liability basis, for assessing and controlling identified risks from Legionella, *Pseudomonas aeruginosa* and other water borne infections.

7.3 Water Quality Management and Control Programme Management Structure



7.4 Measures to be Taken to Attain the Policy Objectives Include:

- The appointment of a Water Safety Group (WSG) responsible for ensuring the suitable and sufficient implementation of Water Management and Control Programme on an Organisation wide level.
- The appointment of suitably equipped, trained and financed Responsible Persons, on an Organisation Wide level; capable of delivering the necessary Water Quality Management and Control Programme at the level appointed.
- Regular monitoring of all implemented Management Systems, Training Programmes and procedures, to establish and ensure their continuing efficacy and legislation compliance.
- The appropriate selection, design, installation and maintenance of plant.
- Regular independent third-party Audits designed to allow for the status of the Water Quality Management and Control Programme across the Organisation to be reported.

8 EQUALITY IMPACT ASSESSMENT

The SHA is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups.

An Equality Impact Assessment has been undertaken on this Policy and feedback has been received on the

way it operates. The SHA wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The assessment found that there was no impact to the equality groups mentioned. Where appropriate the SHA will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

9 REFERENCES

DOCUMENT	VERSION
Legionnaires' disease. The control of legionella bacteria in water systems: Approved Code of Practice and guidance	Current

10 GETTING HELP

Further information/support is available from the DHCW Estates and Compliance Manager.

11 RELATED POLICIES

This policy should be read in conjunction with, or reference made to, the following SHA documents:

- Health, Safety and Welfare Policy (POL-CG-005)
- SHA Environmental & Sustainability Policy (POL-CG-018)
- Risk Management Policy (POL-CG-004)
- Infection Prevention and Control Procedures
- DHCW Vision and Values

12 INFORMATION, INSTRUCTION, TRAINING

Responsible Persons – Authorisation and Training Requirements							
Position	Nominee	WSG Member	Quorate WSG member	To be assessed by	Training required	To Be Appointed By following assessment	Deputy Appointed/Required/Name
Duty Holder – Chief Executive	Chief Executive Officer	No	No	Positional appointment	None required	Positional appointment	Not applicable
Designated Person (Water)	Head of Corporate Services	No	No	Positional appointment	None required	Positional appointment	Not applicable
WSG Chair	Estates and Compliance Manager	Yes	Yes	AE(W)	Nationally recognised 3 day Responsible Person (Water) course	Duty Holder via DP	Deputy Responsible Person (Water)
Responsible Person (Water)	Estates and Compliance Manager	Yes	Yes	AE(W)	Nationally recognised 3 day Responsible Person (Water) course	Duty Holder via DP	Deputy Responsible Person (Water)
Deputy Responsible Person (Water)	Estates Service Support Assistant	Yes	Yes	AE(W)	Nationally recognised 3 day Responsible Person (Water) course	Responsible Person (Water)	Deputy Responsible Person (Water)
Consultant Microbiologist	PHW Consultant Microbiologist	No	No	Positional appointment	Not required	Positional appointment	Not applicable
Competent Persons (Water)	Service Management Support Officer or other appointed CP	No	No	Responsible Person (Water)	As determined by RP(W) assessment	Responsible Person (Water)	Not applicable
Organisation Wide Competent Persons (Water)	Estates Service Support Assistant	Yes	No	Responsible Person (Water)	1 day Water Safety Awareness course	Responsible Person (Water)	Not applicable
Authorising Engineer (Water)	NWSSP Authorising Engineer (Water)	Yes	No	Positional appointment	Not applicable	Duty Holder via DP	External Consultant (Water)
External Consultant	Appointed External	Yes	Yes	WSG by	Nationally recognised 3 day	Responsible	Alternative

(Water)	Consultant			example report and references	Responsible Person (Water) course	Person (Water)	appointed External Consultant
Risk Assessor	Appointed External Consultant	No	No	WSG by example report and references	Nationally recognised 3 day Responsible Person (Water) course	Responsible Person (Water)	Alternative appointed Risk Assessor
Contractor Competent Persons	As appointed by WSG	No	No	Responsible Person (Water)	As determined by RP(W) assessment	Responsible Person (Water)	Not applicable

13 MAIN RELEVANT LEGISLATION

The Health and Safety at Work etc. Act: 1974

The Management of Health and Safety at Work Regulations: 1999

The Water Supply [Water Fittings] Regulations: 1999

The Water Supply [Water Quality] Regulations: 2010

The Control of Substances Hazardous to Health Regulations: 2002

The Building Regulations: 1992

POL-CG-005

DIGITAL HEALTH AND CARE WALES

HEALTH, SAFETY AND WELFARE POLICY & PROCEDURE

This document provides information on the Health, Safety and Welfare of staff across all Digital Health and Care Wales (DHCW) Sites.

Document Version	V2
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Status	Approved
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Document author:	Michael McGrath, Estates and Compliance Manager
Approved by:	Claire Osmundsen-Little
Date approved:	13/05/2022
Review date:	13/05/2025

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

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

STRATEGIC OBJECTIVE	Driving value from data for better outcomes
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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>HEALTH CARE STANDARD</u>	Staying Healthy
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: March 2021
Yes, applicable	Outcome: Completed
Statement: Undertaken in March 2021, no negative impact	

<u>PUBLIC POLICY EXCEMPTION STATEMENT</u>	Choose an item.
Choose an item.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16 September 2022	
Audit & Assurance Committee	18 October 2022	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Sets our responsibility for the health and safety of Staff and visitors
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Compliance with Health and Safety and Environmental legislation
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Focuses upon health and safety to staff
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Sustainability

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
02/07/2020	1	Velindre NHS Trust	Approved Publication
13/05/2022	d1.1	Michael McGrath	Responsibilities updated to reflect DHCW processes
13/05/2022	v2	Michael McGrath	Version 2 for approval


1.2 REVIEWERS


This document requires the following reviews:

Date	Version	Name	Position
13/05/2022	v2	Julie Ash	Head of Corporate Services
13/05/2022	V2	Claire Osmundsen-Little	Executive Director of Finance

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Michael McGrath		
Role:	Estates and Compliance Manager		
Signature:	 _____ Michael McGrath	Date:	16/05/2022

Approver's Name:	Claire Osmundsen-Little		
Role:	Executive Director of Finance		
Signature:	 _____ Claire Osmundsen_little	Date:	

1.4 DOCUMENT LOCATION

Type	Location
Electronic	SharePoint – Integrated Management System

2 PURPOSE

The Health & Safety at Work Act 1974 provides the legislative framework to promote, stimulate and encourage high standards of health & safety at work. The Act is an enabling measure superimposed over earlier health and safety legislation, thus making one comprehensive and integrated system of law to deal with the health, safety and welfare of virtually all people at work and the protection of the public where they may be affected by the activities of people at work.

The particular objectives of the Act are:

- a) To secure the health, safety and welfare of people at work.
- b) To protect people other than those at work against risks to their health and safety arising out of work activities.
- c) To control the use of explosive or highly flammable or otherwise dangerous substances and generally preventing people from unlawfully having and using substances.
- d) To control the release into the atmosphere of noxious or offensive substances.

Under this Act, it is the duty of the employer to safeguard so far as is reasonably practicable, the health, safety and welfare of all employees including the provision and maintenance of safe plant and systems of work.

The Act also requires all employers to prepare a written statement of their safety policy and to bring that policy to the attention of all employees.

Compliance with the Health and Safety at Work Act is a legal requirement. As such, an offence, committed under the Act would constitute a criminal offense and could lead to prosecution, which could result in a fine and/or a term of imprisonment.

In addition to the Health and Safety at Work Act, a number of other Acts, Regulations, Codes of Practice and Guidance Notes have relevance within an organisation where a wide variety of work is undertaken. These are designed to ensure that the working environment and work in hand is conducted in an appropriate health and safety manner. As the legislation is constantly under review, the Health and Safety Policy MUST be continually reviewed on a regular basis. It MUST be active and not static and it MUST rely on the co-operation of each and every member of the organisation for which it is intended.

Although the ultimate responsibility for compliance with the Act rests with the employer, every employee also has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

Employees have a duty under the Act to take reasonable care to avoid injury to themselves or to others and to co-operate with employers and others in meeting statutory requirements.

The Act also requires employees not to interface with or misuse anything provided to protect their health, safety and welfare in compliance with the policy.

3 SCOPE

Health and Safety Policy and Procedure of:

Digital Health and Care Wales (DHCW) is based at the following sites:

Ty Glan-yr-Afon	Building 2, Castlebridge
21 Cowbridge Road East	Cowbridge Road East
Cardiff	Cardiff
CF11 9AD	CF11 9AB

Technium 2	17 Oldfield Road
Swansea Waterfront Innovation Quarter	Bocam Park
Kings Road	Pencoed
Swansea	Bridgend
SA1 8PH	CF35 5LJ

Media Point	Block A South
Unit 3, Mold business Park	Mamhilad House
Mold	Mamhilad Park Estate
Flintshire	Pontypool
CH7 1XY	NP4 0YP

The Chief Executive of DHCW is committed to health, safety and welfare of all employees and of those who may be affected by work related activities.

In recognition of the obligation imposed under the Health and Safety at Work Act 1974, Section 2(3), a DHCW Policy has been prepared as appropriate to the present organisation and in accordance with current legislation. The Policy will be reviewed annually or as the organisation changes and/or when legislation, codes of practice and official guidance dictate. Divisional Health & Safety Policies and Procedures support the DHCW Policy. This document details the Policy and Procedures for DHCW.

Management within DHCW regards health and safety management to be of equal importance as the provision of health care and quality and accepts ultimate responsibility for health and safety issues. The Management of health and safety for DHCW has been delegated to the respective Divisional Service Directors and responsibility many of these duties have been further delegated to Divisional Health and Safety Leads. Arrangements in place within DHCW are detailed in Part 2 – Organisation for Health, Safety and Welfare.

It is recognised that health and safety is a key responsibility for Managers and is included in all job descriptions. Effective health and safety management is based on a good understanding of risks and how to control them, this is achieved through good quality management.

DHCW has established a Safety, Health and Environmental (SHE) Group, which is made up of both management and trade union/staff representatives to ensure good and effective communication within the organisation.

Whilst overall responsibility to provide and maintain safe and healthy working conditions, equipment and

systems of work rests at the highest level of management, every individual has a responsibility to ensure so far as is reasonably practicable that the work environment is as safe and health as possible for everyone.

4 ROLES AND REPOSNSIBILITIES

4.1 Organisation for Health and Safety

The ultimate responsibility for compliance with Health and Safety Legislation in DHCW rests with the Chief Executive. The duty of implementing Health and Safety Regulations has, however, been delegated to:

- Service Directors.
- The DHCW Health and Safety Lead, who is responsible throughout DHCW for the implementation of DHCW's Health and Safety Policy and for presenting Health and Safety issues to the Executive Board.
- Each Department Manager or equivalent level of manager, who is responsible within their own area.

4.2 Responsibilities

4.2.1 DHCW

The DHCW Chief Executive will have overall responsibility for making sure that arrangements are in place for:

- Establishing a DHCW Safety, Health and Environmental Group, which is chaired by an appropriate Senior Manager (Health and Safety Lead) and has representation from all relevant departments and trade unions.
- Preparing and implementing the Organisational Structure and allocating responsibility for health and safety within DHCW and ensuring that the identified personnel (e.g. Health and Safety Lead, Departmental representatives) within DHCW are aware of their responsibilities.

The DHCW Health and Safety Lead will have responsibility for the following:

- Develop a health and safety action plan, which will be regularly monitored. A copy of the plan will be submitted to Senior Management Team and the Safety, Health and Environmental Group.
- Liaising with DHCW Risk/Health and Safety Manager.
- The monitoring of Health and Safety performance of all Departments.
- Ensure that risk assessments have been implemented for all activities within the DHCW departments.
- Ensuring that Health and Safety Procedures are developed with DHCW.
- Identifying a member of staff to act as Health and Safety Co-ordinator for DHCW.
- Ensuring all reports for incidents/accidents are entered onto Datix, DHCW reporting system.
- Ensuring fire risk assessments are carried out on a regular basis.

4.2.2 Directorates

Directorates have overall responsibility for:

- Ensuring that individuals are aware of their responsibilities for health and safety.
- Appointing Directorate Health and Safety Co-ordinators.
- Obtaining specialist advice where required by liaising with the Health and Safety lead and Risk Support Co-ordinator where required.
- Consulting and involving staff and safety representatives effectively.
- Ensuring that the right level of expertise is in place, for ensuring people receive proper training on recruitment, and when exposed to new or increased risks, changes in responsibility, the environment or the introduction to change or technology. Training must be repeated periodically where appropriate.
- For carrying out hazard and risk assessments in line with current legislation.

- For staff to have sufficient information about risks they face and the preventative measures.
- To prepare and implement as necessary effective safe systems of work.
- To monitor Health and Safety Performance.
- To ensure that risk assessments are carried out for activities with significant risk within the Department.
- To facilitate the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health, safety and welfare at work of staff within Directorate.
- Ensuring completion of Incident Report Forms for all incidents/accidents on the appropriate Incident Report Form, which should then be sent to the DHCW Health and Safety Lead Officer.

4.2.3 Health and Safety Coordinators

Directorates will designate a member of staff as Health and Safety Co-ordinator who will have the responsibility to:

- Organise the distribution of DHCW instructions and guidance to staff throughout the Directorate and other duties delegated to them by the DHCW Health and Safety Lead Manager.
- Assemble information on health and safety problems within the Directorate and communicate with the appropriate Directorate Head/DHCW Lead.

The role of the Health and Safety Co-ordinator is not to manage Health and Safety, but to act as a focal point for the exchange of health and safety information.

Managers/Team Leaders have a responsibility to ensure their staff are working in a safe environment and should immediately speak to their Directorate Health and Safety Representative if there is an issue within their Team/Section.

4.2.4 Individual Employees

All employees have a statutory duty of care, both for their own personal safety and that of others who may be affected by their acts or omissions.

All employees are required to co-operate with their Manager/Supervisor to enable DHCW to meet its own legal duties.

All employees are expected, in the course of their employment, to report to their Line Manager any hazardous situations or defective equipment.

4.2.5 Organisational Chart

The Organisation Chart can be viewed by each employee via Teams, it is also accessible via SharePoint.

5 REFERENCES

DOCUMENT	VERSION
Health & Safety at Work Act	1974
SOP-CS-003 Datix Risk Management	Current
SOP-CS-010 Lone Working Procedure	Current
SOP-CS-021 Fire Safety Management	Current
SOP-NWIS-010 Suspect Packages and Bomb Threats	Current
SOP-NWIS-005 Control of Substances Hazardous to Health (COSHH)	Current
PRSS-CS-007 Safety, Health and Environment (SHE)	Current
SOP-CS-016 First Aid Procedure	Current

6 PROCEDURE

6.1 General Safety Rules

A clean and tidy work area is a safer working area. All employees are required to keep their own work areas clean and tidy. It is responsibility of every employee to help clean all communal areas.

All employees must:

- Eliminate unsafe practices.
- Clear up their work area and keep it tidy at all times.
- Build safety into every step of the job.
- Wear and use safety equipment as instructed.

6.1.1 Training

- The identification of training needs is the responsibility of the Directorate Head.
- DHCW frequently appoints contractors to carry out a range of activities. Contractors must be issued with an induction pack upon signing any contract, the contractors will be expected to follow the policy, and the details outlined in the contractual agreement.
- Risk situations specific to the Department should be assessed for training.
- Health and Safety, Fire training, Manual Handling and Violence and Aggression is mandatory for ALL staff.
- Training in accordance with identified needs must be allocated to appropriately trained staff.
- DHCW Risk/Health and Safety Manager will be available to assist Managers in identifying training needs in all aspects of health and safety.
- DHCW reviews its Statutory and Mandatory Programme annually to comply with new legislation.
- The Workforce and Organisational Development Team maintain records of training for all Statutory and Mandatory training.

6.1.2 Committees/Working Groups

These committees will provide advice to Directorates in order to ensure that accountability is being discharged

properly and to ensure that the aims and objectives of DHCW are being achieved.

Committees include:

- DHCW Safety, Health & Environmental Group
- DHCW Health & Wellbeing Group
- DHCW Risk Management Group

6.1.3 Safety Rules

All Procedures/Safe Systems of Work must be monitored and regularly reviewed for their effectiveness.

Following risk assessments, the Directorate Heads/Team Leaders are responsible for devising, documenting and implementing any safe systems of work necessary in areas under their control, to eliminate hazards or minimise any risk to the health and safety of employees (or others).

The following rules cover a wide variety of aspects. They are designed to help maintain and improve safety performance and must be followed at all times. Where Safety rules/procedures exist, they must be followed without exception.

6.1.4 Risk Assessments

The requirements of the Management of Health and Safety at Work Regulations will be adhered to at all times, with assessments carried out for all hazardous activities that are carried out by DHCW and the necessary precautions taken as a result of these assessments.

Management will be responsible for ensuring that the required assessments are undertaken and for keeping a record of all completed assessments at the work location.

6.1.5 Fire Fighting Equipment

All DHCW sites have been provided with appropriate equipment to help detect an outbreak of a fire and minimise its spread throughout the building. A programme of inspections and maintenance will maintain all equipment.

Personnel must be familiar with the use of portable fire extinguishers and know the types of fire and which extinguisher to use.

6.1.6 Accident/Incident Reporting

All accidents or injuries, however minor, MUST be reported to Office/Departmental Managers at the earliest opportunity who are then responsible for taking immediate action and forwarding the relevant details to the Divisional Health & Safety Representative.

The DHCW Health & Safety Lead is responsible for ensuring an entry is made into the Datix (SOP-CS-003) system for each accident caused in or as a result of work carried out by DHCW and for reporting the accident to the enforcing authorities under the requirements of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

RIDDOR is the law that requires employers and other people in control of work premises to report and keep records of work-related accidents which cause death, work related accidents which cause certain serious

injuries (reportable injuries), diagnosed cases of certain industrial diseases and certain dangerous occurrences (incidents with potential to cause harm).

6.1.7 Personal Protective Clothing and Equipment (PPE)

Having regard to the nature of the work, personal protective clothing and/or safety equipment will be provided to carry out any jobs that present a risk to the individual. Wherever such equipment is provided it must be used to minimise the potential and/or the effect of injury.

6.1.8 Chemical Safety

The requirement of the COSHH regulations will be adhered to at all times, with an assessment carried out for every chemical used by DHCW and the necessary precautions taken as a result of this assessment.

Management will be responsible for keeping a record of all completed assessments along with a copy of the Material Safety Data Sheet (MSDS) for that product. (SOP-DHCW-005 Control of Substances Hazardous to Health)

6.1.9 Office Equipment

All necessary office equipment provided by DHCW will be maintained by an appropriate scheme of inspection and maintenance.

6.1.10 Portable Appliance Testing (PAT)

All electrical equipment will undergo portable appliance testing (PAT) on a periodic basis to ensure it is safe.

6.1.11 Visitors

All visitors must report to reception, where reception facilities exist, and sign in. the receptionist will check that the visitor is in possession of a visitors badge and contact the person who is being visited who will then make arrangements for them to meet in the Reception area. The person being visited is responsible for ensuring that on leaving the premises, the visitor signs out.

6.1.12 Manual Handling

The requirements of the Manual Handling Operations Regulations will be adhered to at all times, with assessments carried out for the manual handling tasks that are carried out within DHCW and the necessary precautions taken as a result of these assessments.

Management will be responsible for keeping a record of all completed assessments at the work location.

6.1.13 DHCW Vehicles

All company vehicles will be maintained to MOT standards. It is the responsibility of the drivers of these vehicles to inspect them for obvious defects prior to use and report any concerns. National speed limits should be observed at all times when travelling in vehicles.

Mobile phones must NOT be used when driving.

6.1.14 Young Persons

Where 'young persons' i.e. those under eighteen years of age, are employed or engaged on work experience, consideration will be given to the duties allocated to them and suitable supervision provided.

A specific risk assessment should be completed for any young person that is employed on a permanent or temporary basis by DHCW.

6.1.15 Expectant Mothers

Consideration will be given to the tasks allocated to expectant mothers, duties will be restricted i.e. no lifting. A specific risk assessment should be completed for any pregnant women employed on a permanent or temporary basis by DHCW. It is the responsibility of pregnant women to inform DHCW of the fact that they are pregnant in writing.

6.1.16 New Mothers

Risk assessments will be carried out for all new mothers on their return to work following Maternity Leave. If the mother is breastfeeding, facilities will be made available for milk to be expressed and store. Detailed arrangements to be agreed with the Department/Line Manager prior to return to work.

6.1.17 Out of Hours Working

Members of staff working outside of normal hours (07:30hrs to 18:00hrs, Monday to Friday) will be required inform security where premises are alarmed, and should ensure that a colleague is aware of their location. This includes staff 'working on' from normal hours.

6.1.18 Working Alone

Staff working alone should comply with instructions for Out of Hours Working where applicable. If a member of staff working alone has a medical condition, they should make appropriate arrangements to ensure someone (a nominated contact, which could be another member of staff or building security) is aware of their whereabouts and times they are working. If deemed necessary, the member of staff concerned should contact the nominated person at pre-arranged times.

If it is known that a member of staff will be required to work alone on a regular basis, a specific risk assessment should be carried out. (SOP-CS-010 Lone Working Procedure)

6.2 Discipline

Disciplinary action under the terms of DHCW's Disciplinary Procedure will be taken against any employee, regardless of status, who shows willful disregard for safe working practices. Where the total disregard for Safe Working Practices seriously affects the health and safety of themselves or that of any other employees, the employee may be summarily dismissed. Also the employer and their employees may be subject to prosecution under the Health and Safety at Work Act 1974.

6.3 Monitoring Arrangements for Health and Safety

6.3.1 Internal Monitoring

Health and Safety Audits (HSG65s) should be undertaken on a regular basis. The results will subsequently be included in the DHCW Action Plan.

A programme of SHE (Safety, Health and Environment. PRSS-CS-007) inspections are carried out on a quarterly basis at each site. Directorate Heads have responsibility for monitoring health and safety performance within their Directorates. Any identified problems should be considered, addresses and reported to the Health & Safety Lead and Committee via the Directorate Health and Safety Co-ordinator.

Recognised Trade Unions and Staff Organisations Health and Safety Representatives for DHCW have a function, which includes monitoring Health and Safety in the workplace. Employees also have a duty to monitor Health and Safety and to ensure that unsafe conditions and practices are brought to the attention of Representatives and Managers.

Problems emanating from any audit undertaken must be referred to the appropriate Directorate Service Directors for auctioning.

6.3.2 External Monitoring

External monitoring of Health and Safety within National Health Service premises is vested in the Health and Safety Executive.

Health and Safety Inspectors have right of entry to property or premises at any time and are empowered to obtain information and take possession of any article or substance.

6.3.3 Emergency Situations

Any member of staff discovering an emergency should raise the alarm by whatever method is appropriate for nature of the emergency.

a) **FIRE/BOMB THREAT** – Fire alarm systems, either automatic (e.g. smoke detection) and/or manually operated (e.g. break-glass) are designed to alert personnel to the danger of fire. The alarm signal may be intermittent (prepare for evacuation), a continuously ringing bell, or a hooter. Staff should know the alarm tone for the building and on hearing the evacuation alarm, evacuate the building to a safe location (the assembly points specified on Fire & Emergency Arrangements posters located on DHCW notice boards). If an individual discovers a fire, the first priority is to raise the alarm by an appropriate method (Fire Action notices are displayed by break-glass points) so that other occupants of the building are alerted to the danger and to ensure that the emergency services are informed. (SOP-CS-021 Fire Safety Management/SOP-NWIS-010 Suspect Packages and Bomb Threats)

b) **FIRST AID** – A First Aider should be contacted immediately to assist any physically injured or medically ill personnel. If required, Emergency Services should be called. First Aiders are responsible for ensuring each work location provides and maintains adequate first aid facilities for the treatment of minor injuries. (SOP-CS-016)

7 POLICY STATEMENT

This is the NHS Wales Informatics Service Health and Safety Policy Statement

Our statement of General Policy is:

- To provide adequate control of the health and safety risks arising from our work activities;
- To consult with our employees on matters affecting their health and safety;
- To provide and maintain safe plant and equipment;
- To ensure safe handling and use of substances;
- To provide information, instruction and supervision for employees;
- To ensure all employees are competent to do their tasks, and to give them adequate training;;
- To prevent accidents and causes of work related ill health;
- To maintain safe and health working conditions; and
- To review and revise this policy as necessary at regular intervals.

8 DEFINITIONS

TERM	DEFINITION
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

COSHH	Control of Substance Hazardous to Health Regulations 2002
MSDS	Material Safety Data Sheet
PAT	Portable Appliance Testing
Young Persons	Those under the age of eighteen years of age, who are employed or engaged on work experience
Out of Hours Working	Members of staff working outside of normal working hours
HSG65s	Health and Safety Audits

DIGITAL HEALTH AND CARE WALES

HANDLING CONCERNS AND COMPLAINTS

This Policy sets out the process for handling of any concerns or complaints raised with the organisation

Document Version	2
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Status	Approved
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Document author:	Julie Ash, Head of Corporate Services
Approved by:	Chris Darling, Board Secretary
Date approved:	01/08/2022
Review date:	01/08/2025

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:17/03/2021
Yes, applicable	Outcome: Positive
<p>Statement:</p> <p>This policy is predominantly intended as an internal facing policy which describes the staff responsibilities and the organisational structures needed to support the concerns management process.</p> <p>The policy is intended to make the concerns management process as quick and as fair as possible, with concerns being assessed on the basis of facts and in accordance with the Regulations. It is therefore felt that the impact is largely positive.</p>	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Safe services
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Links to Putting Things Right
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Potential for shared claims
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
001/04/2022	2	Julie Ash, Head of Corporate Services	Review to reflect enhanced methods of communicating concerns/complaints


1.2 REVIEWERS


This document requires the following reviews:

Date	Version	Name	Position
01/04/2022	2	Sophie Fuller Chris Darling	Corporate Governance and Assurance Manager Board Secretary

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Julie Ash
Role:	Head of Corporate Services
Signature:	<div style="text-align: center;">  <hr style="border: 1px solid black;"/> <p>Julie Ash Head of Corporate Services</p> </div>

Approver's Name:	Chris Darling
Role:	Board Secretary
Signature:	<div style="text-align: center;">  <hr style="border: 1px solid black;"/> <p>Chris Darling Board Secretary</p> </div>

2 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

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

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

3 POLICY STATEMENT

Digital Health & Care Wales (DHCW) is a national organisation focused on building and designing digital services for health and care in Wales.

However hard we try to deliver high quality systems and services, we do recognise that, on occasion, it could be possible for our service may fall short of expectations and give rise to Concerns or Complaints.

We deliver our functions by working in close cooperation with partners such as Welsh Government NHS Health Boards, NHS Trusts and Social Care. It is important that in considering any Concerns or Complaints we are cognisant of their role and contribution. The difference between a Concern and a Complaint

Concern. DHCW regards a Concern as an expression of worry or doubt over an issue considered to be important for which reassurance is sought.

DHCW will aim to resolve Concerns at the earliest opportunity. The process for handling a Concern is outlined in Section 9.

Complaint. DHCW regards a Complaint to be any expression of dissatisfaction about a DHCW action, or lack of action, or about the standard of service provided by us or on our behalf.

DHCW will aim to resolve a Complaint at the earliest opportunity.

The process for handling a Complaint informally (Informal Complaint) is outlined in Section 10 below.

Where an individual wishes to raise their Complaint formally (Formal Complaint) they may do so through raising a Complaint in accordance with Section 11 below.

4 SCOPE

A Concern or Complaint can be made under this policy by anyone. A DHCW employee can raise a Concern or a Complaint under this policy where the issue does not come under the All Wales Disciplinary, All Wales Respect and Resolution Policy or NHS Wales Raising Concerns Policy.

Whoever raises a Concern or makes a Complaint will suffer no detriment as a consequence of doing so.

5 PURPOSE

This document details DHCW's process for dealing with Complaints and Concerns and outlines how this should be managed.

The DHCW Special Health Authority is not recognised as a body under the Putting Things Right (PTR) Regulations however the organisation will need to co-operate with Welsh NHS bodies in any investigations they carry out under PTR with which the SHA has an indirect involvement.

Through the effective management of the process DHCW will aim, where possible and appropriate, to put things right. Where it is not possible to resolve matters to the satisfaction of the complaining party, we will explain why this is not possible and advise that they may raise the matter with the Public Service Ombudsman for Wales.

The DHCW Board supports organisational learning, which is then shared locally throughout DHCW. A key requirement is therefore the sharing of lessons learned arising from Complaints with the staff involved and, where relevant, the wider organisation and external stakeholders in order to share good practice and bring about real improvements.

DHCW welcomes the comments of service users, both positive and negative as these help us to improve our service.

6 COMPLAINTS INCLUDED UNDER THE POLICY

The Paragraphs below anticipate the areas that will be considered under our Complaints Handling Policy (this is not an exhaustive list).

It is anticipated that matters will be raised by staff or members of the public in respect of the following areas:

- a failure to provide or an adequate level of service;
- a lack of information and clarity;
- a difficulty in contacting DHCW;
- the treatment by or the attitude of a member of our staff;
- environmental issues;
- domestic issues;
- operational and procedural issues;
- a failure by us to follow the appropriate process; and
- dissatisfaction with the Complaints Handling Policy.

A Complaint by a member of DHCW staff that cannot be raised under the All-Wales Disciplinary Policy, All Wales Respect and Resolution Policy or NHS Wales Raising Concerns Policy can be dealt with under this Policy.

7 COMPLAINTS EXCLUDED UNDER THE POLICY

The following are matters which we cannot deal with under our Complaints Handling Policy:

- the subject matter can be raised by a member of staff under the All-Wales Disciplinary Policy, All Wales Grievance Policy or NHS Wales Raising Concerns Policy.

- a Complaint that has been investigated by the Public Services Ombudsman for Wales;
- a Complaint which arises out of an alleged failure of the Organisation to respond to a Freedom of Organisation request or Data Subject Access Request;
- matters relating to services not provided by or funded by DHCW;
- a Complaint where the complainant has already commenced legal proceedings, or has clearly indicated and intent to do so, rather than pursue the matter under this Complaints Handling Policy;
- a previously concluded Complaint or a request to have a Complaint reconsidered where DHCW has already given our final decision;
- a Complaint covered by Policies of other organisations;
- to patient treatment and care as DHCW does not treat patients directly (however see section 5);
- to disciplinary proceedings that DHCW is taking or proposing to take, arising from the investigation of a Complaint notified and dealt with in accordance with this Policy. In such circumstances these would be via DHCW's workforce procedures.

8 ROLES AND RESPONSIBILITIES

8.1 Chief Executive

The Chief Executive has overall responsibility for dealing with Complaints. This responsibility has been delegated on a day-to-day basis in accordance with the remaining provisions of this section 8.

8.2 Responsible officer – Head of Corporate Services

DHCW has designated the Head of Corporate Services to act as the responsible officer to oversee the day-to-day management of these arrangements.

The responsible officer ensures arrangements are in place to:

- manage and consider Complaints;
- ensure that Complaints are dealt with in compliance with this Policy;
- ensure arrangements are in place to review the outcome of all investigated Complaints to ensure that any failure in provision of service identified during the investigation are acted upon, improved and monitored in order to prevent recurrence;
- ensuring that an annual report is prepared summarising the organisation's activities in respect of Complaints.
- ensuring that arrangements for dealing with Complaints are published and that a copy of the arrangements is given free of charge to any person who requests it, in the format requested.

The Board Secretary can delegate responsibilities for Complaints to an authorised person but remains the accountable person in any situation.

8.3 Director role

It is the responsibility of the appropriate Director to undertake the investigation of a Complaint, appoint the Investigating Officer and to support their managers in conducting investigations within a timely manner to achieve the response targets. They are also responsible for undertaking quality assurance reviews of Complaint responses before they are submitted to the Chief Executive and Board Secretary. Directors are required to address any issues in relation to the quality of the investigation within their areas and to ensure lessons are being learnt and shared across the organisation, as appropriate, to improve services and prevent reoccurrence.

In certain circumstances it may not be deemed to be appropriate for a Director to undertake responsibility for an investigation arising from a Complaint in respect of their Directorate. This may arise where a Director is, for example, conflicted or too closely associated with the subject matter of the Complaint. In such circumstances a Director may be appointed from a different area of the organisation to ensure objectivity.

8.4 Investigating Officer

Complaints should be investigated by the most appropriate manager from the service area, function or programme appointed by the relevant Director. Investigating Officers will possess subject expertise to apply to the investigation and will work with a range of other managers and staff throughout the organisation to assist investigations. Where deemed appropriate an Investigating Officer may be appointed from a different area of the organisation to ensure objectivity. The Investigating Officer will receive appropriate training, this shall include wider training around cultural competencies and biases.

8.5 All staff

All staff must be aware of the organisational policies and procedures to ensure they know how to:

- deal with Complaints;
- learn from Complaints;
- cooperate fully and openly in the investigation of Complaints.

If a member of staff is involved at any level with a Complaint that involves a conflict of interest, they must declare an interest. Any Investigating Officer or person signing off a Complaint must not have any conflict of interest with either the complainant or the person about whom the Complaint is made.

9 PROCESS FOR HANDLING A CONCERN

A Concern may be raised by e-mail, in writing or by telephone.

Concerns will be resolved informally, without the need to use DHCW's formal Complaints process. DHCW will always try to deal with a Concern quickly and seek a swift resolution where possible.

Concerns should be logged through forwarding an email headed 'Concern' via the Feedback Form on the DHCW Internet Site. The email shall contain a brief description of the Concern.

Concerns may also be raised in writing to:

Chief Executive
Digital Health & Care Wales
Ty Glan-yr-Afon
21 Cowbridge Road East
Cardiff
CF11 9AD

If someone wishes to talk through their concern on the telephone, they should call 029 2050 0500 and state that they wish to raise a concern. The Receptionist will take details and arrange for an appropriate person to call them back on the same day.

The Concern must be made within three months of the event that has raised the concern.

10 PROCESS FOR HANDLING AN INFORMAL COMPLAINT

An Informal Complaint may be raised by e-mail, in writing or by telephone.

Many Complaints will be resolved informally without the need to use DHCW's formal Complaints process. DHCW will always try to deal with an Informal Complaint quickly and seek a swift resolution where possible.

All Complaints which are resolved informally should be logged through forwarding an email headed 'Informal Complaint' via the Feedback Form on the DHCW Internet Site. The email shall contain a brief description of the Informal Complaint.

Informal Complaints may also be raised in writing to:

Chief Executive
Digital Health & Care Wales
Ty Glan-yr-Afon
21 Cowbridge Road East
Cardiff
CF11 9AD

If someone wishes to talk through their informal complaint on the telephone, they should call 029 2050 0500 and state that they wish to raise an informal complaint. The Receptionist will take details and arrange for an appropriate person to call them back on the same day.

The Informal Complaint must be made within three months of the event that is being complained about.

11 PRINCIPLES FOR HANDLING A FORMAL COMPLAINT

DHCW is committed to dealing with Complaints in an open, accessible, and fair manner. The process set up for the investigation and handling of Formal Complaints will ensure:

- there is a single point of entry for the submission of Complaints;

INTERNAL – IF PRINTED THIS BECOMES AN UNCONTROLLED COPY

- Complaints are properly investigated in an open and efficient manner;
- the complainant is treated with respect and courtesy;
- the complainant's expectations are established and their involvement in the process sought;
- the Complainant is advised of a named person who will act as their contact throughout the handling of their Complaint;
- the complainant is advised of the availability of assistance to enable them to pursue their Complaint;
- the complainant receives a timely and appropriate response to their Complaint and is kept informed if there is a delay;
- the complainant is informed of the outcome of the investigation;
- the complainant is assured that if the Complaint is upheld, appropriate action has been/will be taken as a result of their raising a Complaint to prevent similar cases arising.

We will develop an understanding of why some members of the community who may wish to raise a Concern might not feel able to do so. This may be due to cultural, social, gender and other reasons, including sensory loss, any of which might result in ineffective communication. Staff should be mindful of the issues which might act as a barrier to people raising a Concern and look for ways to assure people that it is safe for them to raise an issue.

12 CONSENT

Information contained within a Complaint falls within the definition of personal data contained within the Data Protection Act 2018. Anyone can raise a Complaint and DHCW has a duty to consider whether it can be investigated. The investigation may need access to the person raising the Complaint's records.

Implied consent. Where the service user raises the Complaint regarding him or herself, then in doing so it can be deemed as implied consent to undertake an investigation. However, for the individual to be clear in the knowledge that their records may need to be accessed this should be explained in the acknowledgement letter, as this provides them with an opportunity to indicate that they do not wish their records to be accessed.

Required Consent. Where a representative raises a Complaint on behalf of someone else then they must provide proof that they have received such an instruction from the Complainant. A consent form will be made available on our website to support the process.

13 TWO STAGE INVESTIGATION PROCESS FOR A FORMAL COMPLAINT

The process through which an individual should raise a Formal Complaint is outlined in Section 14 below. DHCW will acknowledge a Formal Complaint within two working days of receipt.

An Investigating Officer will be allocated to a Formal Complaint within three days of its receipt.

Stage One: early local resolution DHCW will always try to resolve a Complaint quickly and within ten working days of receipt of the Complaint where possible. Where appropriate, this could mean an on-the-spot apology and an explanation if something has clearly gone wrong, and immediate action to resolve the problem. Where it is not possible to resolve a Complaint through the Stage 1 Process within

ten working days DHCW will confirm this in writing through a holding letter which will confirm the additional required time.

Stage Two: Investigation

In the event that the Complaint is not resolved to the satisfaction of all parties through the Stage One process or, DHCW deems the Complaint is more complex requiring more detailed investigation, the Stage Two procedure will be followed.

DHCW will provide its response as soon as possible. This will be no more than 30 working days after the receipt of the Complaint unless there is clearly a good reason for needing more time. Where such additional time is required DHCW will confirm this in writing through a holding letter. Where a Complaint has been escalated from Phase 1 to a Phase 2 the 30 working days shall be measured from the date of escalation.

14 MAKING A FORMAL COMPLAINT

The person making the Formal Complaint, or their representative, should inform the Chief Executive via the Feedback form on our Internet site headed 'Formal Complaint' or in writing to the Chief Executive Officer, at Tŷ Glan-yr-Afon, 21 Cowbridge Road East, Cardiff, CF11 9AD

To assist DHCW to respond to the Complaint as quickly as possible it should contain the following information:

- complainant's full name and address, and email address if this is the preferred method of contact,
- when the event happened;
- where the event happened;
- how the person making the Complaint would like DHCW to resolve the matter.

If the person would rather talk through their complaint on the telephone, they should call 029 2050 0500 and state that they wish to raise a complaint. The Receptionist will take details and arrange for an appropriate person to call them back on the same day.

The Complainant will receive an acknowledgement of their Complaint within two working days of it being received by DHCW.

The Complaint must be made within three months of the event that is being complained about.

DHCW will accept Complaints from the representatives of a person who is making a Complaint. This is subject to us having first received confirmation in writing that the person making the Complaint has appointed a representative to act on their behalf in the matter.

15 STAFF SUPPORT

Information about the investigation must be given to the staff involved in a truthful and open manner although if imparting this information may jeopardise the investigation, then it is advised not to inform

the member of staff.

The line manager of a member of staff who is a subject of a Complaint needs to consider what level of support they may need, as the member of staff may feel anxious and need reassurance and support as the investigation progresses.

In collaboration with the member of staff, referral to appropriate staff support services should be considered as required. Staff may also seek support from their relevant professional bodies or representative union.

16 QUALITY ASSURANCE

The organisations quality assurance process includes a review of investigations and response letters by the relevant Director and Head of Corporate Services.

It is the organisations policy that no final response letters should be sent by Managers directly to the person raising the Complaint. All final response letters must be approved and sent from the Chief Executive or nominated deputy.

17 REPORTING MECHANISM MONITORING THE PROCESS

All Complaints are monitored to ensure they have been adequately investigated, remedial action taken and that lessons have been learnt. DHCW's Executive Team will consider Complaint reports and make recommendations as appropriate.

All serious Complaints raised will be reported to the Management Board. Details of the subject and nature of the Complaints, together with the outcome of the investigations must be recorded.

Compliance with the stated time periods for response are monitored and reported. The Board will be made aware of Complaints which may adversely affect the reputation of the Board by the Chief Executive supported by the Board Secretary.

DHCW's performance in respect of handling Formal Complaints will be monitored and reported upon through the Governance Section of the Integrated Operational Performance Report.

An annual report will be provided to the Audit and Assurance Committee. The report will include the number of Complaints notified, the number of Complaints referred to the Public Services Ombudsman for Wales and the number of matters referred to redress.

This Policy will be monitored by the Management Board and the Audit and Assurance Committee and will be subject to review in light of new guidance legislation or organisational change.

18 INVESTIGATIONS UNDERTAKEN BY THE PUBLIC SERVICES OMBUDSMAN FOR WALES

If the person raising the Complaint remains dissatisfied following a Stage 2 Process outcome the

person raising the Complaint can refer the matter to the Public Service Ombudsman for Wales.

Contact details of the Public Services Ombudsman for Wales must be provided within the response letter to the person raising the Complaint.

19 EQUALITY AND WELSH LANGUAGE

DHCW shall undertake the implementation of this policy in accordance with the Equality Act 2010. Under the Act people are not allowed to discriminate, harass, or victimise another person on the basis of a protected characteristic defined as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

It is important where the Welsh Language forms part of the Complaint that the Complainant is advised that as well as the Public Services Ombudsman for Wales, they can take their Complaint to the Welsh Language Commissioner if they remain unhappy. This information should be included within the final response letter as appropriate.

Staff should also be sensitive to the requirements of Welsh speakers in the handling of their Complaints. Arrangements should be put in place to ensure they are able to raise their Complaints, discuss them with Welsh speaking members of staff and receive a response in Welsh.

20 STORAGE AND MANAGEMENT OF COMPLAINTS FILES

This file is the responsibility of the Investigating Officer. It is the responsibility of the Head of Corporate Services to ensure that when closing the Complaint, the file is complete, accurate and holds no contentious remarks as the information is disclosable.

21 GETTING HELP WITH THIS POLICY

If you require support on any element of this policy please contact the Head of Corporate Services or the DHCW.CorporateGovernance@wales.nhs.uk inbox.

APPENDIX 1

Concerns and Informal Complaint Process	Recording	Resolution
<p>A Concern or Informal Complaint must be raised with three months of the event</p>	<p>Concerns should:</p> <ul style="list-style-type: none"> • be logged by completion of the Feedback Form on the DHCW website, with the title "Concern" in the header; or • be made in writing to DHCW Headquarters; or • be logged with DHCW Corporates Services via the main switchboard number. <p>The submission should contain a brief description of the matter.</p> <p>Informal Complaints should be logged as above with the title "Informal Complaint" in the header</p> <p>The submission should contain a brief description of the matter.</p>	<p>DHCW will aim to resolve matters as soon as possible</p>

APPENDIX 2

Complaints Procedure	Stage One: Early, local resolution	Stage Two: Investigation	The Public Services Ombudsman for Wales
<p>A complainant or their representative can make a Formal Complaint via the Feedback Form located on the DHCW website with “Formal Complaint” in the title or in writing to the Chief Executive at Tŷ Glan-yr-Afon, 21 Cowbridge Road East, Cardiff, CF11 9AD or logged by telephone with DHCW Corporate Services on the main switchboard number</p> <p>The Formal Complaint must be raised within three months of the event.</p> <p>The following information is required to support a Formal Complaint:</p> <ul style="list-style-type: none"> Complainant’s full name and contact details When the event happened Where the event happened How the person making the Complaint would like DHCW to resolve the matter 	<p>The Stage One Formal Complaint must be acknowledged by DHCW within <u>two</u> working days.</p> <p>An Investigating Officer is to be appointed within <u>three</u> working days.</p> <p>We will try to resolve a Stage One Formal Complaint quickly within <u>ten</u> working days if we can.</p> <p>We will keep the complainant updated on our progress</p>	<p>The Formal Complaint will be reviewed at this stage if the complainant is dissatisfied with our response under Stage One</p> <p>Or,</p> <p>If it is clear that the matter is complex or needs detailed investigation.</p> <p>The Stage Two Formal Complaint must be acknowledged within <u>two</u> working days.</p> <p>An Investigating Officer is to be appointed within <u>three</u> working days.</p> <p>We will aim to reach a decision as soon as possible. This will be after no more than <u>30</u> working days unless there is clearly a good reason for needing more time.</p>	<p>If, after receiving our final decision, the complainant remains dissatisfied with our decision or the way we have handled their Complaint, we will advise they can ask the Public Services Ombudsman for Wales to consider the matter.</p>

DIGITAL HEALTH AND CARE WALES

INTEGRATED MEDIUM TERM PLAN

2023-2026

Agenda Item	2.9
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE the start of the Integrated Medium-Term Plan 2023-2026 development cycle.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	N/A
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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 27001
If more than one standard applies, please list below:	

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

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

[Workforce EQIA page](#)

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

Acronyms			
IMTP	Integrated Medium Term Plan		
PPMG	Planning and Performance Management Group		

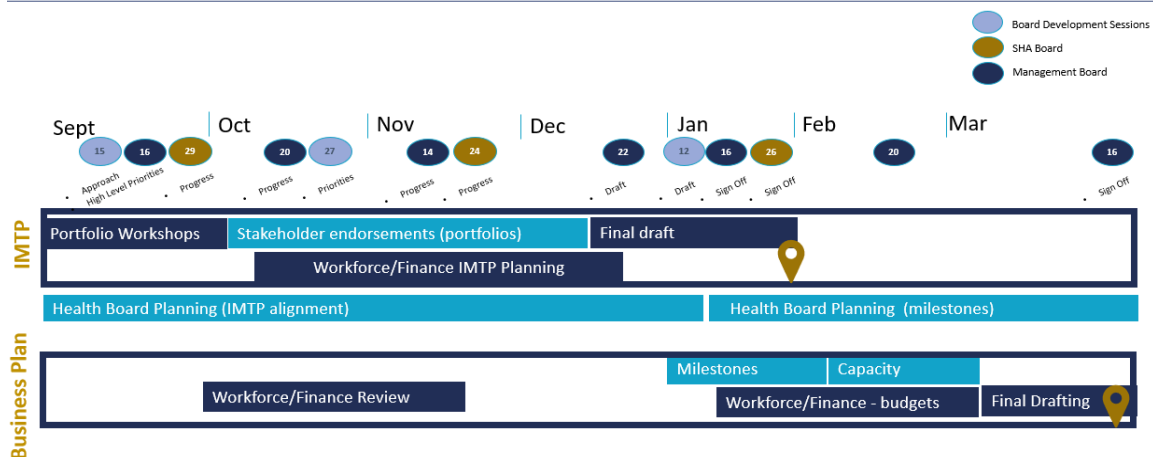
2 SITUATION/BACKGROUND

- 2.1 This document notes the start of the Integrated Medium Term Plan development cycle for 2023-2026.
- 2.2 The Welsh Government have indicated that the IMTP for 2023-2026 needs to be submitted on 31st Jan 2023 following approval by the DHCW Board. This is two months earlier than the previous year's plan. The main drafting of the plan would need to be completed by the end of Dec 2022 to enable Board sign off mid-January.
- 2.3 The Welsh Government determine the priorities, timing and general format of the IMTP, and issue guidance via a Planning Framework document during the Autumn. This guidance has not yet been issued by Welsh Government. However, DHCW teams are already undertaking preparatory work for the IMTP through a series of portfolio workshops.
- 2.4 The Audit and Assurance Committee will have the opportunity to comment on relevant areas before the final draft is taken to Board. The next committee meeting after the October 2022 meeting is early February 2023, and unless the Welsh Government dates change, this will be after the IMTP submission for approval. Therefore the committee will be asked to review outside of Committee.
- 2.5 Relevant topics for review will include:
 - Quality and regulatory
 - Decarbonisation / estates
 - Welsh language
 - Risk
 - Governance arrangements
 - Commercial services

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 This is the second year of IMTP submission as a Special Health Authority and the working assumption is to broadly stick to the objectives agreed with the DHCW Board during the last cycle. Significant engagement took place during the year culminating in an agreed approach signed off just six months ago. Therefore the same missions and portfolio approach will generally continue.
- 3.2 The diagram below shows the high level plan of both the three year IMTP and the DHCW Annual Business Plan. The dates of further discussion and reporting to the DHCW Board are noted in the timeline.

IMTP AND BUSINESS PLAN TIMELINE



3.3 Opportunities will be looked at to streamline and simplify the plan and to accommodate shifting priorities through the three year period of the plan.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The next committee meeting after the October 2022 meeting is early February 2023, and, unless the Welsh Government dates change, this will be after the IMTP submission for approval. Therefore the committee will be asked to review outside of Committee.

5 RECOMMENDATION

The Committee is being asked to:

NOTE the start of the Integrated Medium-Term Plan 2023-2026 development cycle.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Team Meeting	03/08/2022	Noted

Agenda item 3.1									
Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type	
20211005-A06	05/10/2021 Audit Wales to share the paper setting out WCCIS progress, following consideration by the Senedd Committee.	Wales Audit Office 3	04/11/2021	Audit Wales are in the process of preparing an update paper on WCCIS for the Senedd Public Accounts and Public Administration Committee. The paper will be shared with DHCW after it has been presented to the Committee for consideration sometime in January 2022. Update 4/07/2022 the report will be shared with DHCW colleagues following presentation at PACS and received at A&A October meeting.	Complete			Public	
20220503-A01	03/05/2022 A link to Centre for Digital Public Services (CDPS) to be provided. RG will be linking with CDPS and DHCW Health Care Standards Teams.	Chris Darling (DHCW - Board Secretary)	20/06/2022	Contact details of CDPS and DHCW standards staff shared for a joint discussion to take place.	Complete			Public	
20220704-A01	04/07/2022 Nathan Couch (Wales Audit) to feedback to colleagues the importance of digital in the backlog of planned care and update the Committee of comments back from colleagues.	Wales Audit Office 3	22/08/2022	Feedback provided and Audit Wales Director has responded to the Audit Committee member who raised the query.	Complete			Public	
20220704-A02	04/07/2022 Risk Management: The Committee agreed it was timely to look in more detail at some of the risks and were asked to give some thought on which area to look at and feed back to the Corporate Governance department in the next few days	Chris Darling (DHCW - Board Secretary)	11/07/2022	A deep dive is on the agenda for 18th October, focusing in on financial risks.	Complete			Public	

DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT PROGRESS REPORT 2022/23

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The Committee is asked to **NOTE** the Progress Report.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

Internal Audit Progress Report

Audit and Assurance Committee

October 2022

Digital Health and Care Wales

NWSSP Audit and Assurance Services



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



Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales



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<i>3. Other Activity</i>	<i>3</i>
<i>4. Recommendation</i>	<i>3</i>
<i>Appendix A: Progress against 2022/23 Internal Audit Plan</i>	<i>4</i>

1. Introduction

The purpose of this report is to:

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

2. Progress of the 2022/23 Internal Audit Plan

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

Total number of audits in plan (including one additional advisory review)	14
Final reports	3
Draft reports	3
Work in progress	2
Planning	3
Not yet started	3

3. Other Activity

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

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

4. Recommendation

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

Appendix A: Progress against 2022/23 Internal Audit Plan

Review	Status	Rating	Summary of recommendations	Anticipated Audit Committee ¹
Financial Sustainability	Draft Report			January
Risk Management	Not yet started			May
Performance Management	Work in progress			May
Corporate Governance	Not yet started			May
Embedding the Stakeholder Engagement Plan	Draft Report			January
Centre of Excellence	Planning			May
Workforce Planning	Planning			January
Recommendation Tracker	Final Report	Reasonable	3 Medium, 1 Low Priority	October
Switching Services	Draft Report			January
Technical Resilience	Not yet started			May
Cyber Security	Planning			May
Decarbonisation	Final Report	N/A	N/A – as management actions	October
Estates Compliance	Work in Progress			January
IT Stock Review	Final Report	N/A	32 recommendations (15 priority, 17 other)	October

¹ May be subject to change

DIGITAL HEALTH AND CARE WALES

RECOMMENDATION TRACKER

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is asked to receive the Internal Audit report for ASSURANCE which has been agreed with the Executive Lead.

1 IMPACT ASSESSMENT

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

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

- 2.1 The audit has been completed and the report has been produced in line with the Internal Audit Plan for 2022/23 for DHCW. The report has been rated as reasonable assurance.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

- 5.1 The Committee is asked to receive for **ASSURANCE** the Internal Audit report which has been agreed with the Executive Lead.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling	7 th September 2022	Report agreed

Recommendation Tracker

Final Internal Audit Report

September 2022

Digital Health and Care Wales



GIG
CYMRU
NHS
WALES

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



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales



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Review reference:	AB-2223-09
Report status:	Final
Fieldwork commencement:	6 th June 2022
Fieldwork completion:	5 th August 2022
Draft report issued:	11 th August 2022
Debrief meeting:	1 st July & 3 rd August 2022
Management response received:	7 th September 2022
Final report issued:	8 th September 2022
Auditors:	Simon Cookson, Director of Audit & Assurance Services Stephen Chaney, Deputy Head of Internal Audit Philip Lewis-Davies, Principal Auditor
Executive sign-off:	Chris Darling, Board Secretary
Distribution:	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 Institute of Internal Auditors

Acknowledgement

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

Disclaimer notice - please note

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

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

Executive Summary

Purpose

This internal audit has focussed on the Digital Health and Care Wales (DHCW) arrangements for the tracking of the implementation of agreed management actions, in response to internal and external recommendations raised.

Overview

We found an established reporting process in place, with a detailed Recommendation Tracker updated monthly. This identifies progress against the implementation of recommendations raised and forms the basis for the updates provided to the Management Board and Audit and Assurance Committee.


We have commented on matters that can improve the consistency and effectiveness of the tracking process including:

- the strengthening of the monitoring and reporting of management updates;
- the inclusion of follow up audit reports within the process; and
- the provision of further analysis of recommendations reported as complete, and how residual risk is being managed.

All matters arising are detailed in Appendix A.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Assurance objectives		Assurance
1	Sources of audit recommendations	Reasonable
2	Management mechanisms to monitor and report on the progress of the implementation of agreed management actions	Reasonable
3	Reporting to the Board and Committee the implementation progress of management actions agreed	Substantial
4	Escalation processes	Substantial

Matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Progress in Implementing Agreed Actions - Monitoring and Evidence	2	Design	Medium
2	Follow Up Audit Reports	1	Design	Medium
3	Assessment of Reported Completed Actions	2	Design	Medium
4	Recommendation Tracker Report Format	1	Design	Low

¹ 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 focussed on the monitoring and reporting processes adopted by Digital Health and Care Wales (DHCW), for tracking the progress of agreed management actions in response to internal and external audit recommendations received.
- 1.2 We assessed the DHCW recommendation tracking process that has been in use since April 2021.
- 1.3 We reviewed the following audit objectives:
 - the sources of internal and external audit recommendations received and agreed by DHCW management, and ensured that all management actions are tracked;
 - the mechanisms for the monitoring and reporting of progress in the implementation of agreed management actions to the Executives, commenting on the report format, frequency and audience;
 - the reporting of implementation progress to the Board and its Committees, commenting on the report format, frequency and audience; and
 - the processes for escalating the non-delivery, or late delivery, of agreed management actions.
- 1.4 The risks considered in the review included:
 - audit recommendations received by DHCW are not tracked;
 - management actions are not implemented in full, implemented on time and / or monitored in an effective manner;
 - progress in the implementation of agreed management actions is not evidenced; and
 - the Board / Executive Team is not kept regularly informed and updated.
- 1.5 DHCW also undertake internal reviews of control processes in support of ISO accreditation. The audit plans and results of such activities are separately reported to the Audit and Assurance Committee and are outside the scope of this review.

2. Detailed Findings

Objective 1: review the sources of internal and external audit recommendations received and agreed by DHCW management and ensure that all recommendations are tracked

- 2.1 DHCW track the implementation of agreed management actions in response to recommendations raised by Audit Wales and Audit and Assurance. The Recommendation Tracker is updated by the Corporate Services Team who also prepare the cover sheet for papers presented to the Audit and Assurance Committee.
- 2.2 We tested the Recommendation Tracker from May 2021 to May 2022 and found that all applicable recommendations raised were correctly included, with the

exception of one recommendation that had been removed in error (Audit Wales - recommendation 2019.1). This omission was identified by the Corporate Services Team, who have since introduced a reconciliation process to account for the movement from the most recent Recommendation Tracker to subsequent iterations.

- 2.3 We also noted that the treatment of follow up reports could be enhanced to include additional comments / updates to the Recommendation Tracker. We have raised this finding in [matter arising two in Appendix A](#).
- 2.4 In addition, the individual recommendation references within the Recommendation Tracker are not clear and do not reference the Internal Audit reports reference number or audit title. We also identified one anomaly relating to the incorrect reporting within the Recommendation Tracker of the rating applied to a specific recommendation, (NWIS 1920-03, Supplier Management, issued 8th June 2020). We have raised the need to enhance the clarity and integrity of the base data in [matter arising four in Appendix A](#).

Conclusion:

- 2.5 We have raised two matters arising under this objective. Whilst we have noted that the Corporate Services Team maintain a tracker of recommendations, we have commented on the need to reconsider the current treatment of follow up reports. We also identified improvements to procedures that would strengthen the clarity and integrity of the tracker recommendation base data being reported. Therefore, we have provided **reasonable assurance** over this area.

Objective 2: review the mechanisms for the monitoring and reporting of progress in the implementation of agreed management actions to the Executives, commenting on the report format, frequency and audience

- 2.6 The Recommendation Tracker is updated monthly by the Head of Corporate Services, to include new audit recommendations and to provide updates on ongoing management actions. A series of spreadsheets is maintained to manage the response updates received from managers. In addition, summarised tracker information is also provided to the monthly Management Board meetings and included within the Integrated Operational Performance Report (IOPR) presented at each Board meeting.
- 2.7 We tested management actions from January to March 2022, as reported in the monthly updated Recommendation Tracker and found them included appropriately. However, we tested the evidence in support of updates to the Tracker and identified two issues.
- 2.8 We found that there was no structure in place to ensure all recommendations are being monitored, progress evidenced, and updates compiled in a consistent manner. Furthermore, there was no indication that red / high level rated recommendations are subject to greater scrutiny than green / low rated

recommendations. We have raised these issues in [matter arising one in Appendix A](#).

2.9 We also noted that agreed actions reported as complete during the period May 2021 to May 2022 reflected a range of views on what constitutes the status of complete, including:

- agreed management actions are only partly addressed with no comment on any residual risk;
- agreed management actions are no longer considered applicable with limited explanation and comment on any residual risk; and
- examples of agreed management action relating to consideration by a relevant body do not provide comments on what decisions were made and how any underlying risk is being addressed.

2.10 There is benefit in centrally categorising and reporting the nature of those recommendations reported as complete. This would better inform those placing assurance on the Recommendation Tracker and to further the linkage to the risk management framework adopted by DHCW. We have raised this subject in [matter arising three in Appendix A](#).

Conclusion:

2.11 We have raised two matters arising under this objective, including the consistency of the update process across DHCW regarding evidence and challenge, and the requirement for ensuring there is a consistent approach to recommendations marked as complete. Therefore, we have provided **reasonable assurance** over this area.

Objective 3: review the reporting of progress in the implementation of agreed management actions to the Board and its Committees, commenting on the report format, frequency and audience

2.12 The Recommendation Tracker report format, as presented to each Audit and Assurance Committee meeting during the period May 2021 to May 2022, was reviewed together with the accompanying narrative paper. We found effective and sufficient information detailed, to enable the Committee to discuss and review each recommendation.

A standardised RAG status rating is applied to the implementation status of each agreed management action based on the following criteria.

RAG	Status
Green	Complete
Yellow	action is on target for completion by the agreed date
Amber	action is not on target for completion by the agreed date
Red	Action not completed and implementation date has passed

- 2.13 The narrative paper presented with the Recommendation Tracker comments on specific matters for consideration by the meeting (assessment) including progress since last meeting report presented, and key risks / matters for escalation to the Board / Committee.

Conclusion:

- 2.14 The Recommendation Tracker papers presented to each Audit and Assurance Committee meeting are sufficient to inform the Committee members in support of their obligations under the Terms of Reference of the Committee. This included the monitoring by management of agreed external and internal audit recommendations. We have not raised any matters arising under this objective. Therefore, we have provided **substantial assurance** over this area.

Objective 4: review the processes for escalating the non-delivery, or late delivery, of agreed management actions

- 2.15 There is a standing section in the cover sheet that is presented with the Recommendation Tracker at the Audit and Assurance Committee meetings. The narrative report comments on key risks / matters for escalation. Our review of the period May 2021 to May 2022 did not identify any matters of significance that required escalation to the Board.
- 2.16 In addition, the Audit and Assurance Committee is also charged with producing a Highlight Report of each meeting and presenting this to the next Board meeting. Furthermore, the Committee Chair can raise any matters immediately with the Chair of the Board.
- 2.17 The IOPR contains the latest audit schedule, as presented to the Management Board each month. This provides summary information on the progress of the implementation of management actions and is available to all Board members. The Board is therefore also made aware of key matters being discussed with management, as detailed in the audit schedule of the IOPR.

Conclusion:

- 2.18 There is a defined process in place to report Recommendation Tracker related matters for escalation to the Audit and Assurance Committee and onwards to the Board, if required. These mechanisms were reviewed for the period May 2021 to May 2022 and noted that escalation structures were evident but that no significant matters were reported. Whilst we have not been able to test this process, in the absence of any escalated matters, we have confirmed that the process is appropriate. Therefore, we have provided **substantial assurance** over this area.

Appendix A: Management Action Plan

Matter arising 1: Progress in Implementing Agreed Actions - Monitoring and Evidence (Design)	Impact
<p>A review of progress in the implementation of agreed management actions reported in the Recommendation Tracker in January 2022 and then March 2022, as presented to the Audit & Assurance Committee, was performed and a sample of 10 updates was selected for further review, noting the level of information received by Corporate Services in support of the update recorded in the Recommendation Tracker. The following issues with current practice were noted:</p> <ul style="list-style-type: none">• Each audit recommendation has an allocated responsible manager or department allotted responsibility for the delivery of the related agreed management actions. However, there is no guidance available to responsible managers regarding the monitoring process and the level of evidence required to be compiled and retained to support the update assessments of progress in the implementation of agreed management actions. This lack of guidance has resulted in different approaches being adopted by responsible managers and departments.• There is no differentiation between the ratings of recommendations in terms of reporting progress. An expectation that red / high rated recommendations are prioritised in terms of monitoring activity and supporting evidence over low / green rated recommendations was not evidenced during the audit review. For example, there was no requirement for responsible managers or departments to provide more detailed updates, nor to provide additional evidence in support of the higher rated recommendations.• The reporting of progress by responsible managers and departments is not subject to a consistent challenge process with no review of evidence performed to support the progress reported.	<p>Potential risk of:</p> <p>The monitoring process adopted by responsible managers and departments is:</p> <ul style="list-style-type: none">• not consistent across the DHCW, limiting the value to be gained from the Recommendation Tracker;• does not match greater resources to the higher rated recommendations, resulting in an inefficient allocation of resources; and,• is not subject to a consistent challenge, limiting the assurance that can be gained from the Recommendation Tracker.

Recommendations		Priority	
1.1	<p>We recommend that guidance should be developed to provide managers and departments with clarity of the monitoring process to be followed, and evidence required, to support the update assessments of progress in the implementation of agreed management actions.</p> <p>Any guidance developed should consider:</p> <ul style="list-style-type: none">• Variation in monitoring process based on the ratings of recommendations, there being an expectation that red/high rated recommendations are prioritised in terms of the level of monitoring activity and supporting evidence required over medium/amber and low/green rated recommendations.• Adoption of a consistent challenge process to progress as reported by responsible managers and departments.	Medium	
Management Responses		Target Date	Responsible Officer
1.1	A Standard Operating Procedure (SOP) will be developed to provide managers and departments with clarity of expectations to support the update assessments of progress against actions raised. The SOP will include reference to prioritisation of highly rated recommendations and a methodology for challenge where the process is not being followed.	November 2022	Head of Corporate Services

Matter arising 2: Follow Up Audit Reports (Design)

Impact

An exercise was performed to reconcile audit reports issued with that reported on the Recommendation Tracker since 1 April 2021. This was to identify NWIS issues that have been absorbed by DHCW.

We identified a Supplier Management Follow-up internal audit report (NWIS 2021-05) that was issued during April 2021 and showed recommendations three and five as not being fully implemented. However, no reference was made to this on the Recommendation Tracker at the time.

From the same audit report, recommendation SM3 was previously reported as implemented during September 2020 on the Recommendation Tracker. However, the follow-up report from April 2021, identified this as partially complete, with some work still required to fully implement the recommendation.

Likewise, recommendation SM5 previously was reported as due for implementation in June 2021 within the original audit report. However, the follow-up report from April 2021 stated 'not implemented', and thus should have been present on the Recommendation Tracker until June 2021, but it was not included.

Whilst it was noted that both recommendations are now implemented in full, DHCW should ensure that follow-up audit reports are compared with the Recommendation Tracker to ensure consistency in outstanding recommendations.

- Potential risk of:
- Results of any follow up reports are not reflected in the Recommendation Tracker.
 - The level of assurance to be gained from the Recommendation Tracker is not maximised.

Recommendations

Priority

2.1 DHCW should ensure recommendations raised within follow-up audit reports are reviewed. Where the implementation status is different from the Recommendation Tracker this should be investigated and the Recommendation Tracker updated if required.

Medium

Management Responses

Target Date

Responsible Officer

2.1 Any actions identified within follow-up audit reports will be reviewed and the implementation status within the Recommendation Tracker reconciled with the report.

October 2022

Head of Corporate Services

Matter arising 3: Assessment of Reported Completed Actions (Design)

Impact

A review of agreed actions that progressed to complete in the period May 2021 to May 2022 identified that there is a range of views on what constitutes a status of complete as applied to agreed management actions.

Agreed management actions are being reported as complete when all management actions have been completed in full, but also when:

- agreed management actions are only partly addressed with no comment on any residual risk;
- agreed management actions are no longer considered applicable with limited explanation and comment on any residual risk; and
- agreed management action relating to consideration by a relevant body has been actioned but they are not detailed providing no comment on what decisions were made and how any underlying risk is being addressed or reported through the risk management process.

There is no summary or indication as to the nature of those agreed management actions reported as complete in the Recommendation Tracker.

Potential risk of:

- Inconsistent assessment applied by responsible managers and departments when determining what comprises reporting progress as complete.
- Some agreed management actions reported as completed despite any underlying risk not being addressed, or residual risk not being reported and managed.
- The level of assurance gained from the Recommendation Tracker is not maximised and not linked to the Risk Management Framework.

Recommendations

Priority

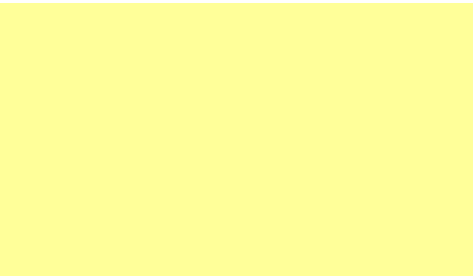
3.1 We recommend that a central classification of recommendations, reported as complete, should be developed and communicated to all relevant managers.

Examples of completion status, and additional information required, to be considered are:

- Actions completed in full as per agreed management actions.

Medium

- Actions partially completed, acknowledging that partial completion has residual risk - need to reference that residual risk is assessed and reflected on the risk register where deemed required.
 - Actions no longer applicable – need to provide reasoning and confirm no short-term or long-term risk exposure.
 - Actions to “consider” - need to detail the result of consideration by relevant parties.
- 3.2 Any interim risk exposure from outstanding / partially completed recommendations should be referenced on the risk register.



Management Responses		Target Date	Responsible Officer
3.1	Classification of the completion status of recommendations will be included in a Standard Operating Procedure (SOP) which will be published in the Integrated Management System.	November 2022	Head of Corporate Services
3.2	The requirement to record any interim risk exposure from outstanding/partially completed recommendations on Datix will be included within the SOP.	November 2022	Head of Corporate Services

Matter arising 4: Recommendation Tracker Report Format (Design)		Impact
<p>A review of the Recommendation Trackers presented to the Audit and Assurance Committee and the Management Board was performed. The following matters were noted:</p> <ul style="list-style-type: none">The recommendation references to the source audit report in the Recommendation Tracker are not clear and do not reference the Audit Report title or unique reference number. It is not readily evident as to which report is being monitored within the Recommendation Tracker.We also identified discrepancies with recommendation one (rated high) from the Supplier Management audit completed during 2020. This review was subsequently followed up during 2021 and the priority rating recorded within the Recommendation Tracker was not consistent with the audit report.		<p>Potential risk of:</p> <ul style="list-style-type: none">Confusion existing as to which audit report is being referred to in the Recommendation Tracker, limiting the effectiveness of assurance being provided to Management Board and the Audit and Assurance Committee.Base data on the Recommendation Tracker is not in agreement with the audit reports. Information provided to the Management Board and the Audit and Assurance Committee is not correct.
Recommendations		Priority
<p>We recommend that :</p> <p>4.1 The recommendation references to the source audit report in the Recommendation Tracker should include the audit report title and the unique reference number of the issued report, to improve clarity and ease of tracking back to underlying reports as and when required.</p> <p>4.2 There should be a review of each completed recommendation to ensure the base data is correct. Once this has been completed, the cells within the spreadsheet should be protected.</p>		<p>Low</p>

Management Responses		Target Date	Responsible Officer
4.1	The source audit report reference will be included in the Recommendation Tracker.	November 2022	Head of Corporate Services
4.2	Once a recommendation has been notified as complete, the entry will be reviewed against the original source report to ensure the base data is correct.	November 2022	Head of Corporate Services

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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DIGITAL HEALTH AND CARE WALES

DECARBONISATION

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is asked to NOTE the Internal Audit report which has been agreed with the Executive Lead.

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
No, (detail included below as to reasoning)	Outcome:
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	Yes, please detail below
	Delayed progress towards achieving a zero net carbon position.

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

- 2.1 The audit was scheduled to be completed in line with the Internal Audit Plan for 2022/23 for DHCW. We intended to complete a decarbonisation audit across most NHS Wales organisations (with the exception of Public Health Wales or Health Education and Improvement Wales). However, having reviewed all Decarbonisation Action Plans (DAPs), supporting information for most NHS Wales bodies and fully concluding the fieldwork at five of 11 audits, it was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees.
- 2.2 Accordingly, the decision was taken to affirm common themes and to provide an overview of the overarching position across NHS Wales. An action plan of common themes was compiled and is included within Appendix A of the Decarbonisation report included within the agenda.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Committee is asked to consider the content and management actions listed within the report.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the Internal Audit report which has been agreed with the Executive Lead.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling / Claire Osmundsen-Little	6 th October 2022	Report agreed

Decarbonisation Final Report

October 2022

NWSSP Audit and Assurance Services



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



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Report status:	Final
Draft report issued:	27 th September 2022
Management response received:	5 th October 2022
Final report issued:	6 th October 2022
Auditors:	NWSSP Audit & Assurance: Specialist Services Unit
Committee:	Audit Committee



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

Acknowledgement

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

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

1. Context

- 1.1 The Welsh Government is party to international agreements to reduce carbon emissions and control climate change, most notably those arising from the 2016 Paris Accord.
- 1.2 The “NHS Wales Decarbonisation Strategic Delivery Plan” was published in March 2021, setting interim targets (from a 2018/19 base) of a 16% reduction by 2025 and a 34% reduction by 2030.
- 1.3 In October 2021 the Welsh Government set out its second carbon budget, Net Zero Wales, which confirmed:

“Our ambition is for the public sector to be collectively net zero by 2030”.

Welsh Government, October 2021

- 1.4 NHS Wales is also required to comply with the Well-being of Future Generations (Wales) Act 2015. It requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

2. Background

- 2.1 In accordance with the “NHS Wales Decarbonisation Strategic Delivery Plan”, Health Boards, Trusts and Special Health Authorities were required to develop their own Decarbonisation Action Plans (DAP), demonstrating how NHS Wales organisations would implement the Strategic Delivery Plan initiatives. The DAP’s were submitted to Welsh Government in March 2022.
- 2.2 A peer review of DAP strategies was held on 12 July 2022 led by Welsh Government and attended by all NHS Wales organisations. The general conclusions across all plans were:
 - the targets detailed within the plans showed low aspirations;
 - there were concerns associated with their successful delivery, primarily due to resource availability (financial and physical); and
 - there were a small number of issues associated with their compilation/format.
- 2.3 Specific feedback was also provided to each organisation by Welsh Government.
- 2.4 In July 2022, Audit Wales issued their review of Public Sector Readiness for Net Zero Carbon by 2030 (fieldwork conducted between November 2021 and January 2022). The review included an assessment of NHS Wales organisations and concluded that:

“There is clear uncertainty about whether the public sector will meet its 2030 collective ambition. Our work identifies significant, common barriers to progress that public bodies must collectively address to meet the ambition of a net zero public sector by 2030. And while public bodies are demonstrating commitment to carbon reduction, they must now significantly ramp up their activities, increase collaboration and place decarbonisation at the heart of their day-to-day operations and decisions”.

Audit Wales, July 2022

- 2.5 In September 2022, Health bodies will be required to make two separate submissions to Welsh Government, the first of these being quantitative (i.e. showing progress against the baseline CO₂ figures set in 2019) and the second qualitative, being a report detailing progress against their Decarbonisation Action Plan (DAP).

3. Approach

- 3.1 Audits were planned to be undertaken simultaneously across NHS Wales to provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change as outlined above. Reviews were not scheduled at Public Health Wales or Health Education and Improvement Wales for 2022/23.
- 3.2 Risks to be considered included:
- Regulatory/legislative risk through not achieving mandated reductions in carbon emissions;
 - Reputational risk by failing to meet emission targets.
 - Failing key stakeholders by not reducing carbon emissions which have a detrimental effect on health, and thereby, not meeting the requirements of the Well-being of Future Generations (Wales) Act (2015).
- 3.3 Having reviewed all DAPs, supporting information for most NHS Wales bodies and fully concluding the fieldwork at five of 11 audits, it was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees.
- 3.4 Accordingly, the decision was taken to affirm common themes within this report, to provide an overview of the overarching position across NHS Wales. An action plan of common themes is provided at **Appendix A**.
- 3.5 The audit of Decarbonisation arrangements at DHCW was one of the five fully concluded reviews and accordingly a specific action plan is provided at **Appendix B**.

4. Summary Observations

- 4.1 While there are variations between the NHS Wales bodies, broadly each is at an early stage of implementation. The following were common themes observed across those reviewed:

Governance

- Governance arrangements at a strategic level were generally good with senior leadership demonstrated.
- Recruiting to additional operational posts has proven difficult – with the limited appointments to date coming from the existing public sector staff pool. These appointments are key to being able to implement the agreed strategies (see **Management Action 1**).

Localised strategy

- All NHS Wales organisations supplied their Decarbonisation Action Plan (DAP) by 31 March 2022 detailing their response to the NHS Wales Decarbonisation Strategic Delivery Plan and the 46 associated initiatives.
- WG provided positive feedback to each organisation on their submissions but concluded overall that there were concerns associated with their successful delivery (primarily due to the availability of financial and physical resource), together with low aspirational targets detailed within the plans.
- Few of the strategies had been costed, and none had associated funding strategies – particularly noting that ring-fenced central funding for 2021/22 was £16m with no provision made in 2022/23 (see **Management Actions 2 & 3**).
- In each instance, the decarbonisation strategies were clearly part of corporate planning and included/reflected within the respective Integrated Medium-Term Plans (IMTPs).

Monitoring & reporting

- Organisations were ISO 14001 accredited ensuring that appropriate Environment Management Systems were in place to manage their environmental performance.
- Each NHS Wales organisation's performance will be assessed against baseline data prepared by the Carbon Trust. Issues have been identified with the baseline data and the disaggregation of the data for reporting purposes. Each organisation should seek assurance on the accuracy of the baseline data (see **Management Action 4**).
- Each NHS Wales organisation should ensure that appropriate engagement is established with NWSSP Procurement Services as a significant contributor to the carbon reductions outlined within respective DAPs and formalise arrangements as appropriate (see **Management Action 5**).

- Each organisation had met its obligations for national reporting to date.
- Internal reporting to date had understandably been limited, with the level of reporting increasing after Welsh Government's review of the DAPs.
- There was therefore a need to fully roll-out the structures to support appropriate monitoring and reporting within the NHS Wales organisations reviewed (see **Management Action 6**).
- It is important that the profile of decarbonisation is increased to reflect the challenge faced, for example general Terms of Reference are reviewed to reflect decarbonisation commitments, and decarbonisation is set as a standard agenda at all appropriate Executive meetings (see **Management Action 7**).
- Potential collaboration should be considered on an All-Wales basis, particularly in relation to consultancy advice and training resource (see **Management Actions 8 & 9**).

Project delivery

- The Welsh Government Estates Funding Advisory Board (EFAB) oversaw the allocation and delivery of the £16m decarbonisation funding for 2021/22 with each NHS Wales organisation successfully securing funding.
- In each instance, adequate records were retained to support the expenditure and the achievement of the original objectives; Post Project Completion Reports were produced and submitted to WG for all funded schemes.
- No ring-fenced WG capital funding was made available for 2022/23. WG offered up to £60k of revenue funding for schemes, however several NHS Wales organisations' bids could not be supported due to them being considered capital bids (see **Management Action 10**).
- NHS Wales Organisations were also self-funding initiatives from their discretionary programme. It is important that the cost benefit of these schemes is also subject to challenge and scrutiny for inclusion within the overall data (see **Management Action 11**).

5. Conclusion

- 5.1 In conclusion, whilst some progress has been observed, this has been restricted by the availability of financial and staff resource. The recommendations made aim to aid management in driving forward the strategies, whilst also highlighting some of the competing pressures/ risks.
- 5.2 It is recommended that an audit is scheduled for early 2023/24 with the proposed scope to include governance, strategy progress and implementation.
- 5.3 Additionally, as part of 2023/24 Internal Audit planning update, discussions will be held with management on the appropriateness of other areas within the decarbonisation programme including, for example:

- Procurement and supply chains;
- Application of “Best practice Pharmaceutical waste practice”;
- Transport;
- Fleet and business travel;
- Staff, patient and visitor travel;
- Catering; and
- People and workforce e.g. training, policies, and working arrangements.

Appendix A: Common Management Action Plan

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
MA 1	Appropriate strategies should be developed to ensure that recruitment and retention issues experienced to date do not impact significantly on the achievement of the DAPs.	Plans have been made to appoint dedicated resources which will be supported by other resources from across the organisation	Complete
MA 2	DAPs should be fully costed to fully determine the total funding required.	Work will be undertaken to fully cost DHCW's DAP (in conjunction with Finance)	Head of Corporate Services March 2023
MA 3	DAPs should be supported by funding strategies e.g. differentiating between local/ national funding, revenue or capital funding etc.	Revenue and capital budgets have been agreed and it is planned to source funding from national schemes	Complete
MA 4	NHS Wales Organisation's baselines should be adequately scrutinised and challenged, as errors and overreporting has been identified in a few examples to date.	Welsh Government have reviewed DHCW's baseline and included it in their	Complete

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		benchmarking figures for NHS organisations	
MA 5	As a major contributor to the achievement of the targeted reductions appropriate engagement will be established with NWSSP Procurement Services (and formalised as appropriate).	DHCW are members of the Welsh Government Transport and Procurement Workstream (led by NWSSP) which will be looking at reductions in Procurement emissions	Complete
MA 6	Proposed management/accountability structures should be fully implemented as intended within the DAPs.	DHCW's Sustainability Strategy sets out the accountability structure for Decarbonisation	Complete
MA 7	Where decarbonisation falls within the existing environmental remit of committees/ meetings, it is important that an appropriate profile is set. Terms of Reference and agendas should be reviewed to ensure that sufficient focus is provided.	The Audit and Assurance Terms of Reference confirm focus on Environmental Sustainability and the Decarbonisation Group Terms of	Head of Corporate Services October 2022

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		Reference will be published within the Integrated Management System	
MA 8	Potential collaboration and common utilisation of decarbonisation resource should be considered on an All-Wales basis, particularly in relation to consultancy advice and training resource.	DHCW will request access to any shared resources for consultancy and training	Head of Corporate Services October 2022
MA 9	In accordance with the NHS Wales Decarbonisation Strategic Delivery Plan, HEIW/ collaborative training should be commissioned on an All-Wales basis to provide both common and tailored decarbonisation training.	As above	Head of Corporate Services October 2022
MA10	Given the scarcity of funding, it is important that bids for funding are appropriately considered prior to submission.	All bids are jointly considered with Finance	Complete
MA11	The same rigour and monitoring should be applied to internally commissioned/ funded initiatives to ensure the outcomes are adequately recorded/reported.	Scrutiny is in place for all schemes i.e. spend to save	Complete

Appendix B: DHCW Specific Management Action Plan

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
DHCW 1	Management should minute discussions of the Decarbonisation Working Group to ensure key discussions/ decisions are recorded.	Decarbonisation Working Group will be formally minuted	Head of Corporate Services October 2022
DHCW 2	Management should confirm the baseline with Welsh Government, including timescales for any re-assessment (pending more accurate means and data for assessment and verification - e.g. as per All-Wales Objective 25 – due diligence in supplier carbon emission calculations & 7.5.4 of the DHCW Strategic Delivery Plan).	The DHCW baseline will be confirmed with Welsh Government	Head of Corporate Services October 2022
DHCW 3	Decarbonisation roles should be formally defined for all employees e.g. via job descriptions for new employees, certificates of responsibility (for key roles), or a programme execution plan.	Job Descriptions for new roles will contain a statement regarding responsibilities in this area and roles with specific responsibilities will be formally defined	Head of Corporate Services December 2022
DHCW 4	Management should consider capitalising resource associated with capital funded scheme initiatives.	DHCW will consider capitalising any resources engaged purely to manage	Head of Corporate Services

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
		capital decarbonisation schemes	October 2022
DHCW 5	The methodology of procurement assessment should be agreed with Welsh Government (to include procurement of cloud computing services & also noting the proposed move to Tier 2 / 3 assessment methodology in accordance with WPPN 12-21 - as per the DHCW Strategic Delivery Plan).	DHCW engage with Welsh Government on these issues through attendance at the Welsh Government Transport and Procurement Workstream (led by NWSSP) & are largely agreed. Discussions on cloud computing are being addressed.	Head of Corporate Services March 2023
DHCW 6	Reporting against initiatives should include costs and out-turn compared to target.	DHCW will fully cost their Decarbonisation Action Plan to enable this	Head of Corporate Services March 2023
DHCW 7	Management should enhance emissions reporting to include commentary on any variances in actual/ forecast data e.g. gas and electric consumption.	DHCW will include explanations for variances in future reporting	Head of Corporate Services October 2022

Ref.	Recommendation	Management Comment/ Agreed Action	Responsible Officer/ Deadline
DHCW 8	Management should additionally monitor and report embedded changes contributing to carbon reduction (e.g. training in decarbonisation, localised air conditioning, electronic authorisations and administration).	An Achievements section will be included in future reports	Head of Corporate Services October 2022



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DIGITAL HEALTH AND CARE WALES

AUDIT WALES UPDATE COVER REPORT

Agenda Item	4.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Nathan Couch, Audit Wales
Presented By	Nathan Couch, Audit Wales

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

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	The audit work will specifically cover corporate risks where appropriate.
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

- 2.1 The paper provides an update on financial audit work, performance audit work, details of good practice events and resources, and a list of NHS-related audit reports published by Audit Wales since our last update to the Audit and Assurance Committee in July 2022.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The financial statements audit work is now complete, and the Auditor General certified the Performance Report, Accountability Report, and Financial Statements on 15 June 2022. These were laid before the Senedd on 17 June 2022.
- 3.2 We have completed our review of the ICT environment and application controls and considered progress made by DHCW in addressing our 2021-22 audit recommendations, as well as any outstanding recommendations made in previous years. We will be reporting the findings from this work to Audit and Assurance Committee in February 2023.
- 3.3 Our Structured Assessment work commenced in June 2022. We have concluded the fieldwork phase of the review and our intention is to present the report for consideration at the Audit and Assurance Committee meeting in February 2023.
- 3.4 We have agreed with Executive Directors that the focus of our local work will be around governance and budget arrangements for Digital Primary Care Services. We are currently scoping this work and will update the committee as work progresses.
- 3.5 Three NHS-related reports have been published since we last provided an update to the Audit and Assurance Committee in July 2022 – The Welsh Community Care Information System Update Letter; Public Sector Readiness for Net Zero Carbon by 2030; and Equality Impact Assessments: More than a tick box exercise? A summary of the key messages from these reviews are provided in Appendix 1 of the update.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No matters for escalation to the Committee.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

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

Date issued: October 2022

Document reference: 2901A2022

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

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

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

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Audit and Assurance Committee Update

About this document

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

Financial audit update

- 2 **Exhibit 1** summarises the status of our key accounts audit work currently underway.

Exhibit 1 – Accounts audit work

Area of work	Current status
Audit of financial balances transferred from Velindre University NHS Trust to DHCW	Completed
Audit of the 2021-22 Performance Report, Accountability Report and Financial Statements	Completed The Auditor General certified the Performance Report, Accountability Report, and Financial Statements on 15 June 2022. They were laid before the <u>Senedd</u> on 17 June 2022.

- 3 The Audit and Assurance Committee will be aware that we review the ICT environment and application controls that are applied to the national financial systems hosted by DHCW for the purposes of providing assurance for NHS financial audit opinions. We have completed our review and have also considered progress made by DHCW in addressing our 2021-22 audit recommendations, as well as any outstanding recommendations made in previous years. We will be reporting our findings to the Audit and Assurance Committee in February 2023.

Performance audit update

- 4 The following tables set out the performance audit work included in our current and previous Audit Plans, summarising:
- completed work since the last Audit and Assurance Committee update (**Exhibit 2**);
 - work that is currently underway (**Exhibit 3**); and
 - planned work not yet started or revised (**Exhibit 4**).

Exhibit 2 – Work completed

Area of work	Considered by Audit and Assurance Committee
Baseline Governance Review 2021	January 2022

Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
Structured Assessment 2022	<p>The structured assessment work will build on the baseline governance review by assessing the corporate arrangements in place at the SHA in relation to:</p> <ul style="list-style-type: none">• Governance and leadership.• Financial management.• Strategic planning, and• Managing the workforce, digital, resources, estates, and other physical assets.	<p>Current status: Report drafting</p> <p>Planned date for consideration:</p> <p>Board Development Session in December 2022</p> <p>Board consideration</p>

Topic and relevant Executive Lead	Focus of the work	Current status and Audit and Assurance Committee consideration
		in January 2023 and Audit and Assurance Committee consideration in February 2023.

Exhibit 4 – Planned work not yet started or revised

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Locally focused work	Governance and budget arrangements of Digital Primary Care Services within DHCW	We are currently scoping this work. We will update the committee as work progresses.
All-Wales thematic on workforce planning arrangements	This work will examine the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce needs. The work will be tailored to align to the responsibilities of	We are currently scoping this work. We will update the committee as work progresses.

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
	individual NHS bodies in respect of workforce planning.	

Good Practice events and products

- 5 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research.
- 6 There have been no Good Practice Exchange (GPX) events since we last reported to the Committee on 4th July 2022. Details of future events are available on the [GPX website](#).

NHS-related national studies and related products

- 7 The Audit Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure.
- 8 **Exhibit 5** provides information on the NHS-related or relevant national studies published since our last Committee Update. It also includes all-Wales summaries of work undertaken locally in the NHS.

Exhibit 5 – NHS-related or relevant studies and all-Wales summary reports

Title	Publication Date
<u>The Welsh Community Care Information System Update Letter</u> Please see Appendix 1	July 2022
<u>Public Sector Readiness for Net Zero Carbon by 2030: Evidence Report</u> Please see Appendix 1	August 2022
<u>Public Sector Readiness for Net Zero Carbon by 2030</u> Please see Appendix 1	July 2022
<u>Equality Impact Assessment: More than a tick box exercise?</u> Please see Appendix 1	September 2022

Appendix 1 – Key messages from recent national publications

The Welsh Community Care Information System – Update Letter (July 2022)

- 9 The Auditor General wrote to the Chair of the Public Accounts and Public Administration Committee (PAPAC) on 1 July 2022 to provide an update, highlighting that the WCCIS programme is now at a critical phase following on from a recent 'Strategic Review' and with some key contractual milestones not far ahead.
- 10 Many of the issues highlighted in the Auditor General's report were mirrored in the findings of the Strategic Review, which recommended a series of actions to 'reset' and 'course correct' the programme.
- 11 The Welsh Government has recently announced further funding for national programme management to take this work forward. It will also provide further financial support to health boards and local authorities to support implementation.
- 12 Our latest update provides a detailed update on the main actions taken so far in response to our recommendations and on progress generally against key issues raised in our previous report on the Welsh Community Care Information System (WCCIS). These are summarised below:
 - Relevant to our specific recommendations, the Welsh Government commissioned research to gather views from users and others about the performance and functionality of the system. The survey findings in June 2021 highlighted the system was having a more negative than positive impact on most users' ability to do their work. Preceding the Strategic Review mentioned above, there was also a programme assurance review which concluded in November 2021 and a further one scheduled for November 2022.
 - Ongoing rollout has seen two more local authorities 'go live' with the system since our last report while one further health board has now signed a 'deployment order'. However, it remains the case that patchwork approaches to implementation mean that even where the system is live, it is not being used to its full potential or on a consistent basis. Our [interactive data tool](#) provides further detail on the overall roll-out position across the 29 organisations.
 - Central support costs for the period to 31 March 2022 – excluding local costs to individual organisations and other opportunity costs – remain at around the £30 million expected at the time of my report, although the profile of those costs has changed. The Welsh Government has now committed a further £8.31 million for national programme support and support for health board and local authorities in accelerating implementation for 2022-23 to

2024-25. The Welsh Government has agreed that this figure may increase to up to £12 million if required.

- Key aspects of functionality continue to be delayed. Areas where work continues to be needed include Welsh-language requirements, mobile functionality and interfaces with other NHS Wales systems. As of June 2022, all these areas of functionality remain outstanding although mobile functionality is due to be piloted later this calendar year and most of the interfaces are also now expected by the end of 2022.
- System performance issues became particularly acute during Autumn 2021, but overall system performance has since stabilised. Significant performance issues during a planned upgrade resulted in the system being unavailable altogether for certain periods during October and November 2021. These issues continued to some extent into early 2022 before being resolved in February 2022.
- National data standards work has continued but is still not complete. Development of these standards is key to realising some of the benefits of WCCIS.
- The overall arrangements for reporting the benefits from WCCIS implementation, which have been the subject of discussion and review from the outset, have still not been resolved. Work is still ongoing to develop a suitable reporting framework. Annual reporting on the progress of the WCCIS programme has also not been completed as expected to date, although the Welsh Government has been receiving quarterly updates from the National Programme Team.

Public Sector Readiness for Net Zero Carbon by 2030 (July 2022)

- 13 The Auditor General has committed to a long-term programme of work on climate change. Our baseline review asks: 'How is the public sector preparing to achieve the Welsh Government's collective ambition for a net zero public sector by 2030?'
- 14 We have now published two reports to share the findings from the baseline review:
 - Key findings report: (published 14 July 2022) this report targets senior leaders and those with scrutiny roles, with the aim of inspiring them to increase the pace of their work on achieving the 2030 collective ambition. We set out an overall conclusion and 5 calls for action. The calls for action are not strictly recommendations. However, we encourage public bodies to consider the report, and through their internal governance structures, set out publicly how they intend to respond to the calls for action.
 - An evidence report: (published 10 August 2022) this report supplements the key findings report by providing more detailed findings and data. It does not make a separate overall conclusion, or separate calls for action.
- 15 We have also published blogs and run a successful webinar:
 - Responding to the Climate Emergency in Wales (webinar)

- Call for clearer information on climate change spending (blog)
- COP26: Shining a light on the Welsh response to climate change (blog)
- How we'll support Wales in rising to the climate change challenge (blog)
- Heat is on to tackle climate change (blog)

16 The **overall conclusion** from our baseline review is:

17 “There is clear uncertainty about whether the public sector will meet its 2030 collective ambition. Our work identifies significant, common barriers to progress that public bodies must collectively address to meet the ambition of a net zero public sector by 2030. And while public bodies are demonstrating commitment to carbon reduction, they must now significantly ramp up their activities, increase collaboration and place decarbonisation at the heart of their day-to-day operations and decisions. Organisations need to be bold and innovative and share experiences of their successes and failures. The Auditor General will not criticise organisations for taking well-managed risks to address this unprecedented challenge.”

18 The **5 calls for action** are:



1 Strengthen your leadership and demonstrate your collective responsibility through effective collaboration



2 Clarify your strategic direction and increase your pace of implementation



3 Get to grips with the finances you need



4 Know your skills gaps and increase your capacity



5 Improve data quality and monitoring to support your decision making

Equality Impact Assessments: More than a tick box exercise? (September 2022)

19 Our work looked at the overall approach to undertaking Equality Impact Assessments in public bodies in Wales. We concentrated on the 44 public bodies originally subject to the Well-being of Future Generations (Wales) Act 2015.

- 20 We focussed primarily on understanding public bodies' approaches with a view to finding good or interesting practice and identifying any common areas for improvement. We did not evaluate individual public bodies' approaches in detail.
- 21 Our findings highlight examples of good practice in aspects of the Equality Impact Assessment process across the public bodies we looked at. However, there are areas for improvement around the following themes:
- Greater clarity over which type of policies must be impact assessed.
 - Greater clarity about the arrangements for assessing the impact of collaborative policies and practices.
 - Greater clarity about expectations to consider the Public Sector Equality Duty as part of an integrated impact assessment.
 - Better monitoring of the actual impacts of policies and practices on people.
 - A shift in the mindsets and cultures to move Equality Impact Assessments away from being seen as an add-on 'tick box' exercise.
- 22 Our report makes several recommendations for Welsh Government to address and one to public bodies requiring them to review their approach to Equality Impact Assessments considering the findings within the report and detailed guidance available on the Equality and Human Rights Commission and Practice Hub.



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

DIGITAL HEALTH AND CARE WALES

AUDIT WALES BASELINE GOVERNANCE

REVIEW REPORT UPDATE

Agenda Item	4.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

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

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

2 SITUATION/BACKGROUND

- 2.1 The Auditor General (AG) has a statutory requirement to satisfy himself that NHS bodies have proper arrangements in place to secure economy, efficiency, and effectiveness in the use of their resources as set out in Section 61 of the Public Audit Wales Act 2004. To help in the discharge of this responsibility, the AG undertakes annual Structured Assessment work at each NHS body that examines arrangements relating to corporate governance, financial management, strategic planning, and other factors affecting the way in which NHS bodies use their resources.
- 2.2 As Digital Health and Care Wales is a newly established statutory organisation, it was identified that a baseline assessment via a Baseline Governance Review would be undertaken for 2021/22. This will be followed up with a Structured Assessment in 2022/23.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The aim of undertaking a Baseline Governance Review is to aid organisational learning and development whilst still ensuring the AG undertakes the statutory duties charged to him under Section 61 of the Public Audit Wales Act 2004. The work aims to answer the overall question:

is DHCW making good progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources?

- 3.2 The Baseline Governance Review overall finding was “DHCW is making positive progress in putting arrangements in place to support good governance and the efficient, effective, and economical use of resources under challenging operating circumstances”.
- 3.3 The findings were considered by the Audit and Assurance Committee on the 18 January 2022 and the report and associated action plan were received by the SHA Board on the 27 January 2022.
- 3.4 There have been two additional actions completed since the last meeting:
- The Board Intelligence (Board Engagement) Approach was piloted and evaluated in July 2022, with the planned approach for the remainder of 2022/23 currently being developed based on lesson learnt from the pilot.
 - The revised iteration of the SHA Integrated Organisational Performance Report has been presented to SHA Board in September 2022.
- 3.5 The following updates to the two remaining open actions are as follows:

Innovation in engagement and communication with stakeholders and partners:

- The Head of Engagement post has been successfully recruited to and will take up their post in October 2022.
- A new Assistant Director of Communications post has closed, and interviews are taking place in late October 2022

Co-design and feedback:

- Delivery of stakeholder engagement plan and appointment of new Head of Engagement.
- Develop plan for DHCW Digital Programmes Office to strengthen programme design and benefits tracking.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The updated action plan is included at item 4.4i Appendix A.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Board Development	06/01/2022	Discussed
Audit and Assurance	03/05/2022	Progress noted

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

		Key	Complete	Underway	Not started		
Opportunity	Detail	Planned Activity		Owner(s)		Due Date	Update
Becoming a trusted digital partner	DHCW has an opportunity to extend its brand as a Trusted Digital Partner; capitalising on a diverse range of experienced public and commercial sector independent members to bring new thinking and a fresh leadership approach	<ul style="list-style-type: none"> IM Digital Network - LIVE Strategic Exec to Exec engagement sessions Board Intelligence Approach – IN DEVELOPMENT 		Simon Jones, Chair / Helen Thomas, CEO		June 2022 for the agreed approach to Board soft intelligence gathering	<ul style="list-style-type: none"> A pilot approach has been defined and will be undertaken in July with evaluation and reflection to take place after. COMPLETE <ul style="list-style-type: none"> Board Intelligence (Engagement) session took place in July 2022 with the service desk, this has been evaluated and a planned approach to these for the remainder of 2022/23 is currently being considered.
Innovation in engagement and communication with stakeholders and partners	<p>The Board could exploit the opportunities to lead innovation in new areas, for example:</p> <ul style="list-style-type: none"> Communication and engagement; Digitally enabling health and care; and Decision support tools 	<ul style="list-style-type: none"> Stakeholder engagement strategy plan implementation Implementation the DHCW communications strategy Explore decision support tool options 		Ifan Evans, Executive Director of Strategy, Rhidian Hurle, Executive Medical Director Chris Darling, Board Secretary		December 2022	<ul style="list-style-type: none"> The stakeholder engagement implementation plan was agreed by the Board in January 2022 and is currently being implemented The Head of Engagement post has closed and interviews are taking place in early July – this post has now been recruited to and starts in October 2022 A new Assistant Director of Communications post has closed and interviews are taking place in early October 2022. The DHCW communication strategy is currently being re-drafted with planned sign off for January 2023.

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

Effective reporting and documentation	DHCW is developing a distinctive house style for digestible, easy read reports and documents. This could be further tested and extended.	Marian Wyn Jones, David Selway, and Rowan Gardner have agreed to work with the organisational performance team on the next iteration of the SHA Integrated Performance Report	Ifan Evans, Executive Director of Strategy, Michelle Sell, Director of Planning and Performance	July 2022	<ul style="list-style-type: none"> Initial work has begun on the next iteration of the SHA Integrated Performance Report to be presented to the July SHA Board COMPLETE <ul style="list-style-type: none"> The revised IOPR has been presented to the SHA Board in September 2022
Openness and transparency	DHCW may want to consider opportunities to further enhance public transparency of Board business by making recordings of Committee meetings available on its website.	Begin to record the Committee meetings from the new financial year and publish to the website	Chris Darling, Board Secretary	April 2022	<p>COMPLETE</p> <ul style="list-style-type: none"> Virtual Etiquette training has now been provided
Board membership expansion	<ul style="list-style-type: none"> Keep under review the fact that there isn't a qualified accountant amongst the Independent Members. Maximise the benefit of the diversity of Board members experiences 	Utilise the Board member vacancy to proactively recruit to skills gaps and promote diversity	Simon Jones, Chair	September 2022 in collaboration with the Public Appointments Unit in Welsh Government	<p>COMPLETE</p> <ul style="list-style-type: none"> The recruitment process has been completed and an Independent Member appointed – we are awaiting an announcement from the minister.
Long term strategy	DHCW needs to progress work on the organisation's strategy to provide further clarity on its long-term vision and objectives	Production of DHCW long term strategy Board Development sessions on the LT strategy	Ifan Evans, Executive Director of Strategy	November 2022	<p>COMPLETE</p> <ul style="list-style-type: none"> The development of the long-term strategy is planned into the Board development programme within 22/23 – 23/34
Co-design and feedback	As DCHW develops its external partnerships there is an opportunity for systematic capture and use of narrative data to support programme co-design and delivery; increasing value creation and benefits realisation as a 'trusted digital partner' and leader of the new digital culture in Wales.	<ul style="list-style-type: none"> Implementation of the stakeholder engagement plan – customer relationship management element Development of DHCW Feedback portal currently limited to service desk but expanding content feeds 	Ifan Evans, Executive Director of Strategy	December 2022	<ul style="list-style-type: none"> Delivery of stakeholder engagement plan and appointment of new Head of Engagement. Develop plan for DHCW Digital Programmes Office to strengthen programme design and benefits tracking.

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

					<ul style="list-style-type: none"> The roll out of the feedback portal across the organisation continues
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ONGOING ACTIVITY IDENTIFIED FOR FURTHER DISCUSSION AND OVERSIGHT

Opportunity	Detail	Planned Activity	Owner(s)	Monitoring
Board behaviours	Ensure the importance of maintaining a fresh outlook and culture is retained by the Board	Board Behaviours workshop including effective challenge and strengths and preferences	Chris Darling, Board Secretary	Workshop outcomes and actions – Board Development
Committee effectiveness	Maintain the progress and momentum of the DG&S Committee with the changeover of Committee Chair	Agenda setting sessions, Committee pre-meets and regular catch ups scheduled with the new Chair	Chris Darling, Board Secretary	Regular check in meetings and effectiveness self-assessment
Leadership and accountability	Ensure clarity on leadership and accountability for critical areas e.g. cyber security, Information Governance etc., with all of DHCW's partners is vital to ensure a coordinated and timely response	Implementation of Executive Structure Development of Directorate sub-structures	Helen Thomas, Chief Executive Officer	Directorate Performance Reviews
Vision and Strategy	Ensure the vision and strategy have the right balance between national consistency and local flexibility. Ensure there is sufficient focus on care as well as health.	Long term vision work will make these considerations to strengthen existing relationships and forge new organisational relationships to widen the breadth of input.	Ifan Evans, Executive Director of Strategy	Board development sessions and SHA Board meetings
Stakeholder Engagement	Monitor the implementation of the stakeholder engagement plan	Bi-monthly reporting to Board via progress report	Ifan Evans, Director of Strategy	SHA Board meetings
Financial oversight	Monitor the draw-down of programme funds and use of single tenders	<ul style="list-style-type: none"> Bi-monthly financial reporting to the SHA Board Bi-monthly strategic procurement report to the Board 	Claire Osmundsen-Little, Executive Director of Finance, Michelle Sell, Director of Planning, Performance and Commercial	SHA Board meeting
Recruitment and Retention	Focus on the workforce challenges facing the organisation including: timely recruitment, staff retention, and succession planning	Quarterly reporting to the Audit and Assurance Committee on activity focused on recruitment and retention	Director of People and Organisational Development	Audit and Assurance Committee Meeting

5.11i Appendix A - BASELINE GOVERNANCE REVIEW ACTION PLAN 2022-23

Workforce Strategy	Enact key aspects of the Draft People Strategy at pace building on key strategic alliances including Wales Institute of Digital Information (WIDI) to further building capacity and capability.	Bi-monthly progress reporting to the Board	Director of People and Organisational Development	SHA Board meetings
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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	18 October 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

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

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
Choose an item.	Outcome:
Statement: Not applicable	

[Workforce EQIA page](#)

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

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

Acronyms			
DHCW	Digital Health and Care Wales	NHAIS	National Health Application and Infrastructure Service
DR	Disaster Recovery	IT	Information Technology
SMT	Senior Management Team	IMTP	Integrated Medium Term Plan
NWSSP	NHS Wales Shared Services Partnership	SFI	Standing Financial Instructions
BAF	Board Assurance Framework	FBP	Finance Business Partner
FCP	Financial Control Procedure	SMB	Service Management Board
WPAS	Welsh Patient Administration System	BI	Business Intelligence

2 SITUATION/BACKGROUND

- 2.1 This paper details the current position with respect to audit recommendations that have been made, including those that have been completed during the period, those that are on schedule, those that are overdue and those anticipated to not meet target dates. The audit recommendation analysis (3.3) shows how progress is being made against the recommendations and illustrates the on-going movement and change of status.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The audit log shows the current reported status against recommendations received. The analysis below shows all recommendations giving the current status of each recommendation which remained open at the last Digital Health & Care Wales (DHCW) Audit and Assurance Committee and also those presented in report form to the Committee since submission of the last log.
- 3.2 Following advice from Internal Audit, one action dependent on a third party is being managed via a separate log for tracking.

- 3.3 There were 39 actions reviewed at the last meeting where 29 were closed leaving a total of 10 open actions. The Committee received two reports at the last meeting (listed below) which contained a total of 11 new actions. These have been added to the log which now contains a total of 21 actions.

Workforce Directorate Review

The status of the 21 open actions is shown in the table below:

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

- 3.4 In particular, the Committee are requested to note:

- The completion of the following actions:
2019.1 Legacy server estate: DHCW has made excellent progress in progressing this action. As such, following a meeting with Audit Wales in September 2022, it is proposed that this action be closed.
WRIS04 SMB consideration of password development
GenGovPt2 2.1c Inclusion of Health and Care Standards in performance reporting
SD1 Software Development Training actions x 3
SD4 Software Development Tools Standardisation
DIR1.1 Promotion of Corporate Induction Process for New Starters
DIR 1.3 Induction Process audited
DIR 1.5 Audit Programme for Induction Process established
DIR 3.1 Review and approval of the Appraisal Policy
- The following action which is not anticipated to be completed on target (as of the time of reporting) but should be completed within the next two months and we propose an extension of 6 months to enable its full completion:
SD2 Use of standardised code management
- The remaining 9 actions are on target for completion by their target date.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Excellent progress has been made over the period with a total of 11 actions closed. Progress against actions will continue to be monitored by the Head of Corporate Services in conjunction with Lead Directors on a regular basis.
- 4.2 There is one action identified as being late and a 6 month extension is requested.

5 RECOMMENDATION

- 5.1 The Committee is being asked to **NOTE** the Audit Action Log.

6 APPROVAL / SCRUTINY ROUTE

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

Audit Action Plan

	Green - Action complete
	Yellow - Action on target to be completed by agreed date
	Orange - Action not on target for completion by agreed date
	Red - Implementation passed management action not complete

Digital Health & Care Wales Outstanding Actions

	Recommendation	Priority	Management Action	Responsible Manager/ Department	Accountable Officer	Current/ Revised Implementation Date	Status	Comments Audit Committee
External Audit - WAO - Nationally Hosted NHS IT Systems Annual Audits								
2019.1	DHCW still use a number of servers and machines that operate using the Windows Server 2008 operating system and SQL server 2008 platforms. A replacement programme is underway as legacy IT systems are replaced.	High	Replace the legacy Windows Server and SQL Server 2008 operating system, used on national NHS ICT infrastructure environments, with a supported operating system.	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas	Jun-22	Action is complete	DHCW has made excellent progress in progressing this action. As such, following a meeting with Audit Wales in September 2022, it is proposed that this action be closed.
2021.9	DHCW are moving to a new national data centre. Once the move is complete, the updated IT DR Plans including resilience arrangements should be fully tested.	Medium	Test the IT DR plans including arrangements for testing at the new national data centre	Carwyn Lloyd-Jones/Jamie Graham	Helen Thomas	Oct-22	Yellow - Action on target to be completed by agreed date	Our resilience programme ensure tat all systems complete a full test of their geographic resilience annually. 100% of services completed a fail-over before the migration, in preparation for the move. A full DR test of each service will be complete within the first 12 months of occupation.
NWSSP Findings								
WRIS04	Consideration should be given to bringing the control over password settings into the central management function.	Medium	Development required. However, appetite for this from the Service will likely be low due to the procurement of a new RIS system. Will highlight at the next SMB for possible inclusion in Release 2.5	Gareth Evans/Meirion George	Helen Thomas	Release 2.5 date	Action is complete	This will not be included in Release 2.5. As the radiology service has chosen to replace WRIS with a 3rd party RIS there is very little appetite from the SMB for further development (unless it is to satisfy mandatory/statutory requirements). There may be an opportunity to further develop WRIS further in line with the exit strategy which may include development above what is required/mandated by the SMB. If so, then this requirement will be required as part of those developments. Action closed.

GenGovPt2 2.1c	To ensure performance reporting is linked to compliance with relevant Health and Care Standards.	Low	The Performance team will work with the Health Care Standards lead(s) in DHCW to highlight compliance with the standards applicable to DHCW.	Michelle Sell/Ifan Evans	Helen Thomas	Jul-22	Action is complete	There will now be monthly reporting as part of the IOPR. Action complete.
SD1	An overall training plan should be developed that ensures that all identified training needs can be met.		Access funding for additional Skillsoft licenses to cover all staff including new recruits.	Stuart Davies/ Merion George	Helen Thomas	May-22	Action is complete	Action Complete, funding sourced.
			Advanced ISTQB Training (which is not provided in Skillsoft) will be co-ordinated across all Application teams.	Geoff Norton/Meirion George	Helen Thomas	Jun-22	Action is complete	Action complete and training now co-ordinated across teams.
			All training undertaken to captured and cross referenced to the Training Matrix.	Helen Robertson/ Meirion George	Helen Thomas	May-22	Action is complete	Action complete, this will be an ongoing process.
SD2	All code management should be in TFS	Medium	WRIS Senior Product Specialist Support & Business Analysts to review and plan the implementation of the following Software Development guidelines – CS-ADS-004 Managing Source Control, section 7.1 and CS-ADS-003 T-SQL Coding Standards	Gareth Evans/Meirion George	Helen Thomas	Sep-22	Orange - Action not on target for completion by agreed date	S&BA SQL code (stored procedures, etc) will be migrated to TFS as part of release 2.5. This release is now likely to be complete in November. A significant loss of resource in the WRIS development team and the inability to identify Test resource has delayed development, An extension is requested.
SD3.2	The requirement for checking compliance with secure coding standards should be added to the WPAS code review document.	Medium	We continue to integrate security into the development process by – Publishing CS-ADS-005 Managing packages and dependencies into the quality management system and we will agree a standard set of code analysis tools for integrated development environments and build pipelines. And add these to our current coding standards.	Geoff Norton/Meirion George	Helen Thomas	Dec-22	Yellow - Action on target to be completed by agreed date	Scheduled for completion at end of December 2022
SD4	DHCW should consider rolling out the use of Trello Boards or other Kanban style management products to other teams.	Low	All teams to work together to determine a standard Kanban product to use in all application areas.	Carl Davies/Meirion George	Helen Thomas	Aug-22	Action is complete	Action complete. Recommendation agreed and implemented.
WF1	DHCW should develop a three-year resource plan, which details the number of vacancies within the organisation and across each directorate / project planned. The vacancies should be clearly linked to the funding available	Medium	Each directorate teams to work with Workforce & OD, Finance and Planning team to develop high level resource plan initially whilst DHCW is still fluid and embedding strategic structures	Sarah-Jane Taylor/Joanne Jamieson	Helen Thomas	Oct-22	Yellow - Action on target to be completed by agreed date	Due to complete by target date.

WF2	The DHCW Workforce Team should: - Determine if the spreadsheet utilised for the tracking of pre-employment checks of staff recruited via agencies or apprenticeships is still required. - If is required, each of the exceptions highlighted should be reviewed further, to determine if additional checks are required	Medium	The spreadsheet utilised for the tracking of pre-employment checks for staff is still required. To ensure internal assurance, DHCW feel the requirement to have internal process for staff recruited via apprentices and agency schemes. DHCW will continue with existing tracker framework and fine tune it building in tighter controls.	Sarah-Jane Taylor/Joanne Jamieson	Helen Thomas	Sep-22	Yellow - Action on target to be completed by agreed date	Due to complete by target date.
WF3	DHCW should either develop the Scrutiny Panel Process document or create a terms of reference for the Recruitment Scrutiny Panel, detailing the quoracy requirements for each meeting	Low	DHCW will develop the Scrutiny Panel Process document add the quoracy requirement for each meeting	Claire Osmundsen-Little/ Sian Williams	Helen Thomas	Oct-22	Yellow - Action on target to be completed by agreed date	On track.
DIR1.1	All Line Managers should be reminded of their responsibilities to issue a Corporate Induction presentation invite to each new starter and update the ESR records detailing attendance records	Medium	This has commenced and People & OD team are currently tracking all new starters to ensure that they are booked on the DHCW Corporate Induction	Sarah-Jane Taylor/Sarah Brooks	Helen Thomas	Jul-22	Action is complete	The following Corporate Induction Reminder was published in the July Insider: A reminder that ALL new starters need to be booked onto a Corporate Induction session within the first few weeks of starting work in DHCW. If ESR access is available, new starters can book themselves via ESR; alternatively, Managers can send an e-mail to DHCW.WFOD@wales.nhs.uk stating the name of the individual and the date to be booked. All dates for the remainder of the year can be found on the Internal Training Calendar, along with guidance on how to book directly via ESR
DIR1.2	DHCW should ensure that the mass upload of historic manual records of Corporate Inductions provided to new starters to ESR is actioned promptly	Medium	The Corporate Induction under DHCW has greatly changed. People & OD team will ensure all new starters from 1st April 2021 i.e. since DHCW was formed are uploaded by end of November 2022	Sarah-Jane Taylor/Sarah Brooks	Helen Thomas	Nov-22	Yellow - Action on target to be completed by agreed date	Due to complete by target date.
DIR1.3	It is recommended that a periodic process audit is performed to provide confidence that all new starters attend the Corporate Induction presentation within the four-week target	Medium	People & OD team to undertake quarterly audit to ensure all new starters attend the Corporate Induction with agreed target	Sarah-Jane Taylor/Sarah Brooks	Helen Thomas	Jul-22	Action is complete	The OD team has undertaken an internal audit which covers the period from April 2021 to June 2022 on how many new starters have attended a Corporate Induction and highlights the non-compliance by Directorate across the organisation, this report is currently being finalised and the findings and actions to address non compliance will be reported to the relevant Directorates and internal forums.

DIR1.4	The date of each New Starter Review should be recorded by WOD in ESR, evidencing the timeliness of the reviews performed	Medium	The Starter Review System is currently under review. Once the Starter Review System is live, People & OD team will record on ESR the date of the review	Sarah-Jane Taylor/Joanne Jamieson	Helen Thomas	Oct-22	Yellow - Action on target to be completed by agreed date	Due to complete by target date.
DIR1.5	Line Managers should be instructed to save a copy of the completed Local Induction checklist on the new starter's individual file, evidencing the process and enabling WOD to perform a process audit review to gain confidence that the process is embedded across DHCW	Medium	People & OD team will remind Line Managers of their responsibilities and to save completed Induction checklist on the new starter's individual file plus the People & OD team will undertake quarterly audit and report findings at the directorate meetings.	Sarah-Jane Taylor/Joanne Jamieson	Helen Thomas	Aug-22	Action is complete	Audit completed 02.09.22. Reporting on findings at September Directorate meetings via the BPs. Responsible line managers will be emailed w/c 05.09 to remind them of the importance of the Local Induction Checklist. This will also be followed up in next months Insider.
DIR2.1	Instruct all Line Managers to place a copy of the PADR forms on each new starters personal file and ensure that they enter relevant dates in ESR promptly	Medium	People and OD team will ensure Line Managers are reminded to place a copy of the PADR forms on each new starters personal file and that they enter relevant dates in ESR. Regular audits to be carried out by People & OD team	Sarah-Jane Taylor/Joanne Jamieson	Helen Thomas	Sep-22	Yellow - Action on target to be completed by agreed date	Due to complete by target date.
DIR2.2	Undertake a process audit review to gain confidence that Line Managers are completing the PADR forms by the due date and promptly updating ESR with accurate dates	Medium	People & OD team will remind Line Managers of their responsibility to undertake PADR promptly and to record accurately on ESR. People & OD team will continue to report current position at the directorate review meetings. People & OD team will undertake quarterly audit which will include the quality of PADR forms and that they are completed promptly within due date and recorded accurately on ESR	Sarah-Jane Taylor/Joanne Jamieson	Helen Thomas	Oct-22	Yellow - Action on target to be completed by agreed date	Due to complete by target date.
DIR3.1	We recommend that WOD ensures that the Appraisal Development and Review Policy is subject to review and that the updated Policy document be approved and communicated across DHCW as soon as possible, with any update considering the linkages with the requirements of the All Wales Pay Progression policy	Medium	A draft copy of the Review Policy, developed in partnership with Trade Unions, is being reviewed as per DHCW Policy Review Process. Once approved, People and OD team will ensure this is communicated across DHCW. Appraisal Development has been incorporated as part of the Pay Progression workshops which have been held for Line Managers since March 2022	Sarah-Jane Taylor/Joanne Jamieson/Sarah Brooks	Helen Thomas	Aug-22	Action is complete	The Appraisal policy was published for wider consultation on 9th Sept 2022 and closed on 23rd Sept 2022. The Policy has been approved.

Audit Action Plan

	Green - Action complete
	Yellow - Action on target to be completed by agreed date
	Orange - Action not on target for completion by agreed date
	Red - Implementation passed management action not complete

Third Party Actions Outstanding Actions

	Recommendation	Priority	Management Action	Responsible Manager/ Department	Accountable Officer	Current/ Revised Implementation Date	Status	Comments Audit Committee
External Audit - WAO - Nationally Hosted NHS IT Systems Annual Audits								
2016.1	NHS Digital (formerly known as HSCIC) are decommissioning the NHAIS system and replacing the functionality with a third party supplier system from Capita for the payments engine for calculating general medical services payments. NHS Digital are also developing the demographic registration and reporting systems required to replace NHAIS functionality. For NHS Wales, DHCW (formerly NWIS) and NWSSP are considering the system replacement options for Welsh requirements as NWIS also support and develop the Welsh Demographic System (WDS).	Medium	DHCW (at the time NWIS) should, as they manage, support and develop the Welsh Demographic System (WDS) plan to provide the required functionality for NHS Wales in developing the WDS for patient demographic purposes.	Meirion George/K en Leake	Helen Thomas	Jul-22	Red - Implementation passed management action not complete	DHCW (then NWIS) met with NHS Digital in November 2020 where they confirmed they are still not in a position to give us revised dates for the start of decommissioning. NHS Digital are currently not in a position to provide dates for key Capita deliverables. The WDS Phase 3 development will be aligned with these timescales but more clarity is needed from England before substantive work can take place. We are advised that the implementation date is unlikely to be before early 2024 and may take up to 6 months to complete.

DIGITAL HEALTH AND CARE WALES

COUNTER FRAUD PROGRESS REPORT

Agenda Item	4.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to NOTE the contents of the report that relate to the Counter Fraud work carried out in period two of the financial year 2022-2023.	

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: /2022
No, (detail included below as to reasoning)	Outcome: NA
Statement: NA	

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below One investigation underway into theft by employee. Impact of any resulting prosecution, if appropriate, may have a negative reputational impact upon the organization.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Financial loss in relation to theft by employee over a protracted period of time.
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below Staff member under formal criminal investigation for theft related offences – may impact negatively upon the wider team.
<u>SOCIO ECONOMIC</u>	No. there are no specific socio-economic implications related

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

- 2.1 Quarterly reports required to appraise Audit and Assurance Committee and provide assurance that the organisation has a robust Counter Fraud Bribery and Corruption provision.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The progress made in the Counter Fraud Provision for DHCW during the second quarter of 2022-2023 (20th June 2022 - 2022)

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 One investigation is underway in relation to high volume high value thefts from DHCW in the form of IT equipment by an employee.

5 RECOMMENDATION

- 5.1 The Committee is being asked to **NOTE** the contents of the report that relate to the Counter Fraud work carried out in period one of the financial year 2022-2023.

6 APPROVAL / SCRUTINY ROUTE

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

NHS WALES
Digital Health Care Wales
(DHCW)

Counter Fraud Progress Report
20/06/2022- 30/09/2022

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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3. Appendices

1. Introduction

In compliance with the Secretary of State for Health’s Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the Cardiff and Vale University Health Board’s Local Counter Fraud Specialists on behalf of Digital Health and Care Wales in relation to the second period of reporting for the year 2022-2023. The report covers the period from 20th June 2022 to 30th September 2022.

The report’s format has been adopted in order to update the Audit Committee about counter fraud referrals, investigations, activity and operational issues.

At 30th September 2022, 49 days of Counter Fraud work have been completed against the agreed 40 days in the Counter Fraud Annual Work-Plan for the 2022/23 financial year. The days have been used strategically in preparing quarterly and annual reports for, and attending, the organisation’s audit committee meetings; and the creation and planning for renewed infrastructure in relation to the organisation’s counter fraud response, staff awareness training, and investigating referrals in relation to fraud and financial crime.

This report builds upon the period 1 report that was delivered to Audit Committee on 4th July 2022 and detailed the work covered to 20th June 2022.

The breakdown of these days is as follows: (P=Period) () = Running Total

TYPE	Days P1	Days P2	Days P3	Days P4
Proactive	15	12 (27)		
Reactive	0	22 (22)		
TOTAL	15	34		

2. Progress

Staffing

A member of the team has, during this period, applied for a new role within the Counter Fraud Service Wales regional team. They were successful in their application and as a result they left the Cardiff and Vale Team in early September. Recruitment of a new team member is underway but it is anticipated that there will, as a result, be a temporary reduction in staffing resource during reporting period 3 of this financial year.

One other member of the team has now received formal notification of their Accreditation as a Counter Fraud Specialist (ACFS) and has subsequently been nominated to the Counter Fraud Authority as a support Local Counter Fraud Specialist for Digital Health and Care Wales.

Activity

Infrastructure/Annual Plan

During this reporting period, work has continued in developing the infrastructure that will allow successful compliance with the Counter Fraud Plan for 2022-2023. In this period the below activity has taken place in relation to this area of work -

- a. The maintenance of a comprehensive activity database which is already assisting in maintaining a detailed and accurate record of work undertaken.
- b. Review of the Counter Fraud Bribery and Corruption Policy – DHCW currently use the All Wales Counter Fraud Bribery and Corruption Policy that is out of date. As a result, a new policy document is being developed by the Counter Fraud Manager. It is anticipated that this will be complete early in the Q3 reporting period.
- c. Review of CF digital presence – Fully functional, modern, Counter Fraud Intranet site has now been developed and is operational. This is hosted by

the Cardiff and Vale University Health Board Share point site but is available to all members of DHCW staff via the link below. This link is publicised and signposted via the DHCW intranet site and through ongoing publications and messaging such newsletters bulletins and surveys.

(Link to the site for reference : [Counter Fraud - Home \(sharepoint.com\)](#))

- d. Counter Fraud e-Learning arrangements – as previously reported work is underway with the LED team at CAVUHB to develop a modern fit for purpose learning site on the All Wales Learning @ Wales Platform. Development of this platform continues and whilst it was aimed that this will be up and running at this point this has been delayed. The reason for the delay is beyond the control of Cardiff and Vale Counter Fraud Team as it awaits the new All Wales eLearning package to be finalised and distributed by the Counter Fraud Service Wales. When complete this will be available to all DHCW staff as a, Counter Fraud, education, learning and awareness tool. It will be signposted internally within the organisation in order that staff can access at the click of a button.
- e. New Counter Fraud posters have been designed, developed and printed in high volume by the print team at Cardiff and Vale University Health Board and have now been delivered. The aim is for them to be placed in impactive locations at organisation sites in order to improve awareness and presence. This will be supported visits by Counter Fraud staff in order to be present at sites at times to be publicised in order to encourage engagement with staff.

Fraud Prevention Notices and IBURN notices

During this reporting period two Fraud Prevention Notices (FPN) have been issued by the NHS Counter Fraud Authority. These have both been issued in relation ongoing attempts Cyber enabled Mandate fraud.

During this reporting period one Counter Fraud Authority intelligence bulletin (IBURN) has been issued. This was issued also in relation to Cyber enabled Mandate fraud.

These documents reinforce the high-risk impact factors that NHS organisations face in relation to this type crime. The documents have been cascaded accordingly as per the dissemination list.

Investigation into the subject matter with NHS Wales shared services partnership Accounts Payable and Supplier Maintenance Teams, and with the Cyber Security team at Digital Health and Care Wales has resulted in the findings that the organisation has **not** had any interaction with the malicious sites and or 'rogue' suppliers that are the subject of these bulletins. DHCW Cyber Security team have also assisted in providing assurance to all other NHS Wales organisations in relation to this issue.

These documents are classified as Official Restricted and as a result the information contained these notices can only be shared with those staff identified in the Handling Information.

Local Alerts/Bulletins

During this reporting period there have been no further fraud alerts issued.

Awareness Sessions

During this reporting period three general counter fraud awareness sessions have been delivered to DHCW staff.

Further efforts underway to roll out further sessions throughout the organisation.

Newsletters

During the reporting period one newsletter has been produced, published and communicated to all staffing groups. (Appendix 1)

Referrals/Enquiries

During this reporting period one referral has been received in respect of Digital Health and Care Wales. This is in relation to the suspected theft of IT equipment. This has been promoted to formal investigation. As a result, of investigation a suspect was identified along with a target address. On 8th August 2022 with the assistance of Heddlu Gwent Police, a Counter Fraud team operational order was carried out and the target address was the subject of an early morning raid. One arrest was made and a full search of the property was carried out. Various items were seized. The suspect was later interviewed by the Counter Fraud team at Ystrad Mynach Police Station. They have been released under investigation (RUI) pending further enquiries. The investigation continues and is expected to be protracted. The subject of this investigation was identified as a member of DHCW staff and was immediately suspended from the organisation pending an urgent and immediate internal disciplinary process.

Investigations

At the beginning of this reporting period (20/06/2022) there were no formal investigations open.

As reported above one formal investigation has been opened and remains open.

Other

NA

Counter Fraud Newsletter

July 2022

CAVUHB | Velindre | HEIW | PHW | DHCW

Local Counter Fraud Specialists (LCFS)

Welcome to the July 2022 edition of the Counter Fraud Newsletter

Over the past two months we have set up a new [Counter Fraud Intranet Page](#) it can be accessed via the link above or the QR code. It is hosted on the Cardiff and Vale SharePoint Platform however is accessible to anyone in NHS Wales.

On the site you will find out more information about your counter fraud team, NHS Fraud, how to report fraud, how to request awareness sessions and useful links. You will also find information about recent cases and investigations. We look forward to your visit.



Topic of the month: Overpayments

Background:

An overpayment case will generally occur when a member of staff leaves the organisation and a termination form is not completed or is completed incorrectly. This results in the now ex-employee continuing to get paid their normal wage when they are no longer working for the organisation. Overpayments can also occur in a number of other situations such as sickness, maternity leave, change in hours etc.

Overpayments result in financial loss to the NHS as the person in receipt of payments is not entitled to the money. Any loss to the NHS has an impact on the service that can be delivered and as a result patient care.

Your responsibilities:

Whilst overpayments are a result of a systematic failing by the organisation it is the subsequent action of the employee that dictates how the matter will be dealt with. It is imperative that you are aware of the Overpayments Policy and your responsibilities. If you do receive an overpayment or suspected overpayment you should contact your manager or the payroll department at the earliest opportunity for it to be looked into.

Outcome:

In an overpayment case where the employee/ex-employee has made contact with the organisation (as soon as possible) then it would be resolved by repaying the money over an agreed time scale.

Counter Fraud Department:

However, if there is a prolonged overpayment / there is suspected to be an element of dishonesty involved / no contact is received from the employee/ex-employee then the matter is referred to the Counter Fraud Team for initial assessment. This can result in a formal investigation and the possibility of being charged with a criminal offence and going to court. Please turn over to read about a recent case!

Remember: be honest, if you are aware you are being overpaid, tell someone!

ABUHB — Nurse convicted of Theft at Merthyr Magistrates Court — Overpayment of Salary

As a result of the work of the Local Counter Fraud Team at Aneurin Bevan University Health Board, a former employee has been convicted of Theft at Merthyr Magistrates Court as a result of dishonestly retaining salary overpayments. They are due to appear at Merthyr Crown Court later in July for sentencing.

The former nurse at ABUHB left their position at the health board in November 2020, however, due to a system error continued to be paid until the error was discovered in July 2021. The value of the overpayment was in the region of £21,000.

A subsequent investigation by the Local Counter Fraud Team discovered no attempts had been made by the former employee to contact payroll or management in relation to overpayment. Furthermore it was discovered all of the money had been spent and the nurse was in alternative employment during the time of the overpayment.

This case underpins the importance of staff members alerting payroll/managers to incidents of overpayments in a timely manner.

Cardiff based Pharmacy worker sentenced at Cardiff Crown Court for Fraud

A prescriptions clerk at a Cardiff Pharmacy has been convicted of Fraud and sentenced to 20 weeks in prison (suspended for 2 years), to complete 15 days of Rehabilitation Activity Requirements and to pay a victim surcharge.

The prescriptions clerk became addicted to co-codamol having taken the medication due to suffering chronic pain. Having become addicted to the medication the clerk used their position to create false prescriptions in other peoples names with the intention of taking those medications themselves. The matter came to light after concerns were raised due to one of the medications she was prescribing being out of stock.

A subsequent referral and investigation by the Counter Fraud Team at Cardiff and Vale found there to be 199 false prescriptions over a period of 4 years, with a value of the medication totalling over £1700.

NHS fraud. Spot it. Report it. Together we stop it.

Local Counter Fraud Team

The counter fraud department has a new online reporting tool which can be accessed from the link or by scanning the QR Code below. There is also a new generic email inbox which can be used to contact the Fraud Department. Any information provided is treated confidentially.

[Counter Fraud Enquiry Form \(link\)](#)

CounterFraudEnquiries.CAV@wales.nhs.uk



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DIGITAL HEALTH AND CARE WALES

HEALTH AND SOCIAL CARE AND PUBLIC ADMINISTRATION AND PUBLIC ACCOUNTS COMMITTEE REVIEW INTO DHCW

Agenda Item	5.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Noting
Recommendation The Audit & Assurance Committee is being asked to: NOTE the Joint Review into DHCW Health and Social Care and Public Administration and Public Accounts Committee Joint Review report.	

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Development of the new Digital Organisation
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

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

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

[Workforce EQIA page](#)

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

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Acronyms			
DHCW	Digital Health and Care Wales	ToR	Terms of Reference
NWIS	NHS Wales Informatics Service	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan		

2 SITUATION/BACKGROUND

- 2.1 On the 15th July 2022 the Health and Social Care and Public Administration and Public Accounts Committee announced a joint consultation review into DHCW.
- 2.2 The review will be informed by written evidence submitted by DHCW on the 23 September, and an oral evidence session with four DHCW members with the Joint Committee. It is currently not confirmed if the oral evidence will be in person or virtual, but clarity is expected in the coming weeks.
- 2.3 In addition to DHCW written evidence, a wide range of stakeholders have been invited to submit written evidence to the Joint Review, and questions on areas identified through this written evidence may be asked during the oral session with DHCW on the 26 October.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Terms of Refence for the Joint Review is set out below.
 - The process of establishing DCHW and progress in the first year, progress achieved and outstanding challenges.
 - Progress on recommendations of [Fifth Senedd Public Accounts Committee reports](#).
 - Prioritisation and manageability of the work programme and change agenda, including workforce, skills issue, cybersecurity and any areas of particular pressure or concern.
 - Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patient 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 comparability with health and social care data and key performance indicators across the UK

3.2 Further details of the terms of reference are available here: [Scrutiny of Digital Health and Care Wales \(senedd.wales\)](https://www.senedd.wales/Scrutiny%20of%20Digital%20Health%20and%20Care)

3.3 Potential areas of questioning should be shared from the Committees with DHCW prior to the oral session, this is anticipated to be received week commencing 24 October 2022.

3.4 The oral hearing is scheduled for 26 October 2022, this will be chaired by Russell George MS and will be attended by the following DHCW Members:

- Helen Thomas, Chief Executive Officer
- Rhidian Hurle, Executive Medical Director
- Claire Osmunsden-Little, Deputy Chief Executive Officer/Executive Director of Finance
- Simon Jones, DHCW Chair

3.5 The DHCW written evidence response to the joint review into DHCW can be found at 5.1i Appendix A.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 The Audit and Assurance Committee are being asked to:

NOTE the Joint Review into DHCW Health and Social Care and Public Administration and Public Accounts Committee Joint Review report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Directors	07.09.22	Discussed
Management Board	16.09.22	Noted

DIGITAL HEALTH AND CARE WALES RISK MANAGEMENT REPORT

Agenda Item	5.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Risk and Regulation Officer
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Discussion/Review
Recommendation	<p>The Audit and Assurance Committee is being asked to:</p> <p>NOTE the status of the Corporate Risk Register and Board Assurance Report.</p> <p>DISCUSS the Corporate Risks, particularly those assigned to the Audit and Assurance Committee.</p>

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
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If more than one standard applies, please list below:

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

ISO 14001, ISO 20000, ISO 27001, BS10008

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

Safe Care, Effective Care

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

Outcome: N/A

Statement:

Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.

[Workforce EQIA page](#)

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

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

2 SITUATION/BACKGROUND

- 2.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee and Digital Governance Committee and Safety and approved formally at the SHA Board on the 26 May 2021. This outlined the approach the organisation takes to managing risk and Board assurance.
- 2.2 Work across the year on the Board Assurance Report has resulted in the final BAF dashboard report being approved at the SHA Board Meeting on 26 May 2022.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.
- 3.2 DHCW's Corporate Risk Register currently has 26 risks on Register, 16 are detailed at item 5.2i Appendix A, one is private and will be reviewed during the private session. The other 9 are security related and are considered at every Digital Governance and Safety Committee in private session as per the Committee assignment approach.
- 3.3 Committee members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) since the last report:

NEW (6) 1 Private, 5 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	Primary Impact Domain and Committee Assigned
DHCW0290	*PRIVATE***		
DHCW0291	Network Equipment delays in relation Data	IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the	Financial DG&S

	Centre 2 move	replacement network required will not be implemented prior to the end of the current contract with our current supplier RESULTING IN extension of the existing contract, and a elongated project plan.	Committee
DHCW0292	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan	IF DHCW are unable to secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures.	Financial DG&S Committee
DHCW0293	DPIF Funding Letters	IF Digital Priority Investment Funding Letters are not provided to DHCW in a timely manner THEN organisations may not commit to activity without formal agreement of funding to support expenditure RESULTING IN delays to scheme deliverables and possible risk to scheme objectives, benefits and completion.	Financial A&A Committee
DHCW0294	DHCW Service Ownership and resource commitment not agreed for the NHS Wales App.	<p>If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a Public-facing service (both short-term and long-term) to handle both early volumes and increased take-up</p> <p>Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line & 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing.</p> <p>Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing</p>	Service Delivery DG&S Committee

		Service Support Models, risk that the externally provisioned service support will not meet regulatory standards and compliance, and risk of reputational damage as an insufficiently tested and under-developed service model may still be perceived as a DHCW provided service.	
DHCW0295	Lack of resources to implement key IMTP Milestones	<p>IF additional resources are not made available to the 3rd Party Applications team in the Integration & Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties.</p> <p>Other Milestones which will be affected include:</p> <ul style="list-style-type: none"> > Single Patient Record <ul style="list-style-type: none"> • WCCIS o Hospital to Community referrals o GP to community referrals o Transfer of WCCIS documents to WCRS and GP Practices <ul style="list-style-type: none"> • Dental referrals • 111 Transfer of Care Communications to GP Practices • Provision of additional test requesting functionality into GP Practices <p>RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.</p>	<p>Service Delivery</p> <p>DG&S Committee</p>

REMOVED (2) 0 Private, 2 Public

Risk Ref	Risk Title	Risk Description	Primary Impact Domain
DHCW287	Digital Priorities Investment Funding (DPIF)	IF DPIF budgets are requested to be significantly re-profiled (greater than £2.5 million) THEN the completion of planned developments will not be possible with associated supplier payment issues	<p>Development of Services</p> <p>A&A Committee</p>

		RESULTING IN reputational damage, non-delivery of investments, cost pressures and potential legal challenge.	
DHCW0293	DPIF Funding Letters	IF Digital Priority Investment Funding Letters are not provided to DHCW in a timely manner THEN organisations may not commit to activity without formal agreement of funding to support expenditure RESULTING IN delays to scheme deliverables and possible risk to scheme objectives, benefits and completion.	Financial A&A Committee

SCORE CHANGES

Two risks have been downgraded

Risk Ref	Risk Title	Risk Description	Primary Impact Domain
DHCW0291	Network Equipment delays in relation Data Centre 2 move	IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement network required will not be implemented prior to the end of the current contract with our current supplier RESULTING IN extension of the existing contract, and a elongated project plan.	Financial DG&S Committee
DHCW0295	Lack of resources to implement key IMTP Milestones	IF additional resources are not made available to the 3rd Party Applications team in the Integration & Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties. RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.	Service Delivery DG&S Committee

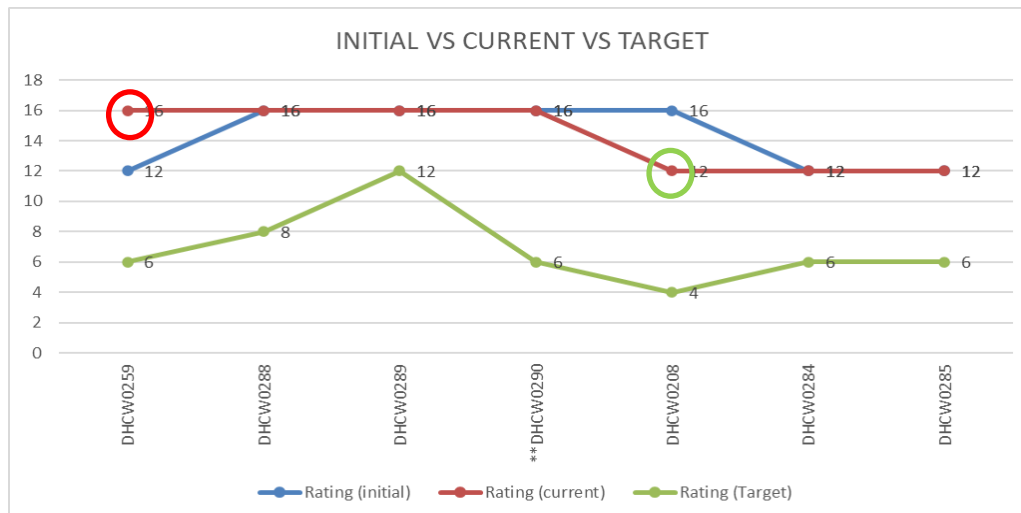
- 3.4 One risk (DHCW0293) was raised after the last Audit and Assurance Committee meeting but has also been downgraded since so is showing as both new and removed.
- 3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0257 ↔ **DHCW0277 ↔ **DHCW0278 ↔ **DHCW027 ↔ **DHCW0280 ↔ **DHCW0281 ↔ **DHCW0282 ↔	DHCW0204: Canisc System ↔	
	MAJOR (4)			DHCW0208: Welsh Language Compliance ↔ DHCW0228: Fault Domains ↔ DHCW0263: DHCW Functions ↔ DHCW0264: Data Promise ↔ **DHCW0286 ↔ DHCW0295 - Lack of resources to key IMTP Milestones ★ ↓	DHCW0237: Covid-19 Resource Impact ↔ DHCW0259: Staff Vacancies ↔ DHCW0288 – Data Centre Migration Revenue Funding ↔ DHCW0289 – Digital Inflation ↔ **DHCW0290 ★ DHCW0292 – Insufficient human resource capacity ★	
	MODERATE (3)				**DHCW0229 ↔ DHCW0269 – Switching Service ↔ DHCW0284 – Increased Utility Costs Financial Pressure ↔ DHCW0285 – Unfunded NI Increase ↔ DHCW0291 – Network Equipment Delay ★ ↓ DHCW0294 - DHCW Service Ownership and resource commitment not agreed for the NHS Wales App. ★	
	MINOR (2)					
	NEGLECTABLE (1)					

**Private risks

★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased

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



3.7 All the risks on the Corporate Risk log are assigned to a DHCW Committee as outlined in the Risk Management and Board Assurance Framework Strategy to provide the SHA Board with the necessary oversight and scrutiny. As previously stated, the private security risks are reviewed in detail by the Digital Governance and Safety Committee in a private session. There are seven risks assigned to the Audit and Assurance Committee:

- DHCW0259 Staff Vacancies
- DHCW 0288 Data Centre Migration Revenue Funding
- DHCW0289 Digital Inflation
- DHCW 0208 Welsh Language Compliance
- DHCW 0284 Increased Utility Costs Financial Pressure
- DHCW 0285 Unfunded NI increase
- DHCW0290** PRIVATE

3.8 Committee members are asked to note the movement in corporate risks over the past 18 months, from 1 April 2021 (DHCWs establishment) to 30 September 2022, and the analysis of corporate risks during this period as set out in item 5.2ii Appendix B.

3.9 A deep dive (items 5.2iii, 5.2iv, 5.2v) has been undertaken on the financial risks: DHCW0289 Digital Inflation, DHCW 0284 Increased Utility Costs Financial Pressure, DHCW0285 Unfunded NI increase and will be presented for discussion with Committee members.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The Committee is asked to note the changes in the risk profile during the reporting period (since the last Audit and Assurance Committee meeting) as a result of six new risks being added, two risks being removed, and two scores being downgraded on the Corporate Risk Register.
- 4.2 There are seven risks which have remained on the corporate risk register since the 1 April 2021, with ongoing work to mitigate these risks.

5 RECOMMENDATION

- 5.1 The Audit and Assurance Committee is being asked to:
NOTE the status of the Corporate Risk Register and 18-month corporate risk trend analysis.
DISCUSS the Corporate Risks assigned to the Audit and Assurance Committee, particularly those financial risks where a deep dive discussion will take place.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	6 September 2022	Discussed and verified

5.2i Appendix A – Corporate Risk Register

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low
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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0204	Security	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	05/09/2022	15	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTION: Replace Canisc across Wales Continue development of replacement functionality and interfaces (Phase 1) Health Boards to continue UAT of functionality VCC Go Live 14th November 2022 (WPAS & WCP) Commence development of Phase 2 work streams (Palliative Care & Screening & Colposcopy) CIPB agreed VCC go live with MDT/Cancer datasets pre health boards. Scoping of future phases continues including Palliative Care & Screening & Colposcopy however funding risk noted as no DPIF funding letter to date. ACTIONS TO DATE: 22/8/22 CIPB agreed VCC go live with MDT/Cancer datasets pre health boards. Scoping of future phases continues including Palliative Care & Screening & Colposcopy however funding risk noted as no DPIF funding letter to date. 29/06/22 Continued iterative roll out of software made available for UAT in WCP and WPAS. 23/05/22 Continued iterative roll out of software made available for UAT in WCP and WPAS. 03/05/22: VCC & DHCW have completed the revised timeline for VCC Go Live on 14th November 2022. Design for Phase 2 Screening & Colposcopy and Palliative Care almost complete. Significant progress made on the replacement of Canisc	20 (5x4)	6 (3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 3 - Expanding the content

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						interfaces, build completed on majority, and they have been handed over to VCC for testing. 2 remaining (out of 33) interfaces are still in the requirement and design phase. Additional functionality been developed and made available for UAT in WCP and WPAS.							
DHCW0295	Business & Organisational	<p>Lack of resources to implement key IMTP Milestones</p> <p>IF additional resources are not made available to the 3rd Party Applications team in the Integration & Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties.</p> <p>Other Milestones which will be affected include:</p> <ul style="list-style-type: none"> > Single Patient Record • WCCIS o Hospital to Community referrals o GP to community referrals o Transfer of WCCIS documents to WCRS and GP Practices • Dental referrals • 111 Transfer of Care Communications to GP Practices • Provision of additional test requesting functionality into GP Practices <p>RESULTING IN a reduced range of GP systems available within Wales in the short-term, (4xreputational damage to DHCW, and potential financial penalties, as per the contract.</p>	21/07/2022	05/09/2022	20	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTION:</p> <p>An SBAR has been drafted which highlights a deficiency of resource across several areas within IRAT team and makes recommendations to address. This is currently with Directors for review.</p>	20 (4x5)	8 (4x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 2 – Delivering Technology

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0259	Business & Organisational	<p>Staff Vacancies</p> <p>IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.</p>	11/12/2020	23/08/2022	12	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS:</p> <p>The team is currently mapping applications from CV library to the potential vacancies to conduct group interviews in a format of assessment centres to speed up the interview process. This will be completed by early September 2022. An SLA is being agreed with NWSSP to allow DHCW to appoint resource via the bank system to allow flexibility within the workforce.</p> <p>The strategic action group will look at third part engagement to fill any resource gaps for key projects. DHCW will be finalising the Resourcing Strategy for 2022-23. The strategy will look at a number of initiatives to ensure that DHCW achieves its recruitment target. This will include an improvement in workforce planning data as well as exploring further collaboration opportunities. DHCW are already experienced success with LinkedIn and CV library, and we will continue to utilise these sources. DHCW has held a number of career fairs and will continue to use this method of attracting wide range of future talent. To support retention, DHCW are planning to work in partnership with WIDI to develop programmes to upskill and reskill our existing workforce. Additionally DHCW will be developing new contractual vehicle/s commencing from June 2022 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with funding streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects</p> <p>ACTIONS TO DATE:</p> <p>23/08/2022 A strategic action group has been formed and the initial meeting will take place on 06/09/2022</p> <p>28/06/22 - CV Database created to build a talent pool of candidates we have met at jobs fairs, events and through Trac reserve lists.</p> <p>- We have reviewed our contracts with recruitment agencies and are working with them to ensure they deliver us high quality candidates.</p> <p>- Recruitment team have a dedicated Linked In and CV Library license so that we can contact candidates directly and invite them for interview.</p>	16 (4x4)	6 (2x3)	Director of People	Non-Mover	Audit and Assurance Committee and Local Partnership Forum	Financial	Mission 5 - Trusted Partner

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<p>- Workforce Planning underway with Finance and Directorates to develop a quarterly recruitment plan for future-proofing our service support.</p> <p>03/03/2022 Recruitment task force continues to meet weekly. Careers days have taken place, there is also a dedicated WFOD team focusing on this issue</p> <p>A recruitment task force was established including all areas of the organisation to focus on recruitment with support from a co-ordinated communications approach. Additionally, agency support was procured to aid with the volume of recruitment required and support managers with vacancies to ensure speed of appointment.</p>							
DHCW0288	Finance	<p>Data Centre Migration Revenue Funding</p> <p>IF Data Centre migration activity takes place in 2022/23 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.</p>	16/05/2022	25/08/2022	16	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: Business Case identifying all resource requirements and timing to be constructed. Explore possible funding options.</p> <p>ACTIONS UNDERTAKEN: Project Group established. Full plan being developed.</p> <p>CLJ 15/08/2022. Corrected the financial year. The data centre move and resulting financial pressure will be in 2023/24</p>	16 (4x4)	8 (4x2)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 5 - Trusted Partner
DHCW0289	Finance	<p>Digital Inflation</p> <p>IF supply chain issues (such as the chip shortage) and underlying digital price pressures have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.</p>	16/05/2022	05/09/2022	16	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: To research and construct cost avoidance actions. For specific contract issues DHCW will continue to look by negotiation, competitive procurement and changing in requirements where appropriate.</p> <p>ACTIONS UNDERTAKEN: Engaged with sector specialists to ascertain potential impact and future trends. Negotiations held with suppliers.</p>	16 (4x4)	12 (4x3)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 2 - Delivering Technology
DHCW0291	Finance	<p>Network Equipment delays in relation Data Centre 2 move</p> <p>IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement network required will not</p>	30/06/2022	25/08/2022	16	<p>AIM Reduce Likelihood</p> <p>FORWARD ACTIONS Work with supplier to determine delivery dates and if alternative equipment can utilised.</p>	12 (3x4)	9 (3x3)	Interim Executive Director of Digital Operations	Reduced	Digital Governance & Safety Committee	Service Delivery	Mission 2 - Delivering Technology

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		be implemented prior to the end of the current contract with our current supplier RESULTING IN extension of the existing contract, and a elongated project plan.				ACTIONS TO DATE 25/08/2022. CLJ. Equipment delivery is being actively tracked. Most equipment will arrive in FY 22/23. Currently, approx. £180k of equipment is anticipated to be delivered in FY 23/24 (Late April 23). DHCW teams are working with our suppliers to look at similar, but alternative models which can be delivered sooner. This is looking positive at the moment. Therefore, risk to capital plan is reducing. However, the data centre move will not take place before the end of June, but a contract extension for up to 1 year (with 2 months' notice period) has been secured. This will likely be at higher costs due to energy prices. The value of the equipment which could be delayed (i.e., cost pressure in FY 23/24) is around £180k. The anticipated extra costs due to energy are expected to be less than £200k. Therefore, reducing impact to Moderate (3).							
DHCW0237	Project	New requirements impact on resource and plan IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non-delivery of our objectives and ultimately a delay in benefits being realised by the service.	30/03/2020	02/08/2022	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: IMTP approved by SHA Board end March 2022. Annual Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. Funding letters not received yet (Digital Priorities Investment Fund). Anticipated new requirements from Emergency and Unscheduled Care (Six Goals Framework) and new National Vaccination programme.	16 (4x4)	9 (3x3)	Executive Director of Strategy	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 5 - Trusted Partner
DHCW0292	Service Interruption	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan IF DHCW are unable to secure revenue funding to	01/04/2022	25/08/2022	16	AIM: REDUCE Likelihood FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified. ACTIONS TO DATE:	16 (4x4)	8 (4x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 2 - Delivering Technology

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		<p>support major infrastructure developments identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures.</p> <p>Examples include:</p> <ul style="list-style-type: none"> * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements 				<p>25/08/2022. CLJ. Independent third party being engaged to undertake an assessment on the sizing of the teams which have resource constraints and highest levels of unfunded resources. The output of this will be used to develop the case for increased funding levels in the affected teams (if needed)</p> <p>15/07/2022. CLJ. Updated description. Work is underway to describe the BAU activity - to justify the needs to additional resources</p> <p>12/05/2022. CLJ. Initial meeting to develop the workforce plan has taken place.</p>							
DHCW0208	Business & Organisational	<p>Welsh Language Compliance</p> <p>IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage</p>	21/05/2018	05/09/2022	16	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS:</p> <p>Focus on supporting the Digital Services for patients and the public programme in bilingualism.</p> <p>Prepare an outcome report for approval or the Welsh Language Scheme by the Welsh Language Commissioners Office to be able to launch in December 22.</p> <p>Attend the launch of the More than just words five year plan in August 2022 and start implementing the actions</p> <p>Welsh Language Group to approve a new bilingual skills strategy in August 2022 with a view to fully implement the SOPs over the next two years.</p> <p>Collaborative work with NHS Wales translators to standardise terminology in patient letters (July/August 2022)</p> <p>Work with WPAS team to ensure Welsh language isn't treated less favourably to the English language in patient letters. (July/August 2022)</p> <p>ACTIONS TO DATE:</p> <p>Welsh language group remit and TOR were reviewed and are undergoing validation.</p> <p>Updated assurance compliance report sent to the Audit and Assurance Committee.</p> <p>Investment proposals to support the language preference data sharing across systems submitted to WG was rejected, alternative discussions are taking place.</p> <p>Staff Training in place and a new prospectus created.</p>	12 (4x3)	4 (4x1)	Board Secretary	Non-Mover	Audit & Assurance Committee	Service Delivery	Mission 5 - Trusted Partner

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0284	Finance	Increased Utility Costs Financial Pressure IF utility costs increase significantly (circa £620k per annum) as expected THEN costs will exceed those normally budgeted for RESULTING IN increased facilities costs and financial pressures	21/10/2021	05/09/2022	12	AIM: REDUCE Impact FORWARD ACTION: Build potential cost pressures into IMTP assumptions. Continue to report to Welsh Government to ensure DHCW pressure is incorporated within the central risk management and any future consequential funding is secured. ACTIONS TO DATE: Risk increased to £620k to represent both potential increases to Office and Data centre costs Engagement with NWSSP Procurement to confirm All Wales NHS Utilities contract terms Communication with Landlords to understand timing and impact of any change Discussed with Associate Finance Directors and Finance Business Partner	12 (3x4)	6 (2x3)	Director of Finance	Non-Mover	Audit & Assurance Committee	Service Delivery	Mission 2 - Delivering Technology
DHCW0285	Finance	Unfunded NI increase IF the additional 1.25% employer NI contributions are unfunded centrally THEN DHCW will have a cost pressure of £319k in 22/23 RESULTING IN DHCW's ability to breakeven.	11/05/2022	05/09/2022	12	AIM: Reduce Likelihood FORWARD ACTIONS: Monitor financial impact and report to Welsh Government on a monthly basis to ensure that DHCW pressures are represented in the central Risk Register. In that way, any consequential funding will have been identified and made available to the organisation. ACTIONS TO DATE: Forecast submitted to Welsh Government. No change	12 (3x4)	6 (3x2)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Service Delivery	Mission 5 - Trusted Partner
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	16/09/2022	9	AIM:REDUCE Likelihood and REDUCE Impact ACTION TO DATE: 16/09/2022 - Discussed at Execs, concerns raised this has been downgraded prematurely and there would be more assurance following the external audit report 04/08/2022: Should the switching service fail, there is a process in place, whereby spreadsheets can be imported to manually update the service. The overall risk impact should be reduced. Downgraded to Directorate level by owner FORWARD ACTION: 27/07/2022: Now that the Director of Operations is in post, ISD are looking to share ownership of the risk with Operational Services and the internal audit review of the Switching Service by NHS Wales Shared Services Partnership (NWSSP) should provide specific feedback during July/August 2022 in order to advance this work.	12 (3x4)	6(3x2)	Interim Executive Director of Digital Operations	Non-mover	Digital Governance & Safety Committee	Information storage & maintaining	Mission 4 - Value and Innovation

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0263	Information Governance	<p>DHCW Functions</p> <p>IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.</p>	26/01/2021	05/09/2022	12	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review in July 2022</p> <p>ACTIONS TO DATE: Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR:</p> <p>(i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided at November 2021's meeting.</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 4 - Value and Innovation
DHCW0264	Information Governance	<p>Data Promise</p> <p>IF the national conversation regarding the use of patient data (Data Promise) is delayed, THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a</p>	26/01/2021	05/09/2022	12	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. To be reviewed in July 2022</p> <p>ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching the Data Promise 'publicity' campaign in 2022.</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 1 - Enabling Digital Transformation

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.											
DHCW0228	Service Interruption	<p>Fault Domains</p> <p>IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.</p>	05/06/2019	25/08/2022	16	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTIONS: A newly installed virtual server farm has been implemented with two fault domains at each data centre. Work is now underway to migrate existing virtual servers onto this infrastructure which is expected to take around 5 months. This will provide some additional resilience for many of our services. This does not include our Microsoft database platforms (which live on a dedicated virtual server farm for licensing reasons) and this will follow the current migration. Introduction of further fault domains will be considered in the planning and migration of services from on-premises to cloud providers.</p> <p>ACTIONS TO DATE: 25/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. We have migrated 45% of the total of 754 servers on the old platform. This migration is not including our database platforms and these will follow after the current migration. 04/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. This migration is not including our database platforms and these will follow after the current migration.</p> <p>25/07/2022 MP - Work continuing to migrate services to new infrastructure which is utilising the fault domain methodology.</p> <p>21-06-2022 MP - New deployments are designed to utilise the fault domain principals. Old services will be moved to a fault domain structure when they are renewed or migrated to new infrastructure/cloud.</p>	12 (4x3)	6 (3x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Finance	Mission 2 – Delivering Technology

5.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0294	Business & Organisational	<p>DHCW Service Ownership and resource commitment not agreed for the NHS Wales App. If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a Public-facing service (both short-term and long-term) to handle both early volumes and increased take-up</p> <p>Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line & 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing.</p> <p>Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing Service Support Models, risk that the externally provisioned service support will not meet regulatory standards and compliance, and risk of reputational damage as an insufficiently tested and under-developed service model may still be perceived as a DHCW provided service.</p>	21/07/2022	31/08/2022	20	<p>AIM: Reduce Likelihood</p> <p>ACTIONS TO DATE</p> <p>09/08/2022</p> <p>A DSPP service management strategy paper has been agreed, for interim support model (6 to 12 months) utilising a Feedback Channel support arrangements built into the existing Kainos contract. Options under review are:</p> <ol style="list-style-type: none"> 1. Kainos provide full support coverage for the App 2. Kainos provide 3LS only, DHCW or other provide the rest <p>Support Model and resourcing to be finalised and reflected in the contract.</p> <p>Meeting scheduled 10/08/22 to discuss service management with reps from DHCW Directorate.</p> <p>Current go-live target for a public launch is October/November, by such time the beta volumes are targeted at a max of 5k users. An interim 'Service Management' solution utilising the DHCW (M) Service Desk could be considered as the volumes of Feedback Channel triage is expected to be low.</p> <p>31/08/2022</p> <p>Current target date for private beta with up to 10 GP Practices is late September – working with Kainos to finalise the support model for private beta. There will be no public-facing Service Desk. Technical Support Service Desk provided by Kainos for the ticket management of technical Incidents, all other content will be directed to the appropriate existing channels. Users of the NHS Wales App will be able to leave comments or report technical issues via a Feedback Channel within the App. The DSPP Programme will review the tickets with Kainos from Kainos and DHCW as required, also providing Service Ownership (interim) and support resources.</p> <p>This model is likely to be in place for 12-24 months until such time as readiness to transition into DHCW services.</p>	12 (3x4)	3 (1x3)	Director of Strategy	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 2 – Delivering Technology



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Corporate Risk Trending Analysis April 2021 – Sept 2022

DHCW

October 2022

Corporate Risks covering April 2021 – September 2022

Context

- DHCW was established on the 1 April 2021, the SHA Board approved the Risk and Board Assurance Framework Strategy on the 27 May 2021. A committee assignment approach was agreed as part of this 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 April 2021 – September 2022 deep dives have taken place on the corporate risks assigned to the committees by the relevant committee.
- In May 2022 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 18 months period of operation was agreed, which is presented in these slides.

Corporate Risks – Changes since 1 April 2021

- On the 1 April 2021 there were 14 risks on the corporate risk register.
- Between 1 April 2021 – 30 September 2022 there have been 52 individual risks managed on the corporate risk register for a period of time. Of these seven have remained active risks throughout this 18 month period.
- 38 new risks have been escalated since 1 April 2021.
- 26 risks have been removed (de-escalated or closed) since 1 April 2021, as at 30 September 2022.
- Of the 52 corporate risks during this period, half have been de-escalated or closed.

Corporate Risks – 1 April 2021

There are a number of 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 **26%** of active DHCW Corporate Risks. These are:

DHCW0204 – Canisc System (DG&S Committee)

DHCW0208 – Welsh Language Compliance (A&A Committee)

DHCW0228 – Fault Domains (DG&S Committee)

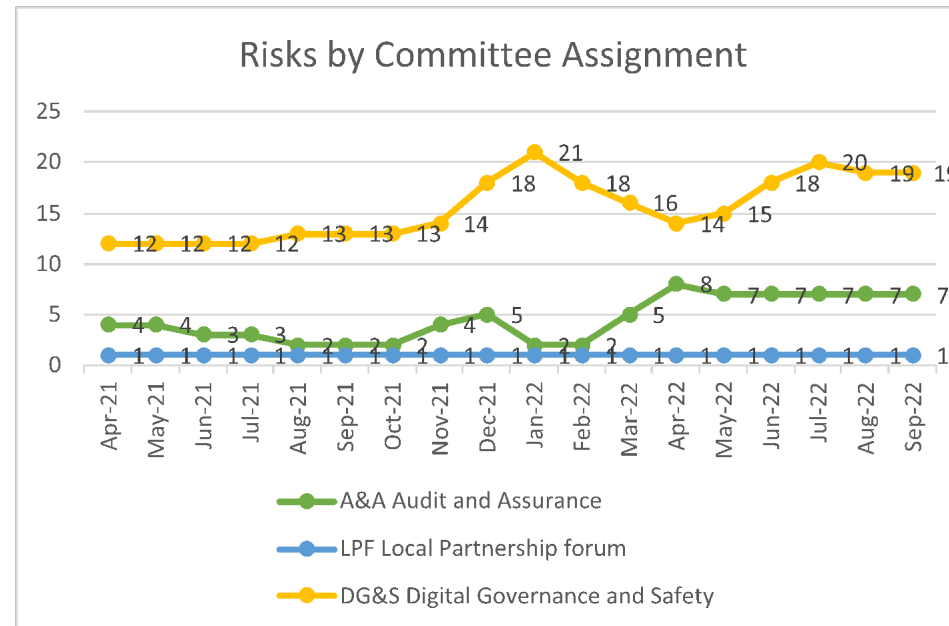
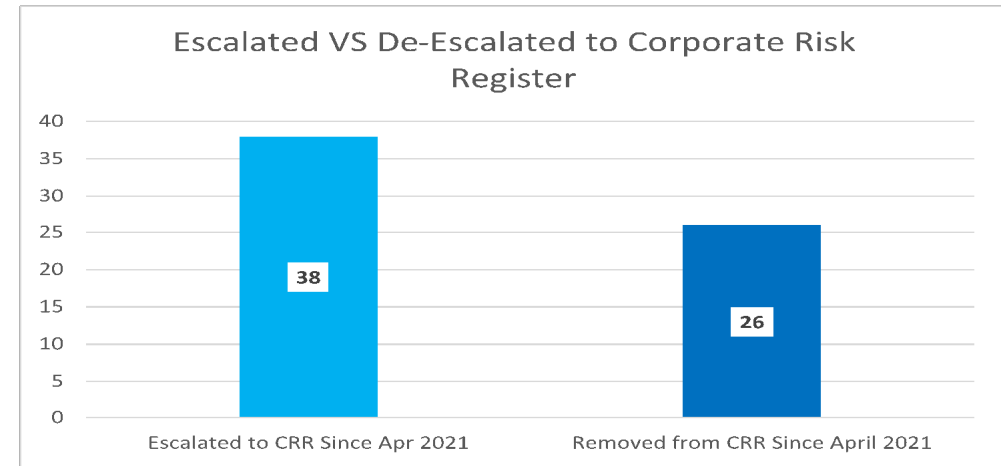
DHCW0229 – **PRIVATE (DG&S Committee)

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

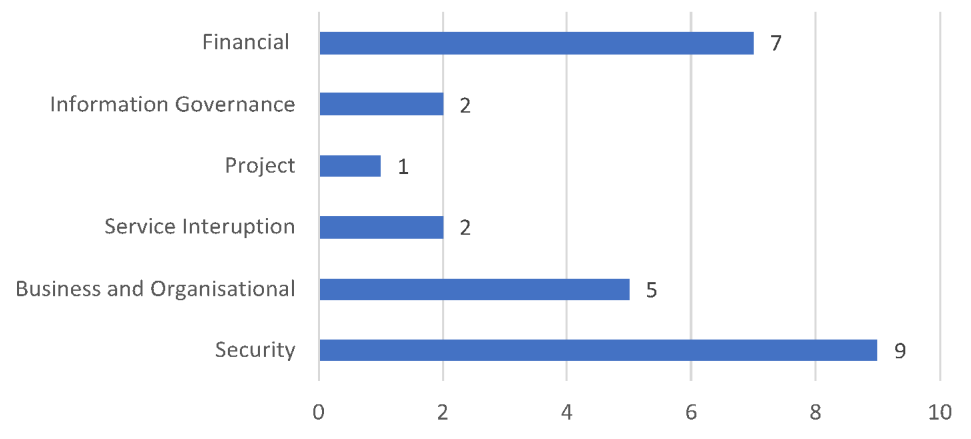
DHCW0257 - **PRIVATE (DG&S Committee)

DHCW0259 – Staff Vacancies (A&A Committee)

The following slides shown demonstrate the movement in the Corporate Register from April 2021 until 30 September 2022.

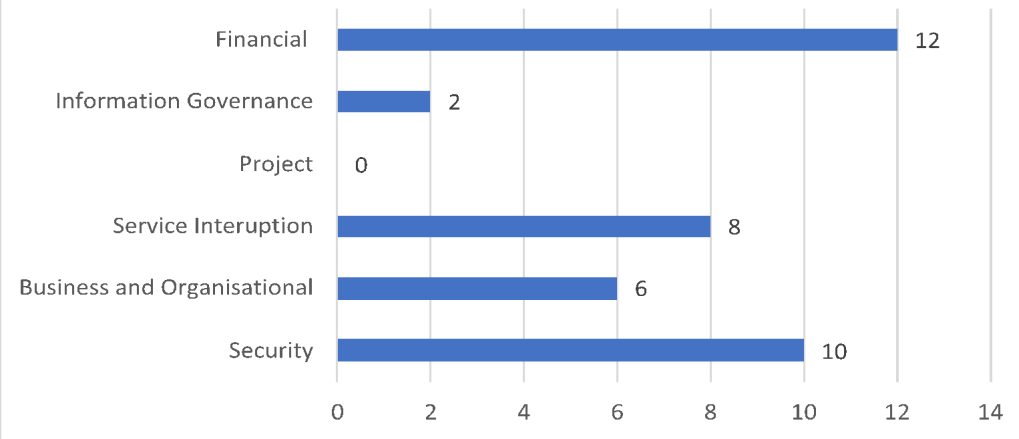


Active Risks by Risk Domain - 30th September 2022



The above graph shows the 26 corporate risks by domain as of 30 September 2022.

Number of Risks raised by Domain Since Apr 2021



The above graph shows the 38 new corporate risks added to the corporate risk register by domain during the period from 1 April – 30 September 2022.

The past nine months has seen an increase in the number of financial and security risks in particular.

Number of Active Risks by Strategic Mission as at 30 Sept 2022

Mission	Number of Corporate Risks assigned
1. Enabling digital transformation supporting joined up, consistent care	2
2. Delivering high quality technology, data products and services to support efficiencies and improvements in care processes	14
3. Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved	1
4. Driving Value and innovation for better outcomes and value based care	2
5. Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders	7

DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner

Date of Report:	30 th September 2022		
Originator:	Claire Osmundsen Little	Risk Name:	Digital Inflation
Likelihood/Probability Rating (1-5):	4	Impact/Consequence Rating (1-5):	4
Risk Reference ID:	DHCW0289	Initial Score:	16
Target Score:	12	Current Score:	16
Background: (a brief background history of the risk being reviewed)			
<p>This risk reflects the need to identify potential “sector specific” cost pressures for which DHCW (as a digital organisation) would be more sensitive to price fluctuation.</p> <p>Research is ongoing with external organisations and suppliers to fully surface the potential exposure over 3 key perspectives:</p> <ul style="list-style-type: none"> • Currency fluctuation risk – those contracts materially and directly exposed to the impact of exchange rate fluctuations. • Supplier Pricing Model risk – Digital suppliers frequently review pricing methodology and structure. • Supply Chain Risk – where possible component constraints may increase costs (experienced recently as a consequence of the Ukraine). 			
Risk Description (IF....THEN.....RESULTING IN.....) (Risk descriptions to include details of the associated impact)			
RISK DESCRIPTION: <p>IF supply chain issues such as the chip shortage and underlying digital price pressures and contract renewals have a negative impact upon prices THEN there will be additional price increases RESULTING IN higher cost equipment and maintenance contracts.</p>			
ASSESSMENT: <ul style="list-style-type: none"> • Impact upon 2022/23 financial target – Minimal <£100K • Impact upon 2023/24+ financial target – Major >£4.9m (Core & Primary Care IM&T) 			

Mitigating Action Taken to Date:

(Detail the actions already undertaken to mitigate the risk impact)

ACTIONS UNDERTAKEN:

- Engagement with sector specialists to ascertain potential impact and future trends.
- Engagement with suppliers where appropriate.
- Initial 3-year estimates compiled, Welsh Government informed of potential 2023/24 pressures in order to inform core funding increase and other budget pressure discussions.
- Detailed database to inform further scenario modelling constructed.

Further Mitigation to Achieve Target Risk Score with timeframe for completion:

(Detail the further actions required to achieve the target risk score and associated timeframes if known)

FORWARD ACTIONS:

- To continue to research into this area to shape future approach – ongoing.
- Completion of scenario models under best, probable and worst case assumptions - October.
- Construct cost avoidance/mitigating actions as part of the IMTP process – November 2022.

Recommendation from the risk owner:

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

RECOMMENDATION:

As the mitigating actions are likely to differ significantly it is recommended the risk is split as follows:

1. Digital Inflation: Currency fluctuation risk
2. Digital Inflation: Supplier Pricing Model risk
3. Digital Inflation: Supply Chain Cost Risk

This will provide the reader of the risk register with a greater level of understanding of each risk and transparency surrounding the linked mitigating actions.

Meeting Comments/Feedback

(To be included after the meeting where the review is taking place)

DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner

Date of Report:	30 th September 2022		
Originator:	Claire Osmundsen Little	Risk Name:	Increased Utility Costs Financial Pressure
Likelihood/Probability Rating (1-5):	4	Impact/Consequence Rating (1-5):	4
Risk Reference ID:	DHCW0284	Initial Score:	16

Target Score:	6	Current Score:	16
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Background:

(a brief background history of the risk being reviewed)

A global energy crisis has been building for nearly a year, after the post-Covid rebound crashed headlong into Russia's invasion of Ukraine, sending already-rising gas prices stratospheric.

DHCW has several sites which will be impacted by these price increases:

Offices in Cardiff TGA, Cardiff Castlebridge, Mamhilad, Mold and Swansea. The energy increase will also impact the two datacentres.

Risk Description (IF....THEN.....RESULTING IN.....)

(Risk descriptions to include details of the associated impact)

RISK DESCRIPTION:

IF utility costs increase significantly (circa £620k per annum) as expected **THEN** costs will exceed those normally budgeted for **RESULTING IN** increased facilities costs and financial pressures.

ASSESSMENT:

- Impact upon 2022/23 financial target – **Minimal <£100K**
- Impact upon 2023/24+ financial target – **Major >£620K**

Mitigating Action Taken to Date:

(Detail the actions already undertaken to mitigate the risk impact)

ACTIONS TO DATE:

- Cost forecast submitted to Welsh Government on a monthly basis as part of the exceptional cost funding requirement return to Welsh Government.
- An Exceptional Cost Pressures Management & Monitoring Group who are developing mitigation plans and will report to the Director of Finance has been established. The group is comprised of estates, commercial, datacentres and financial senior staff. The aim is to consider what options and actions we can action to minimise the energy requirements.
- Engagement with NWSSP Procurement to confirm All Wales NHS Utilities contract terms.
- Communication with Landlords to understand timing and impact of any change.

Further Mitigation to Achieve Target Risk Score with timeframe for completion:

(Detail the further actions required to achieve the target risk score and associated timeframes if known)

FORWARD ACTIONS TO ACHIEVE RISK TARGET:

- Reassessment of financial impact reflecting latest supplier intelligence – October 2022.
- Build potential cost pressures into IMTP assumptions – November 2022.
- Continue to report to Welsh Government to ensure DHCW pressure is incorporated within the central risk management and any future consequential funding is secured - Ongoing.
- Implementation of approved mitigating actions and evaluation of impact - ongoing.
- Explore provisions set out in the governments “Energy Bill Relief Scheme” which provides help for businesses and other non-domestic customers (including hospitals) - October.

Recommendation from the risk owner:

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

RECOMMENDATION:

- Reassess potential financial impact and rescore as appropriate.

Meeting Comments/Feedback

(To be included after the meeting where the review is taking place)

DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner

Date of Report:	30 th September 2022		
Originator:	Claire Osmundsen Little	Risk Name:	National Insurance Increase
Likelihood/Probability Rating (1-5):	4	Impact/Consequence Rating (1-5):	3
Risk Reference ID:	DHCW0285	Initial Score:	12
Target Score:	6	Current Score:	12

Background:

(a brief background history of the risk being reviewed)

The National Insurance Act was introduced in 1911 as a national system of insurance, designed to protect working people against loss of income relating to sickness or unemployment. Now, it is a tax that is used to pay for the NHS, benefits and the state pension.

It was announced that from 6 April 2022, National Insurance contributions will increase by 1.25% for both employees and employers. This meant that the rate for employers will stand at 15.05% on all earnings above the secondary threshold for most employees.

Welsh Government directed that a risk be logged within all risk registers with the assumption that funding will be supplied (subject to confirmation).

Risk Description (IF....THEN.....RESULTING IN.....)

(Risk descriptions to include details of the associated impact)

IF the additional 1.25% employer NI contributions are unfunded centrally THEN DHCW will have a cost pressure of £319k in 22/23 RESULTING IN DHCW's inability to breakeven.

Mitigating Action Taken to Date:

(Detail the actions already undertaken to mitigate the risk impact)

ACTIONS TO DATE:

Cost forecast submitted to Welsh Government on a monthly basis as part of the exceptional cost funding requirement return to Welsh Government.

Further Mitigation to Achieve Target Risk Score with timeframe for completion:

(Detail the further actions required to achieve the target risk score and associated timeframes if known)

FORWARD ACTIONS:

- Assess revised costs and incorporate within mid-year financial returns and exceptional cost forecast to Welsh Government finance leads – October 2022.
- Liaise with Welsh Government to secure any additional funding requirement – November 2022.

Recommendation from the risk owner:

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

RECOMMENDATION:

- The Chancellors announcement on September 22nd regarding the reversal of the 1.25 percentage point rise in National Insurance from 6 November has meant that there will be no recurrent pressures related to increased NI.
- It is proposed that the risk is now **de-escalated** as the part year non recurrent pressure will be managed in partnership with Welsh Government.

Meeting Comments/Feedback

(To be included after the meeting where the review is taking place)

DIGITAL HEALTH AND CARE WALES

WELSH LANGUAGE COMPLIANCE REPORT

Agenda Item	5.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	DHCW0208
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WELL-BEING OF FUTURE GENERATIONS ACT	A Wales of Vibrant Culture and Thriving Welsh Language
If more than one standard applies, please list below: A More Equal Wales	

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
No, (detail included below as to reasoning)	Outcome:
Statement: Not Required	

[Workforce EQIA page](#)

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

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

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

2 SITUATION/BACKGROUND

2.1 This report outlines the steps taken to monitor compliance with the actions included in the Draft DHCW Welsh Language Scheme and gives an overview of:

- The Welsh language compliance action plan that identifies areas for improvement and actions required to achieve compliance with the standards;
- the current Welsh Language skills dashboard showing staff's self-assessment of their Welsh skills,
- activity undertaken in the organisation to promote the use of the Welsh language and improve training provision,
- the next steps with the publication of the Welsh Language Scheme, and
- actions required to implement the new More Than Just Words Five Year Plan 2022-2027.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Welsh Language Compliance Action Plan

The DHCW Board have outlined clear intentions and commitments in relation to the organisation being bilingual. The Welsh Language Manager monitors compliance with the Welsh Language Standards and reports non-compliance and areas for improvement to the Welsh Language Group. As there are 120 standards, it has been agreed to group the standards in a new action plan to provide the Audit and Assurance Committee an assurance summary. This action plan is included at item **Appendix A**. It is reviewed for progress by the Welsh Language Group on a bi-monthly basis.
The summary findings are below:

Type of Standards	Approximate % compliance / RAG rating
Service Delivery Standards	60%
Policy Making Standards	50%

Operational Standards	50%
Record Keeping Standards	75%

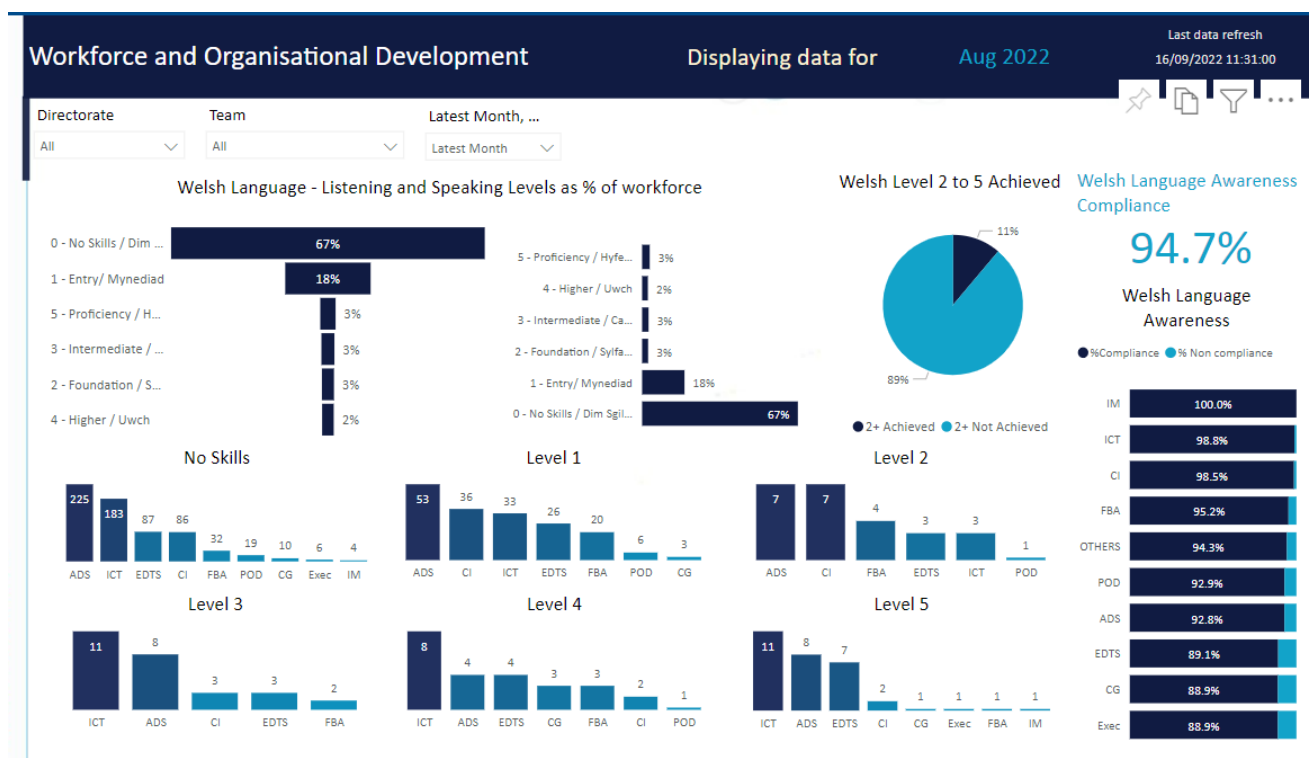
3.2 Organisational Welsh Language Skills Dashboard

3.2 (i) Work to support staff with updating their Welsh language skills includes:

- Manually updating skills on behalf of staff,
- drop-in sessions with the Welsh Language Manager, and
- awareness raising sessions at directorate away days.

The percentage of staff at level 0 has decreased by 1% over the last month (-7% in the last 6 months) due to these activities. A new Welsh language awareness course is due to be released by Welsh Government which will include information about the Welsh Language Standards and will be mandatory for all staff.

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



3.3 Developing the Welsh language skills of staff

3.3(i) DHCW offers a wide range of Welsh language training options to staff. A dedicated page including a new learning prospectus is available on the intranet and a TenTalk attended by

120 staff took place in August to ensure they were informed of the opportunities available to them. The following activities and statistics demonstrate DHCWs commitment to staff development and providing a bilingual service:

- All new staff attend a Welsh language awareness induction session
- Welsh language awareness sessions are delivered at directorate team building sessions
- A monthly confidence building group for staff with level 3+ Welsh language skills
- More than 80 staff are learning Welsh with duolingo and are members of the 'duolingo challenge' yammer group.
- 37 staff are members of a Welsh Language Yammer Group called 'Siop Siarad'
- 16 staff are learning with Say Something in Welsh
- Approximately 10-15 staff are learning Welsh with the centre for learning Welsh (staff are currently enrolling for 2022-2023 courses)
- 3 staff have completed a welcome course with the centre for learning Welsh in the last month.
- 2 staff attended a confidence building course in collaboration with HEIW and Aberystwyth University
- 6 Staff are attending a residential course at Nant Gwrtheyrn

3.4 Welsh Language Scheme Next Steps

3.4(i) The consultation period for the new DHCW Welsh Language Scheme ended on 30th September. A report collating the responses to the consultation will be sent to the Welsh Language Commissioner by the end of October 2022. The aim is to publish the final version of the Welsh Language Scheme later this year, launching it in conjunction with the Welsh Language Commissioner's Welsh language rights day on 7th December 2022.

3.4(ii) The next step is to update the Welsh Language Scheme (if required) to reflect the responses received from the consultation and present this to the Welsh Language Commissioner.

Once approved, the following activities will take place:

- The final document will be formatted by the Graphic Design Team;
- the Communications team will prepare social media messages,
- the DHCW Welsh Language webpage will be updated,
- internal communications will ensure staff are fully aware of the scheme and their responsibilities,
- a presentation will be delivered at a board development session, and
- a staff survey will be issued to assess compliance levels.

3.5 More Than Just Words Five Year Plan

3.5(i) A new More Than Just Words 5 Year Plan 2022-2027 was launched by the Minister for Health and Social Services, Eluned Morgan MS, at the National Eisteddfod in August 2022. The new

plan builds on the original framework published in 2012, which outlined a series of key objectives, supported by complementary action plans – one for the NHS and one for Social Services. The two follow-on strategic frameworks published in 2016 and 2019 aimed for a more integrated approach with one single action plan for both sectors.

3.5(ii) The More Than Just Words Five Year Plan 2022- 2027 sets out how Welsh Government and health and care organisations in Wales will drive forward progress under the overarching theme of culture and leadership and the following three themes:

Theme 1 – Welsh language planning and policies including data

Theme 2 – Supporting and developing the Welsh language skills of the current and future workforce

Theme 3 – Sharing best practice and an enabling approach

3.6(iii) An action plan including all actions in relation to health and social care and specific actions for DHCW is included at item **Appendix B**. The Welsh Language Manager will monitor progress against the actions outlined in the plan.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 As part of the joint review by the Health and Social Care Committee, the Welsh Language Commissioner has formally responded to the consultation. A number of points have been raised and will be picked up as part of the consultation response.

5 RECOMMENDATION

The Committee is being asked to:

Receive the report for **ASSURANCE, NOTE** the action plans for improvement.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Welsh Language Group	15.08.22	APPROVED
Executive Management Board	16.09.22	APPROVED
Welsh Language Group	10.10.22	APPROVED

Welsh Language Scheme Monitoring Action Plan					
Compliance Area	Type of Standard	Action Required	Progress	Date	RAG Rating
Operational	Bilingual Skills Strategy	1. New Welsh language skills assessment process needs Workforce approval and implementation	1. Meetings with Workforce staff to agree the process have taken place.	Jul-22	
Operational	Workforce Policies	1. Workforce policies need to be available in Welsh and accessible to staff - need to be included in Welsh Language and Workforce SharePoint page	1. All Wales workforce policies are translated and available on IMS	Sep-22	
Service Delivery	Education Courses	1. New SOP required for arranging education (not training). This applies to the education of students or persons outside of NHS Wales 2. Raise awareness of this standard with staff who are likely to organise education courses		Sep-22	
Operational	Welsh Language Training	1. New prospectus to be created to make it easier for staff to decide which course is suitable for them Managers need to support staff learning Welsh by allowing time to attend courses 3. Set up purchase orders for training providers	1. Welsh language training information is available on the Welsh language SharePoint page. 2. New courses provided by local FE colleges available. 3. Funding available for staff to access courses free of charge. 4. Yammer support groups set up. 5. New confidence building group set up	Sep-22	
Record Keeping	Complaints Procedure and Monitoring	1. New area on DHCW website to be created when Welsh language scheme is published	1. New webpage drafted ready to include information about making a complaint	Nov-22	
Service Delivery	Website and Social Media	1. Forward planning of social media will enable the translation team at NWSSP to provide an efficient service. Close monitoring of usage of Welsh website and social media pages required. 3. Merge English and Welsh social media accounts to ensure the bilingual organisation message is clear. 4. Welsh language complaints section to be added to website	1. The DHCW website is bilingual and a new Welsh language page will be published to assist with the public consultation of new Welsh Language Scheme	Dec-22	
Record Keeping	Publication of Welsh Language Scheme	1. Draft approved by Welsh Language Commissioner. 2. Graphic Design support required to format the document. 3. Communications support required with consultation period.	1. New webpage drafted ready to support with public consultation. 2. List of contact created in preparation for consultation	Dec-22	

Service Delivery	Telephone and Reception	<p>1. Audit to ensure Welsh language calls are not treated less favourably to English calles. 2. KPIs need to be included for service desk as part of IOPR to monitor the number of calls requiring a Welsh language service and how they are dealt with</p> <p>3. Welsh speaking staff to attend a residential course to gain confidence speaking Welsh on the telephone</p>	<p>1. Corporate Services staff have attended a reception skills course with Merthyr College.</p> <p>2. New Welsh language skills confidence building group set up.</p> <p>3. Video created to demonstrate dealing with a telephone call in Welsh.</p> <p>4. Promotion of video at directorate away days.</p> <p>5. New recruitment assessment process created to ensure all service desk jobs are advertised as Welsh essential when numbers of Welsh speakers fall in the team</p> <p>6. Confidence building group set up to support staff with using their Welsh language skills at work</p>	Dec-22	
Policy Making	Policies / EQIA	<p>1. Process for reviewing policy EQIA needs to be formalised with support from the Welsh Language Manager</p>	<p>1. Collaborative work with Workforce started</p>	Dec-22	
Policy Making	Consultation and Research	<p>As above</p>	<p>1. EQIA included in Welsh language scheme in preparation for public consultation</p>	Dec-22	
Operational	Using Welsh Internally	<p>1. New Welsh language scheme launch and promotion with staff.</p> <p>2. New SOP required which will refer to the new Welsh language scheme</p>	<p>1. Staff guides created and available on Welsh language SharePoint page</p>	Jan-23	
Service Delivery	Meetings and Public Events	<p>1. New SOP for arranging public events needs to be approved by the Welsh language group and communications team.</p> <p>2. Regular communication with staff via SharePoint news.</p> <p>3. Promotion of SOP on Welsh language SharePoint page</p>	<p>1. Arranging External meetings Standard Operating Procedure (SOP) reviewed and updated.</p>	Mar-23	
Operational	ESR/ PADR	<p>1. Issues with ESR Welsh language skills recording need to be resolved.</p> <p>2. The PADR document needs to be available in Welsh and staff informed that they can request their PADR in Welsh.</p>	<p>1. Manually collection of staff Welsh language skills planned.</p> <p>2. Promotion of Welcome courses to support staff at level 0 at directorate team building days</p>	Mar-23	
Service Delivery	Correspondence - Email/Letters	<p>1. All staff are required to enter bilingual email signatures and out of office replies.</p> <p>2. Extend pilot of language recording system to projects/programmes.</p> <p>3. Letters within systems need to be audited to ensure they are compliant with Welsh language standards.</p>	<p>1. New staff guides created on the Welsh language SharePoint page.</p> <p>2. New language preference recording system piloted by corporate services.</p> <p>3. Welsh Language Manager working with WIS and Gov.uk notify to amend vaccination letters.</p> <p>4. Translation service budget increased to meet demand</p>	Sep-23	
Service Delivery	Documents and Forms	<p>1. Ensure all stakeholder surveys/documents and forms are bilingual (particular project surveys)</p> <p>2. Translate 25% of Board papers</p>	<p>1. New staff guide to advise staff on what needs to be in Welsh created and stored on the Welsh language SharePoint page.</p> <p>2. Welsh Language Manager working closely with DSPP to ensure future surveys and forms are bilingual</p>	Sep-23	
Operational	Recruitment - Adverts and JDs	<p>1. All job adverts need to be translated and advertised bilingually from 1st July 2022.</p> <p>2. All new/ evaluated job descriptions will be translated and advertised bilingually from 1st July 2022.</p> <p>3. All job descriptions to be translated and advertised bilingually by March 2024</p>	<p>1. Meetings with Workforce staff to agree the process have taken place.</p> <p>2. New skills assessment process needs approval</p>	Mar-24	

Operational	Complaints and Disciplinary	No action required	1. Information about complaints and disciplinary procedures are available on the IMS	Completed	
Operational	Use of Work Welsh Logo	No action required	1. The use of the Work Welsh logo is widespread across the organisation. 2. The logo is available to add to email signatures and MS Teams backgrounds. 3. Promoted during staff induction	Completed	
Operational	Contracts of Employment	No action required	1. Contracts of employment are provided bilingually unless it is know that the member of staff requires it in English only	Completed	
Operational	Intranet	No action required	1. The Intranet homepage is bilingual and fully complaint	Completed	
Operational	Internal Signage	1. Bi-annual auditing of signage required	1. Recently audited	Completed	
Record Keeping	Annual Report	1. ESR data needs to be accurate in preparation for 22-23 Annual report. 2. Annual report to include detail of implementation of the new Welsh language scheme	1. 21-22 Annual Report includes progress with Welsh language	Completed	

Welsh Language Scheme Monitoring Action Plan

Compliance Area	Type of Standard	Action Required	Progress	Date	RAG Rating
Operational	Bilingual Skills Strategy	Approval of new bilingual skills strategy required at Welsh language group and uploaded to the IMS	1. Meetings with Workforce staff to agree the process have taken place. 2. Four new documents written as part of the overall Bilingual Skills Strategy	15/082022	
Operational	Workforce Policies	1. Workforce policies need to be available in Welsh and accessible to staff - need to be included in Welsh Language and Workforce SharePoint page	1. All Wales workforce policies are translated and available on IMS	Sep-22	
Service Delivery	Education Courses	1. New SOP required for arranging education (not training). This applies to the education of students or persons outside of NHS Wales 2. Raise awareness of this standard with staff who are likely to organise education courses	1. Staff survey written and ready for distribution. 2. Contact made with business change team in relation to Change Ambassador course	Sep-22	
Operational	Welsh Language Training	1. Managers need to support staff learning Welsh by allowing time to attend courses. 2. Support to promote the courses required from the communications team.	1. Welsh language training information is available on the Welsh language SharePoint page and new prospectus created 2. New courses provided by local FE colleges available. 3. Funding available for staff to access courses free of charge. 4. Yammer support groups set up. 5. New confidence building group set up	Sep-22	
Record Keeping	Complaints Procedure and Monitoring	1. New area on DHCW website to be created when Welsh language scheme is published	1. New webpage drafted ready to include information about making a complaint	Nov-22	
Service Delivery	Website and Social Media	1. Forward planning of social media will enable the translation team at NWSSP to provide an efficient service. 2. Close monitoring of usage of Welsh website and social media pages required. 3. Merge English and Welsh social media accounts to ensure the bilingual organisation message is clear. 4. Welsh language complaints section to be added to website	1. The DHCW website is bilingual and a new Welsh language page will be published to assist with the public consultation of new Welsh Language Scheme. 2. Auditing of webpage started and non-complaint pages are sent for translation.	Dec-22	
Record Keeping	Publication of Welsh Language Scheme	1. Send reminder emails to stakeholder contact list in September. 2. Re-use social media posts. 3. Collate responses and write a report	1. New webpage created to support with public consultation. 2. Emails sent to list of contacts and social media posts created.	Dec-22	

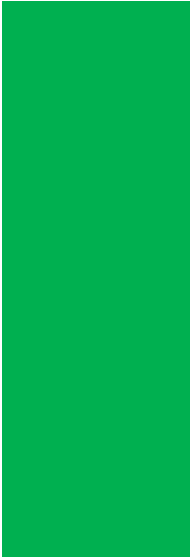
Service Delivery	Telephone and Reception	<p>1. KPIs need to be included for service desk as part of IOPR to monitor the number of calls requiring a Welsh language service and how they are dealt with</p> <p>2. Welsh speaking staff to attend a residential course to gain confidence speaking Welsh on the telephone</p>	<p>1. Corporate Services staff have attended a reception skills course with Merthyr College and 4 members of the service desk staff have signed up to attend a residential course at Nant Gwrtheyrn.</p> <p>2. New Welsh language skills confidence building group set up.</p> <p>3. Video created to demonstrate dealing with a telephone call in Welsh.</p> <p>4. Promotion of video at directorate away days.</p> <p>5. New recruitment assessment process created to ensure all service desk jobs are advertised as Welsh essential when numbers of Welsh speakers fall in the team</p> <p>6. Confidence building group set up to support staff with using their Welsh language skills at work.</p> <p>7. Audit of calls completed - no evidence of calls in Welsh being treated less favourably to calls in English</p>	Dec-22	
Policy Making	Policies / EQIA	<p>1. Process for reviewing policy EQIA needs to be formalised with support from the Welsh Language Manager</p>	<p>1. Collaborative work with Workforce started</p>	Dec-22	
Policy Making	Consultation and Research	<p>1. Welsh Langue Services Manager to attend research and innovation meetings.</p>	<p>1. EQIA included in Welsh language scheme in preparation for public consultation</p>	Dec-22	
Operational	Using Welsh Internally	<p>1. New Welsh language scheme launch and promotion with staff.</p> <p>2. New Welsh language policy required which will refer to the new Welsh language scheme</p>	<p>1. Staff guides created and available on Welsh language SharePoint page</p>	Jan-23	
Service Delivery	Meetings and Public Events	<p>1. Regular communication with staff via SharePoint news.</p> <p>Promotion of SOP on Welsh language SharePoint page</p>	<p>1. Arranging External meetings Standard Operating Procedure (SOP) reviewed and updated.</p> <p>2. New SOP for arranging events approved</p>	Mar-23	
Operational	ESR/ PADR	<p>1. Issues with ESR Welsh language skills recording need to be resolved.</p> <p>The PADR document needs to be available in Welsh and staff informed that they can request their PADR in Welsh.</p>	<p>1. Manual collection of staff Welsh language skills ongoing</p> <p>2. Promotion of Welcome courses to support staff at level 0 at directorate team building days</p> <p>3. Reduction in staff at level 0 (6% reduction in last 6 months)</p>	Mar-23	
Service Delivery	Correspondence - Email/Letters	<p>1. All staff are required to enter bilingual email signatures and out of office replies.</p> <p>2. Extend pilot of language recording system to projects/programmes.</p> <p>3. Letters within systems need to be audited to ensure they are compliant with Welsh language standards.</p>	<p>1. New staff guides created on the Welsh language SharePoint page.</p> <p>2. New language preference recording system piloted by corporate services.</p> <p>3. Welsh Language Manager working with WIS and Gov.uk notify to amend vaccination letters.</p> <p>4. Translation service budget increased to meet demand</p>	Sep-23	
Service Delivery	Documents and Forms	<p>1. Ensure all stakeholder surveys/documents and forms are bilingual (particular project surveys)</p> <p>2. Translate 25% of Board papers</p>	<p>1. New staff guide to advise staff on what needs to be in Welsh created and stored on the Welsh language SharePoint page.</p> <p>2. Welsh Language Manager working closely with DSPP to ensure future surveys and forms are bilingual</p>	Sep-23	

Operational	Recruitment - Adverts and JDs	1. All job adverts need to be translated and advertised bilingually from 1st July 2022. 2. All new/ evaluated job descriptions will be translated and advertised bilingually from 1st July 2022. 3. All job descriptions to be translated and advertised bilingually by March 2024 No action required	1. Meetings with Workforce staff to agree the process have taken place. 2. New skills assessment process needs approval 3. 1. Information about complaints and disciplinary procedures are available on the IMS	Mar-24	
Operational	Complaints and Disciplinary			Completed	
Operational	Use of Work Welsh Logo	No action required	1. The use of the Work Welsh logo is widespread across the organisation. 2. The logo is available to add to email signatures and MS Teams backgrounds. 3. Promoted during staff induction	Completed	
Operational	Contracts of Employment	No action required	1. Contracts of employment are provided bilingually unless it is know that the member of staff requires it in English only	Completed	
Operational	Intranet	No action required	1. The Intranet homepage is bilingual and fully complaint	Completed	
Operational	Internal Signage	1. Bi-annual auditing of signage required	1. Recently audited	Completed	
Record Keeping	Annual Report	1. ESR data needs to be accurate in preparation for 22-23 Annual report. 2. Annual report to include detail of implementation of the new Welsh language scheme	1. 21-22 Annual Report includes progress with Welsh language	Completed	

Welsh Language Scheme
Monitoring Action Plan

Compliance Area	Type of Standard	Action Required	Progress	Date	RAG Rating
Service Delivery	Education Courses	1. New SOP required for arranging education (not training). This applies to the education of students or persons outside of NHS Wales	1. Staff survey written and ready for distribution. 2.Contact made with business change team in relation to Change Ambassador course	Mar-23	
Operational	Welsh Language Training	2. Raise awareness of this standard with staff who are likely to organise education courses			
		1. Managers need to support staff learning Welsh by allowing time to attend courses.	1. Welsh language training information available on the Welsh language SharePoint page and new prospectus created	Sep-22	
			2. New courses provided by local FE colleges available.		
			3. Funding available for staff to access courses free of charge.		
			4. Yammer support groups set up.		
			5. New confidence building group set up		
Record Keeping	Complaints Procedure and Monitoring	1. New area on DHCW website to be created when Welsh language scheme is published	1. New webpage drafted ready to include information about making a complaint	Nov-22	
Operational	Bilingual Skills Strategy		1. Standard Operating Procedures approved by the Welsh Language Group and uploaded to the IMS	Sep-22	
		1. Implementation of the recruitment actions to ensure Welsh language skills are assessed during the job scrutiny process.	2. Process in place to ensure Job adverts are translated and advertised bilingually		
		2. Implement a programme of translation of all new job descriptions			
Operational	Workforce Policies		1. All Wales workforce policies are translated	Dec-22	
		1. Workforce policies need to be available in Welsh and accessible to staff - need to be included in Welsh Language and Workforce SharePoint page			
Operational	Policy on using Welsh internally	1. Write a new policy on the use of Welsh internally.		Dec-22	
		2.Present the policy to the Welsh Language Group for approval			
Service Delivery	Website and Social Media	1. Forward planning of social media will enable the translation team at NWSSP to provide an efficient service.	1. The DHCW website is bilingual and a new Welsh language page will be published to assist with the public consultation of new Welsh Language Scheme.	Dec-22	
		2. Close monitoring of usage of Welsh website and social media pages required.	2. Auditing of webpage started and non-complaint pages are sent for translation.		
		3. Merge English and Welsh social media accounts to ensure the bilingual organisation message is clear.			
		4. Welsh language complaints section to be added to website			
Record Keeping	Publication of Welsh Language Scheme	1. Collate responses in a report to the Welsh Language Commissioner	1. Reminder emails and social media posts sent at the beginning of September	Dec-22	
		2. Prepare publication communication	3.		
		Deliver training session at Board Development Day			

Service Delivery	Telephone and Reception	<p>1. KPIs need to be included for service desk as part of IOPR to monitor the number of calls requiring a Welsh language service and how they are dealt with</p> <p>2. Welsh speaking staff to attend a residential course to gain confidence speaking Welsh on the telephone</p>	<p>1. Corporate Services staff have attended a reception skills course with Merthyr College and 4 members of the service desk staff have signed up to attend a residential course at Nant Gwrtheyrn.</p> <p>2. New Welsh language skills confidence building group set up.</p> <p>3. Welsh speaking staff booked to attend a residential course to gain confidence speaking Welsh on the telephone</p> <p>6. Confidence building group set up to support staff with using their Welsh language skills at work.</p> <p>7. Audit of calls completed - no evidence of calls in Welsh being treated less favourably to calls in English</p>	Dec-22	
Policy Making	Policies / EQIA	<p>1. Process for reviewing policy EQIA needs to be formalised with support from the Welsh Language Manager</p>	<p>1. Collaborative work with Workforce started</p> <p>2. Welsh Language Manager attends WIAG meetings and has final sign off on new projects and work programmes</p>	Dec-22	
Policy Making	Consultation and Research	<p>1. Welsh Languge Services Manager to attend research and innovation meetings.</p>	<p>1. EQIA included in Welsh language scheme in preparation for public consultation</p>	Dec-22	
Operational	Using Welsh Internally	<p>1. New Welsh language scheme launch and promotion with staff.</p> <p>2. New Welsh language policy required which will refer to the new Welsh language scheme</p>	<p>1. Staff guides created and available on Welsh language SharePoint page</p>	Jan-23	
Service Delivery	Meetings and Public Events	<p>1. Regular communication with staff via SharePoint news.</p> <p>Promotion of SOP on Welsh language SharePoint page</p>	<p>1. Arranging External meetings Standard Operating Procedure (SOP) reviewed and updated.</p> <p>2. New SOP for arranging events approved</p>	Mar-23	
Operational	ESR/ PADR	<p>1. Issues with ESR Welsh language skills recording need to be resolved.</p> <p>The PADR document needs to be available in Welsh and staff informed that they can request their PADR in Welsh.</p>	<p>1. Manual collection of staff Welsh language skills ongoing</p> <p>2. Promotion of Welcome courses to support staff at level 0 at directorate team building days</p> <p>3. Reduction in staff at level 0 (6% reduction in last 6 months)</p>	Mar-23	
Service Delivery	Correspondence - Email/Letters	<p>1. All staff are required to enter bilingual email signatures and out of office replies.</p> <p>2. Extend pilot of language recording system to projects/programmes.</p> <p>3. Letters within systems need to be audited to ensure they are compliant with Welsh language standards.</p>	<p>1. New staff guides created on the Welsh language SharePoint page.</p> <p>2. New language preference recording system piloted by corporate services.</p> <p>3. Welsh Language Manager working with WIS and Gov.uk notify to amend vaccination letters.</p> <p>4. Translation service budget increased to meet demand</p>	Sep-23	
Service Delivery	Documents and Forms	<p>1. Ensure all stakeholder surveys/documents and forms are bilingual (particular project surveys)</p>	<p>1. New staff guide to advise staff on what needs to be in Welsh created and stored on the Welsh language SharePoint page.</p> <p>2. Welsh Language Manager working closely with DSPP to ensure surveys and forms are bilingual</p> <p>3. Welsh Language Manager attends WIAG to ensure compliance</p>	Sep-23	
Operational	Recruitment - Adverts and JDs	<p>1. Implementation of the recruitment actions within the Bilingual Skills Strategy to ensure Welsh language skills are assessed during the job scrutiny process.</p> <p>2. Implement a programme of translation of all new job descriptions</p>	<p>1. Standard Operating Procedures for recruitment approved by the Welsh Language Group and uploaded to the IMS</p> <p>2. Process in place to ensure Job adverts are translated and advertised bilingually</p>	Mar-24	
Operational	Complaints and Disciplinary	<p>No action required</p>	<p>1. Information about complaints and disciplinary procedures are available on the IMS</p>	Completed	

Operational	Use of Work Welsh Logo	No action required	1. The use of the Work Welsh logo is widespread across the organisation. 2. The logo is available to add to email signatures and MS Teams backgrounds. 3. Promoted during staff induction	Completed	
Operational	Contracts of Employment	No action required	1. Contracts of employment are provided bilingually unless it is know that the member of staff requires it in English only	Completed	
Operational	Intranet	No action required	1. The Intranet homepage is bilingual and fully complaint	Completed	
Operational	Internal Signage	1. Bi-annual auditing of signage required	1. Recently audited	Completed	
Record Keeping	Annual Report	1. ESR data needs to be accurate in preparation for 22-23 Annual report. 2. Annual report to include detail of implementation of the new Welsh language scheme	1. 21-22 Annual Report includes progress with Welsh language	Completed	

Culture and Leadership

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

Theme 1 - Welsh language planning and policies including data

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	WL Standards	RAG	Key Aims
Develop tools to support mainstreaming Welsh language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services	Welsh Government/ Health and social care bodies	Asst Director of Planning / Head of Quality and Regulatory Compliance	Long Term	1. Strengthen EQIA approval process	1. Welsh Language Manager attends WIAG 2. Guidelines for project managers created 3. Equality Impact Assessments include Welsh Language	Policy Making Standards 69-78A		1. To identify and collect data and views of individuals that will provide us with the understanding and evidence base to support policy decisions and monitor progress. 2. Welsh planning requirements are understood and are embedded in guidance and policy.
An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh	HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors.	Director of People and OD	Medium Term	1. Development of a Master Staff Index (subject to funding)	1.WL Skills mandatory on ESR 2. Campaign to encourage staff to complete training update skills from 0-1	Operational Standard 96 Record Keeping Standard 116		
An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards.	HEIW/SCW, health and social care bodies	Director of People and OD	Short/Medium Term	1. Ensure all staff enter data on ESR Extract data from ESR	1. Business Improvement dashboard created	Operational Standard 96 Record Keeping Standard 116		

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

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	Welsh Language	RAG	Key Aims
Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW	Health and social care bodies. HEIW and SCW	Director of People and OD	Medium Term	1. Deliver Training on the Bilingual Skills Strategy 2.Assess Welsh Language Skills requirements as part of the job scrutiny process 3. Implement the Bilingual Skills Strategy	1. Standard operating procedures in place 2. Employability project with USW students to promote DHCW jobs with Welsh speaking pupils and students across Wales 3. Translation of Job Adverts to promote DHCW as a bilingual organisation 4. Comprehensive Welsh language training provision available to all staff	Operational Standards 106/106A		Our aim aligns with one set out in the Health and Social Care workforce strategy: <i>‘Our aim will be to understand, anticipate and plan to meet the Welsh language needs of health and social care students, our workforce and ultimately patients and people in receipt of care and support across Wales as we move forward. Supporting our workforce to deliver care using the Welsh language is a fundamental principle which must underpin every area of this Workforce Strategy.’</i>
We’ll expect all NHS and social care colleagues to follow a language ‘awareness ‘course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we’ll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training	Health and Social Care bodies	Director of People and OD	Medium Term	1. DHCW staff involved in pilot of new Welsh language awareness course 2.94.5% of staff have completed the old awareness course 3. Welsh language awareness included in induction of new employees 4. Comprehensive Welsh language sharepoint page	1. All staff will need to complete the new Welsh language awareness course on ESR - due to be released by WG in September 2022	Operational Standards 97/102/103		
Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities.	Health and social care bodies	Director of POD	Medium Term (Guidance to be developed and shared in the short term)	1. Deliver Training on the Bilingual Skills Strategy 2.Assess Welsh Language Skills requirements as part of the job scrutiny process 3. Implement the Bilingual Skills Strategy	1. Standard operating procedures in place	Operational Standards 106/106A		

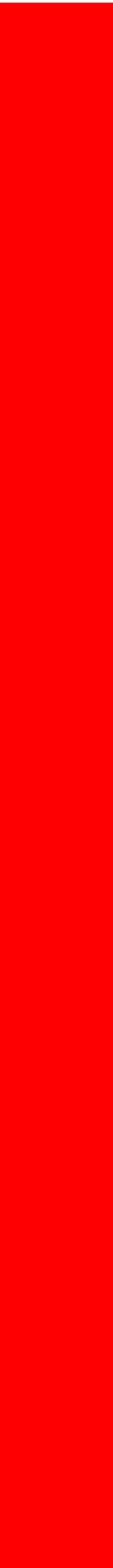
Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social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



Theme 3 - Sharing best practice and an enabling approach

Action Description	Lead Accountability	DHCW Lead	Timeline	Action Required	Progress	Welsh Language	RAG	Key Aims
We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs.	Welsh Government/ Welsh language officers	Welsh Language Services Manager	Short Term	1.Staff to share examples of good practice	1.Welsh language champion network to support with collation of innovative good practice 2. Welsh Language Manager attends Regional Forums 3. Welsh Language Manager attends and leads UHB best practice group 4. Welsh Language Manager attends 'Building Bilingual Services' cross sector group	N/A		1. We'll work together with the whole sector to make sure that we design systems bilingually by default and with Welsh-speaking service users. 2. We'll ensure pockets of good practice are identified, shared to influence and enable a more system wide enabling approach.
We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together,so that we communicate clearly in both languages.	DHCW / NHS Wales organisations	Executive Director of Strategy	Short Term	1. Continue to develop the bilingual capabilities of the NHS Wales app	1.NHS Wales app available in Welsh 2. Welsh Language Manager attends WIAG and has approval authority in relation to Welsh language in projects 3. Welsh Language Managers attends DSPP assurance groups	Service Delivery Standards 1-6 / 39-46		
We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes	Welsh Government, Health and social care bodies	Board Secretary Welsh Language Services Manager	Short Term	1. Attend meetings and events	1. Welsh Language Services Manager attends all Wales WG meetings			

Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a ‘normal’ everyday part of service delivery and builds on ethos of belonging. We’ll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We’ll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding/resources to enable this to be delivered.)	Welsh Government/ DHCW/ health and social care bodies	Welsh Language Services Manager / Executive Director of Strategy /Executive Director of Operations /Director of ICT	Short Term	1.Development of a Master Staff Index (subject to funding) 2. Develop staff directory to include language communication preference of staff (included in the IMTP)	1. Iaith Gwaith logo is currently used in emails and Teams backgrounds 2. Lanyards and badges are available to order from the Welsh language SharePoint page	Operational Standards 104 /105
We’ll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the Sharing, recording and tracking of Information between systems including language preference. We’ll also work with service users on all technical and content processes to make sure they’re easy to use and understand in Welsh and English.	Welsh Government/ DHCW	Executive Director of Strategy / Executive Director of Operations /Director of ICT	Medium Term	1.NHS Wales App is bilingual but needs to capture language preference 2. Development of a Master Patient Index will facilitate sharing of information		Service Delivery Standards 1-7/23/23A
We’ll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability.	Welsh Government/ Health and social care bodies	Executive Director of Strategy / Welsh Language Services Manager / NWSSP Welsh Language Manager /Procurement	Short Term – joint working and approaches on developing standard terms Long Term – health and social care terminological corpus	1. Translation of terminology 2.Upload to data dictionary 3. Procurement of all Wales translation software	1. Ongoing work with NHS Wales translators 2. Meetings held with NDR / Data Dictionary team	Service Delivery Standards 1-6



DIGITAL HEALTH AND CARE WALES

STANDARDS OF BEHAVIOUR REPORT

Agenda Item	5.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

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

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

2 SITUATION/BACKGROUND

- 2.1 In accordance with the requirements of the DHCW's Standing Orders and Standards of Behaviour Policy, which was approved by the DHCW Board on 1 April 2021, a report is required to be received by the Audit & Assurance Committee as a standing agenda item, which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.
- 2.2 All Board members declarations of interest have been captured on the register for 2022/23 and the information is included as part of the organisations Declarations of Interest Register, which is published on the DHCW Website.
- 2.3 All declarations of interest are reviewed and checked by the Corporate Governance team and any queries are addressed prior to entry on the register.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Included at 5.4i Appendix A is the 2022/23 Declarations of Interest Register, this features all DHCW Board members. The register focuses initially on staff band 8a and above, however, DHCW are pursuing best practice and asking all staff to complete a declarations of interest form and this will now be reported to DHCW Management Board on a monthly basis from July 2022.
- 3.2 Work is ongoing to capture the declarations of interest of all DHCW staff band 8a and above, in line with the SOB Policy requirement. As of 3 October 2022, 84% of band 8a and above declarations of interest have been received and captured on the register.
- 3.3 This number has significantly increased from the 34% reported at the July 2022 Committee meeting.
- 3.4 In line with other NHS Trusts, Health Boards and Special Health Authorities, DHCW have agreed from April 2022 onwards, to operate a 3-year declaration of interest form. However, DHCW Board members will be required to complete an annual declaration of interest form.

- 3.5 It had been DHCW's intention to enable all staff to declare interests via ESR, however, this has changed, the Deputy Board Secretaries Network are exploring using an alternative software system, however it is felt that DHCW's current system for capturing Declarations of Interest is sufficient, therefore, investment in this software would not be taken forward at present.
- 3.6 An escalation process has been put in place by the Corporate Governance team to address if staff banded 8a and above have been requested to complete a declaration form, but it has not been submitted.
- 3.5 The Committee are asked to note that there have been two declarations of gifts, hospitality, honoraria and sponsorship received since the last meeting summarised in the table below.

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	2	0	2	*£450 +VAT	£0
Grand Total	2	0	0	*£450 +VAT	£0

- 3.6 The gifts, hospitality, honoraria and sponsorship register can be found in full at item 5.4ii Appendix B.
- 3.7 Since the last meeting, Standards of Behaviour update reports have been received at DHCW Management Board to remind staff of the Standards of Behaviour process and obligations to adhere to the policy.
- 3.8 To actively promote the Standards of Behaviour Policy and Declarations of Interests, Gifts, Hospitality and Honoraria across the organisation, the Corporate Governance team deliver a presentation at the monthly DHCW Corporate Induction and Standards of Behaviour is a regular feature in the Corporate Governance section of the 'Insider'.
- 3.9 Since the previous meeting, additional Standards of Behaviour promotion work has been undertaken, which includes a refreshed Standards of Behaviour section being published on the Corporate Governance SharePoint site, this includes a new 'Frequently Asked Questions' guide, members of the Corporate Governance team go through Declarations of Interests, Gifts, Hospitality and Sponsorship at Directorate meetings and a Standards of Behaviour TensTalk has been scheduled for December 2022.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Work continues to raise awareness of the Standards of Behaviour Policy and requirements.

5 RECOMMENDATION

5.1 The Audit & Assurance Committee is being asked to **NOTE** the Standards of Behaviour Report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16 September 2022	Approved

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Date Received	Name	Title	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
6/4/22	Simon Jones	Chair	Nil Declaration		Ongoing		
6/4/22	Aaron Williams	Infrastructure Design Architect	Nil Declaration		Ongoing		
6/4/22	Ifan Evans	Executive Director, Strategy	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Questions 8, 9, 10,11; Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies -	(1) 1994 (2) 2014	Ongoing	(1) Evannance Investment Co Ltd (2) (2) Jemico Cyfyngedig (3) Spouse is Chief Marketing Officer of Ogi Fibre, a fibre to the premises provider in south Wales	None of the companies transact or have a relationship with DHCW. Will continuously monitor and should I become aware of any potential conflict I would immediately make Board Secretary and CEO aware and discuss appropriate actions to manage potential conflict
14/4/22	Victoria O'Higgins	Principal Project Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	2019	Ongoing	Changeabilities Limited	There is no conflict in my current role.
14/4/22	Amy Vaughan-Thomas	Senior Solutions Architect	Nil Declaration		Ongoing		
14/4/22	Mike Prasad	Cyber Resilience Lead	Nil Declaration		Ongoing		
14/4/22	Joanne Forster	Senior Product Specialist	Nil Declaration		Ongoing		
14/4/22	Jake Plumley	Senior Solutions Architect	Nil Declaration		Ongoing		
14/4/22	Andrew Fletcher	Associate Board Member	Nil Declaration		Ongoing		
14/4/22	Marc Cole	Networking Team Technical Lead	Nil Declaration		Ongoing		
14/4/22	Geraint Jones	Infrastructure Design Architect	Nil Declaration		Ongoing		
14/4/22	Paul Speyer	Service Management Lead	Nil Declaration		Ongoing		
14/4/22	Chris Darling	Board Secretary	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -		Ongoing	Chair of Tir a Mor Scouting	
18/4/22	Rhidian Hurle	Medical Director	Nil Declaration		Ongoing		
18/4/22	Elizabeth Sayce	Planning and Coordination Lead	Nil Declaration		Ongoing		
19/4/22	Keith Farrar	Deputy SRO / Strategic Adviser	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	1/07/2014	Ongoing	Director, Intelligent Care Solutions Ltd	
19/4/22	Jamie Manning	Validation Manager	Nil Declaration		Ongoing		
19/04/22	Ruth Glazzard	Vice Chair	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -		Ongoing	Centre for Digital Public Services Wales	CDPS is a paid position at £198/day with a 2 day a month commitment.
19/04/2022	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	25/08/2020	Ongoing	Non-executive director and Chair of Governance, Remuneration	Paid

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		Independent Member Digital Health and Care Wales				and Audit Committee – Coastal Housing	
19/04/2022	Ruth Glazzard	Is-gadierydd Aelod Anibynnol Iechyd a Gofal Digidol Cymru/Vice Chair and Independent Member Digital Health and Care Wales	Other position of authority not included in Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	1/03/2020	Ongoing	Non-Executive Director at Greenstream Flooring CIC	Unpaid
21/4/22	Rowan Gardner	Independent Member	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies -Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	05/03/2021	Ongoing Ongoing	Biolauncher Ltd Precision Life Ltd	As a founder of the company, I hold shares in this private company. PrecisionLife has raised capital from external investors and myself. The Company announced the first close of an investment round on January 31, 2022. This transaction did not change the number of shares that I hold nor did I receive any proceeds from the investment round.
25/4/22	David Selway	Independent Board Member	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	1 Sept 2019 2 Oct 2021	Ongoing Ongoing	1 Amey Consulting 2 Bron Afon Community Housing	
25/04/22	Helen Thomas	Chief Executive Officer	Nil Declaration		Ongoing		
26/04/2022	Gareth Davis	Executive Director of Operations	Nil Declaration		Ongoing		
30/04/2022	Grace Quantock	Independent Member	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	Since inception	Ongoing	Trailblazing Wellness Ltd.	Paid a wage and draw dividends.
30/04/2022	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies;	2016	Ongoing	Trailblazing Wellness Ltd	Paid
30/04/2022	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Spouse is Access to Elected Office Fund Wales Panel Member – Disability Wales	Unpaid
30/04/2022	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Spouse is Social Care Worker – Mirus Wales	Paid
30/04/2022	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Brother is Social Care Worker – National Autism Society	Paid

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30/04/2022	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Brother-in-law is Social Care Manager – Pobl	Paid
30/04/2022	Grace Quantock	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other		Ongoing	Cousin is Social Worker – Caerphilly County Council	Paid
27/05/2022	Julie Ash	Head of Corporate Services	Nil Declaration			Nil Declaration	
03/05/2022	Marian Wyn Jones	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care		Ongoing	Chairs the 'More than Just Words' Task and Finish Group on the Strategic Welsh Language Framework	
03/05/2022	Marian Wyn Davies	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Cadeirydd y Cyngor/ Chair of Council, Prifysgol Bangor University	Paid
03/05/2022	Marian Wyn Davies	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Aelod o Fwrdd/Board Member Canolfan Gerdd William Mathias, Ymddiriedolwr/ Trustee	
03/05/2022	Marian Wyn Davies	Aelod Anibynnol Iechyd a Gofal Digidol Cymru/ Independent Member Digital Health Care Wales	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care;		Ongoing	Family member is a BBC Journalist	Paid
20/06/2022	Laura Tolley	Corporate Governance Manager	Nil Declaration		Ongoing		
21/06/2022	Donald Kennedy	Lead Infrastructure Design Architect	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	October 2010	Ongoing	SAIL Databank	My wife is business manager for the SAIL databank (Swansea University), and so has workplace dealings with other parts of DHCW
21/06/2022	Rhys Dauncey	Client Services Development Lead	Nil Declaration		Ongoing		
21/06/2022	Ben Rowlands	Programme Manager	Nil Declaration		Ongoing		
21/06/2022	Lindsey Price	Planning Lead	Nil Declaration		Ongoing		
21/06/2022	Alison Maguire	Programme Lead	Nil Declaration		Ongoing		
21/06/2022	G Huw Jones	Principal Integration Architect	Nil Declaration		Ongoing		
21/06/2022	Noel Bevan	Service Management Lead	Nil Declaration		Ongoing		
21/06/2022	Paul Williams	Network Services Manager	Nil Declaration		Ongoing		
21/06/2022	Matthew Thomas	Lead Applications Design Architect	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	Since Feb 2020 - but it is inactive (not dormant as there is expenditure)		Architrace Ltd	
21/06/2022	Sarah Brooks	OD, Culture & Engagement Lead	Nil Declaration		Ongoing		
21/06/2022	Cora Suckley	DPO Service Manager	Nil Declaration		Ongoing		

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21/06/2022	Naveen Madhavan	Senior Product Specialist	Nil Declaration		Ongoing		
21/06/2022	Karen Shepard	Clinical Specialist Configuration	Nil Declaration		Ongoing		
21/06/2022	Sarah Roberts	Business Lead Client Service	Nil Declaration		Ongoing		
21/06/2022	Rachael Watson	Senior Solution Architect	Nil Declaration		Ongoing		
21/06/2022	Richard Matthews	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
21/06/2022	Darren Lloyd	Associate Director for Information Governance	Nil Declaration		Ongoing		
21/06/2022	Joanna Dundon	National Clinical Informatics	Nil Declaration		Ongoing		
21/06/2022	Alyson Smith	Head of Organisation Performance	Nil Declaration		Ongoing		
21/06/2022	John Meredith	Head of Application Design	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care - Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	June 2022 - 2019	May 2024 (2 year term) ongoing	openEHR International (OPENEHR CIC) Co-chair Apperta Foundation Open Platforms Committee Co-chair of a Community Interest Company Workgroup, unpaid	Both positions align with DHCW objectives and with sign-off from line management.
21/06/2022	Heather Wallace	Lead Application Design Architect	Nil Declaration		Ongoing		
22/06/2022	Martin Prosser	Head of Operational Infrastructure	Nil Declaration		Ongoing		
22/06/2022	Kevin Seaward	Compliance Lead	Nil Declaration		Ongoing		
22/06/2022	Mat Friedlander Moseley	Programme Manager	Nil Declaration		Ongoing		
22/06/2022	Jennifer Selby	Senior Product Specialist	Nil Declaration		Ongoing		
22/06/2022	Eluned Cousins	Rheolwr Arweiniol Gwybodaeth (Gofal Sylfaenol)	Nil Declaration		Ongoing		
22/06/2022	Gillian Bell	Clinical Specialist Configuration	Nil Declaration		Ongoing		
22/06/2022	Nadia Simpson	Senior Business Change Facilitator	Nil Declaration		Ongoing		
22/06/2022	Paul Evans	Interim Head of Regulatory	Nil Declaration		Ongoing		
22/06/2022	Andy Shanahan	Cyber Security	Nil Declaration		Ongoing		
22/06/2022	Simon Williams	Head Service Management	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies - Questions	2011		Pulse Form & Fitness Ltd	I manage company accounts in my own time - there is no relationship between the company and the NHS

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22/06/2022	Kelly Tremlett	Planning and Coordination Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	March 2018	Ongoing	Skate Fitness LTD	No direct conflict of interest
22/06/2022	Gavin Jones	Service Management Team Manager	Nil Declaration		Ongoing		
22/06/2022	Oliver Morrissey	Infrastructure Technology	Nil Declaration		Ongoing		
22/06/2022	Sandra Oliver	National Clinical Informatics Lead	Nil Declaration		Ongoing		
22/06/2022	Ruth Chapman	Assistant Director of Planning	Nil Declaration		Ongoing		
22/06/2022	Geoff Norton	Software development Manager	Other			My wife is considering applying for a post advertised within my department. It is unlikely this needs to be declared as my wife has not applied and I would not be appointing a manager. But I am including it here for transparency.	I do not believe there is any action required to manage any potential conflict of interest. Nonetheless, I have read the guidance given to Appointing Officers in section 6.6. of Digital Health & Care Wales' STANDARDS OF BEHAVIOUR POLICY
22/06/2022	Sophie Kift	Principal Project Manager	Nil Declaration		Ongoing		
22/06/2022	Roberta Houghton	Primary Care IT Support	Nil Declaration		Ongoing		
22/06/2022	Laura Panes	Strategic Procurement and Contracts Manager	Nil Declaration		Ongoing		
22/06/2022	George Olney	Assistant Chief Architect	Nil Declaration		Ongoing		
22/06/2022	Stephen Price	Application Manager	Nil Declaration		Ongoing		
23/06/2022	Frances Beadle	Chief Nursing Information Officer	Nil Declaration		Ongoing		
23/06/2022	Rachael Powell	Associate Director of Information, Intelligence and Research	Nil Declaration		Ongoing		
23/06/2022	Tim Dawe	Senior Product Specialist	Nil Declaration		Ongoing		
23/06/2022	Rebecca McGrane	Programme Manager	Nil Declaration		Ongoing		
23/06/2022	Caroline Busby	Programme Manager	Nil Declaration		Ongoing		
24/06/2022	Amy Mumford	Medicines Nurse Clinical Informatics Lead	Nil Declaration		Ongoing		
24/06/2022	Alex Percival	Strategic Contracts & Commercial Manager	Nil Declaration		Ongoing		
24/06/2022	Claire Osmundsen-Little	Executive Director of Finance	Nil Declaration		Ongoing		
27/06/2022	Tracy Norris	Service Desk Lead	Nil Declaration		Ongoing		
27/06/2022	David Sheard	Assistant Director of Service Transformation	Nil Declaration		Ongoing		
27/06/2022	Fiona Churchill	Senior Business Analyst	Nil Declaration		Ongoing		
27/06/2022	Julian Jones	Cyber Security Operations	Nil Declaration		Ongoing		
28/06/2022	Mark Catherall	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		

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28/06/2022	Tom England	Product Lead	Other	09/21	Ongoing	Consultancy role, Swansea Bay University Health Board	remuneration -£440 per day gross
28/06/2022	Julie Robinson	Corporate Governance Coordinator	Nil Declaration		Ongoing		
28/06/2022	Amanda Murray	Executive Assistant	Nil Declaration		Ongoing		
28/06/2022	Lawrence Borge	Principal Project Manager	Nil Declaration		Ongoing		
29/06/2022	Stacy Williams	Executive Assistant	Nil Declaration		Ongoing		
30/06/2022	Gareth Evans	Diagnostic Applications Manager	Nil Declaration		Ongoing		
30/06/2022	Ian Taylor	Finance Manager	Nil Declaration		Ongoing		
04/07/2022	Karla Scott	Programme Manager	Nil Declaration		Ongoing		
04/07/2022	Kirsty O'Leary	Strategic Contracts Support Manager	Other	2017	2020	Previous employee of Net Consulting Ltd who contract with DHCW	I won't be responsible for the management of any Net Consulting Ltd contracts
04/07/2022	Carl Davies	Welsh PAS Applications Manager	Nil Declaration		Ongoing		
04/07/2022	Abigail Swindail	Clinical Informatics Lead for Community & Children's Services	Nil Declaration		Ongoing		
06/07/2022	Jeannette Short	Primary Care Support and Information Governance Assurance Manager	Nil Declaration		Ongoing		
11/07/2022	Anna Evans	Organisational Performance Manager	Other			My partner Nathan Beynon works in the commercial services department of DHCW	
14/07/2022	Helen Robertson	Directorate Manager	Nil Declaration		Ongoing		
14/07/2022	Allison Roblin	Strategic Procurement & Contracts Manager	Nil Declaration		Ongoing		
14/07/2022	Neil Kitching	Business Change Manager	Nil Declaration		Ongoing		
14/07/2022	Peter Cumpstone	National Clinical Information	Nil Declaration		Ongoing		
14/07/2022	Matthew Thomas	Design Architect - Client Services	Nil Declaration		Ongoing		
14/07/2022	Phil Ransome	Principal Project Manager	Nil Declaration		Ongoing		
14/07/2022	Keith Reeves	Service Management Team Leader	Nil Declaration		Ongoing		
14/07/2022	Gavin Allan	Primary Care Business Services Lead	Nil Declaration		Ongoing		
14/07/2022	Donna Charley	Primary Care Delivery Lead	Nil Declaration		Ongoing		
14/07/2022	Joel Kanyeihamba	Lead Technical Architect	Other	27/10/2020	Ongoing	Wife is current Trustee of the FAN Charity	
14/07/2022	Neeleem Saha	Lead Technical Design Architect	Nil Declaration		Ongoing		
14/07/2022	Michael Gibbs	Infrastructure Design and Support Architect	Nil Declaration		Ongoing		
14/07/2022	Carwyn Lloyd-Jones	Director of ICT and Digital Business	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies		Ongoing	Director of Family business - ARFORDIR HOLDINGS LTD (09680842)	None. No income from the role.

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14/07/2022	Matthew Perrott	Deputy Head of Commercial Services	Nil Declaration		Ongoing		
14/07/2022	Alan Boyce	Senior Product Specialist	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies	Sept 2016	Ongoing	Founder & CEO, DragonfiAR Limited	The company is not related to healthcare.
14/07/2022	Griff Williams	Product Manager	Nil Declaration		Ongoing		
14/07/2022	Chris Dalgety	Senior Solutions Architect	Nil Declaration		Ongoing		
14/07/2022	Martin Dickinson	Head of Primary Care Services	Nil Declaration		Ongoing		
14/07/2022	Brent Varley	National Diagnostic IT Origramme Lead	Nil Declaration		Ongoing		
14/07/2022	Cheryl Way	National Pharmacy & Medicines Management Lead	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care - Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	September 2021 June 2021	Ongoing Ongoing	Director of Hayes Point Right to Manage Company Limited Chair Welsh Board of the Royal Pharmaceutical Society and member of Assembly	Personal
14/07/2022	Chris Habberley	Senior Project Manager	Nil Declaration		Ongoing		
14/07/2022	Alex Winsor	Support and Business Analyst	Nil Declaration		Ongoing		
14/07/2022	David Owen	Infrastructure Operations Lead	Nil Declaration		Ongoing		
15/07/2022	Amit Patel	Lead Design Architect	Nil Declaration		Ongoing		
15/07/2022	David Webb	Linux Technical Lead	Nil Declaration		Ongoing		
15/07/2022	Rachel Sully	NHS Wales e-Library and Knowledge Service Manager	Nil Declaration		Ongoing		
15/07/2022	Simon Medicke	Service Management Lead	Nil Declaration		Ongoing		
18/07/2022	Rob Murray	Senior Product Specialist	Nil Declaration		Ongoing		
18/07/2022	Mohamid Amin	Operations Lead (Core Services)	Nil Declaration		Ongoing		
18/07/2022	Caroline Julie Francis	Head of Commercial Services	Nil Declaration		Ongoing		
18/07/2022	Amanda Carter	Senior Product Specialist	Nil Declaration		Ongoing		
18/07/2022	Paul Owen	Senior Product Specialist	Nil Declaration		Ongoing		
18/07/2022	Rhian Hamer	Portfolio Director	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	Director since October 2016 Since April 2022	Ongoing Ongoing	Rhian Hamer Consultancy Ltd Central Statistics Office, Ireland	Census Ireland Board Member
19/07/2022	Karen Llewellyn	Primary Care Services Leader	Nil Declaration		Ongoing		
19/07/2022	Rhys Hopkins	Senior Solutions Architect	Nil Declaration		Ongoing		
20/07/2022	Jonathan Punt	Senior Product Specialist	Nil Declaration		Ongoing		

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20/07/2022	Ashish Mishra	Senior IT Specialist	Nil Declaration		Ongoing		
20/07/2022	Alison Bedford	Corporate Services Planning Co-ordinator	Nil Declaration		Ongoing		
20/07/2022	Richard Evans	Estates Officer	Nil Declaration		Ongoing		
20/07/2022	Liam Dimblebee	Estates Officer	Nil Declaration		Ongoing		
20/07/2022	Yvonne Waughington	Office Manager	Nil Declaration		Ongoing		
20/07/2022	Michael McGrath	Estates and Compliance Manager	Nil Declaration		Ongoing		
21/07/2022	Eugene O'Sullivan	Senior Product Specialist	Nil Declaration		Ongoing		
21/07/2022	Cameron Morgan	Estates Officer	Nil Declaration		Ongoing		
22/07/2022	Morwenna Kinsey Abbot	Organisational Performance Manager	Nil Declaration		Ongoing		
25/07/2022	Phil Samuel	Primary Care Applications Development Manager	Nil Declaration		Ongoing		
25/07/2022	Tracey Dimblebee	Senior Security Specialist	Nil Declaration		Ongoing		
25/07/2022	Rachel Stirrup	Contracts Manager	Nil Declaration		Ongoing		
25/07/2022	Michele Morgan	Business Support Administrator	Nil Declaration		Ongoing		
25/07/2022	Karl Armstrong	Senior Support and Business Analyst	Nil Declaration		Ongoing		
25/07/2022	Michael Watts	Service Management Lead	Nil Declaration		Ongoing		
25/07/2022	Sally Mason	Assistant Information Officer	Nil Declaration		Ongoing		
26/07/2022	Darren Reynolds	NIIAS Manager	Nil Declaration		Ongoing		
29/07/2022	Jonathan Jones	Cyber Security Penetration Testing and Forensics Lead	Nil Declaration		Ongoing		
04/08/2022	Angela Hagget	Organisational Performance Lead	Nil Declaration		Ongoing		
04/08/2022	Marcin Haberski	Senior Solutions Architect	Nil Declaration		Ongoing		
04/08/2022	Rhys Bryant	ICS Operational Lead	Nil Declaration		Ongoing		
04/08/2022	Daniel Hallett	National Clinical Informatics Lead	Nil Declaration		Ongoing		
04/08/2022	James Cooper	Senior Solutions Architect	Nil Declaration		Ongoing		
04/08/2022	James Goddard	Hospital ePrescribing Lead	Nil Declaration		Ongoing		
04/08/2022	Rebecca Cook	NDR Programme Director	Nil Declaration		Ongoing		

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05/08/2022	Simon Scourfield	Primary Care Informatics Lead	Nil Declaration		Ongoing		
05/08/2022	Paul Mason	Information Standards Management	Nil Declaration		Ongoing		
05/08/2022	Dan Lewis	Senor Solutions Architect	Nil Declaration		Ongoing		
05/08/2022	Trevor Hughes	Information Programmes and Planning Lead	Nil Declaration		Ongoing		
05/08/2022	Steven Howlett	Service Management Lead	Nil Declaration		Ongoing		
05/08/2022	Gemma Sullivan	Programme Manager	Nil Declaration		Ongoing		
05/08/2022	Rob Ludman	Service Management Team Manager	Nil Declaration		Ongoing		
05/08/2022	Tim O'Sullivan	Head of Research and Academia	Nil Declaration		Ongoing		
05/08/2022	Bryan Main	Client Services Operational Lead	Nil Declaration		Ongoing		
05/08/2022	Joanne Jamieson	Senior People and OD Business Partner	Nil Declaration		Ongoing		
05/08/2022	Pamela Rott	Senior Business Analyst	Nil Declaration		Ongoing		
05/08/2022	Rachel Williams	Principal Project Manager	Nil Declaration		Ongoing		
08/08/2022	Kimberley Chapman	Principal Project Manager	Nil Declaration		Ongoing		
08/08/2022	Michael Jenkins	Applications Manager	Other		Ongoing	My wife is the Assistant Director of Digital Programmes within Aneurin Bevan Health Board.	
08/08/2022	Tracey Francis	Welsh Reference Data and Terminology Service Management lead	Nil Declaration		Ongoing		
09/08/2022	Shikala Mansfield	Head of People and OD	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	Chwarae Teg - since 20018, Cardiff City Football Foundation since 2017	Ongoing	Board Member of Chwarae Teg, Cardiff City Football Foundation, Vice Chair Governor of Fitzalan High School	Trustee of the Board. Unpaid Volunteer
11/08/2022	Geraint Walker	Clinical Informaticist	Nil Declaration		Ongoing		
15/08/2022	Allan Bateman	Arweinydd Ffurfweddiad Arbenigol Clinigol / Biofeddygol Cenedlaethol	Nil Declaration		Ongoing		
24/08/2022	Nathan Stone	Technical Project Manager	Nil Declaration		Ongoing		
25/08/2022	Andrew Morgans	Business Change Facilitator	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	Since Sept 2018	Ongoing	Hold the position of Associate Lecturer at Cardiff School of Education and Social Policy at Cardiff Metropolitan University	
25/08/2022	Laurence James	Programme Lead	Nil Declaration		Ongoing		
25/08/2022	Jodine Fec	National Clinical Informatic Lead (Clinical Pharmacy)	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies - Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than	Since 2006	Ongoing	Director of Pharmacy Matters Limited	

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			1/100th (i.e. share) of private companies, businesses or consultancies -				
25/08/2022	Martin Prosser	Head of Operational Infrastructure	Nil Declaration		Ongoing		
25/08/2022	Matt Cornish	Co Programme Director DSPP	Nil Declaration		Ongoing		
25/08/2022	Joshua Hunt	Project Manager	Nil Declaration		Ongoing		
25/08/2022	Adriann Taljaard	Communication Manager	Nil Declaration		Ongoing		
25/08/2022	Rhianne Edwards	Project Manager	Nil Declaration		Ongoing		
25/08/2022	Matt Palmer	Head of Infrastructure	Nil Declaration		Ongoing		
25/08/2022	Jamie Graham	Assistant Director, Cyber Security	Nil Declaration		Ongoing		
25/08/2022	Michael Smith	Senior Communications Officer	Nil Declaration		Ongoing		
25/08/2022	Anne Marie Cunningham	Associate Medical Director	Other position of authority not included in Directorships - A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care -	Since 22/01/2022	Ongoing	Trustee of Faculty of Clinical Informatics	
25/08/2022	Matthew Dance	Planning Manager	Nil Declaration		Ongoing		
25/08/2022	Mark Cox	Associate Director of Finance	Nil Declaration		Ongoing		
25/08/2022	Paul Lawrence	Application Manager	Nil Declaration		Ongoing		
25/08/2022	Sarah Roberts	Business Lead	Nil Declaration		Ongoing		
25/08/2022	Martin Williams	Business Intelligence and Health Analytics Lead	Nil Declaration		Ongoing		
25/08/2022	Carl Owen	Monitoring Services Manager	Nil Declaration		Ongoing		
25/08/2022	Gary Jones	WCCIS Integration Lead	Nil Declaration		Ongoing		
25/08/2022	Mark Evans	Lead Application Design Architect	Nil Declaration		Ongoing		
25/08/2022	Michael Watts	Service Management Lead	Nil Declaration		Ongoing		
25/08/2022	Shane Herat	Principal Project Manager	Nil Declaration		Ongoing		
25/08/2022	Gareth John	Head of Information Services	Nil Declaration		Ongoing		
25/08/2022	Ali Griffiths	Principal Specialist (Service Management)	Nil Declaration		Ongoing		
25/08/2022	Claire Chalmers	Principal Project Management	Nil Declaration		Ongoing		
25/08/2022	Kevin Jones	Principal Specialist (Transition and Service Level Management)	Nil Declaration		Ongoing		
25/08/2022	Heidi Morris	Head of Community and Mental Health Services	Nil Declaration		Ongoing		
25/08/2022	Tim Palmer	Lead Infrastructure Design Architect	Nil Declaration		Ongoing		
25/08/2022	James Braun	Principal Project Manager	Nil Declaration		Ongoing		
25/08/2022	Anthony Sheldon	Service Management Developer	Nil Declaration		Ongoing		
25/08/2022	Roy Williams	Senior Product Specialist	Nil Declaration		Ongoing		

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25/08/2022	James Ball	Senior IT Specialist (Cyber Security)	Nil Declaration		Ongoing		
25/08/2022	Nigel Pearce	Operational Services Manager	Nil Declaration		Ongoing		
25/08/2022	Carys Richards	Corporate Governance Coordinator	Nil Declaration		Ongoing		
25/08/2022	James Bowtell	Design Architect	Nil Declaration		Ongoing		
25/08/2022	Lloyd Matthews	Service Accounts Manager	Directorships - Public or private appointments, employment or consultancies. Company directorships in private or limited companies -	1/04/2022	Ongoing	Phil Matthews Investments Ltd.	
25/08/2022	Desmond Higgins	Senior IT Specialist (Backups)	Nil Declaration		Ongoing		
26/08/2022	Neil Williams	IT Specialist (Server & Storage)	Nil Declaration		Ongoing		
26/08/2022	Liz Wride	Service Management Developer	Nil Declaration		Ongoing		
26/08/2022	Nathan Davies	Senior IT Specialist	Nil Declaration		Ongoing		
26/08/2022	Jonathan Jones	Infrastructure Operations Support	Nil Declaration		Ongoing		
26/08/2022	Phillipp von de Recke	Senior IT specialist	Nil Declaration		Ongoing		
26/08/2022	Benjamin Thomas	Senior IT Specialist (Services & Storage)	Nil Declaration		Ongoing		
26/08/2022	Sean Wakely	Senior IT Specialist	Nil Declaration		Ongoing		
26/08/2022	Daniel Nash	SQL Operations Lead	Nil Declaration		Ongoing		
26/08/2022	Jodi Hughes	National Clinical/Biomedical Specialist Configuration Lead	Nil Declaration		Ongoing		
26/08/2022	Gill Friend	Head of Communications	Nil Declaration		Ongoing		
26/08/2022	Sherif Al-Begain	Senior IT Specialist (Cyber Security)	Nil Declaration		Ongoing		
26/08/2022	Andrew Pearce	Principal Support & Business Analyst	Nil Declaration		Ongoing		
26/08/2022	Chris Barber	Product Specialist	Nil Declaration		Ongoing		
26/08/2022	Jayne Steed	Planning and Coordination Support Manager	Nil Declaration		Ongoing		
26/08/2022	Wendy Presgrave	Senior Executive Assistant	Nil Declaration		Ongoing		
26/08/2022	Rachel Mallett	Planning Apprentice	Nil Declaration		Ongoing		
26/08/2022	Michael Burns	Security Specialist	Nil Declaration		Ongoing		
26/08/2022	Samantha Meredith	Office Team Lead	Nil Declaration		Ongoing		
26/08/2022	Chris Ash	Data Centre Facilities Specialist	Nil Declaration		Ongoing		
30/08/2022	Stuart Gale	Senior It Specialist -Cyber Security	Nil Declaration		Ongoing		
30/08/2022	Richard Burdon	Classification and Terminology Standards Manager	Nil Declaration		Ongoing		
30/08/2022	Rob Edgell	SQL Database Administrator	Nil Declaration		Ongoing		
30/08/2022	Ed Brown	Primary Care Business Service Manager	Nil Declaration		Ongoing		
30/08/2022	Jonathan Pinkney	Programme Manager	Nil Declaration		Ongoing		

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30/08/2022	Eleri Jenkins	Welsh Language Service Manager	Interest in Companies and Securities - Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies	September 2018	Ongoing	Rhif9tenby - privately owned apartment	I rent a privately owned property to friends and family. The income from the rentals does not cover the costs of the property (mortgage, utilities etc) and therefore does not provide any financial gain.
30/08/2022	Richard Evans	Product Specialist	Nil Declaration		Ongoing		
30/08/2022	Jamie Bouadana	Product Specialist	Nil Declaration		Ongoing		
30/08/2022	Neal Williams	Cyber Security Specialist	Nil Declaration		Ongoing		
30/08/2022	Demelza Hampshire	Project Officer	Nil Declaration		Ongoing		
30/08/2022	Oliver Morrissey	Infrastructure Technology Lead - Citrix	Nil Declaration		Ongoing		
30/08/2022	Wayne Johnson	WPAS team - Data transformation lead	Nil Declaration		Ongoing		
30/08/2022	Noah Nacilla	IT support Technician	Nil Declaration		Ongoing		
30/08/2022	Mark Dixon	Infrastructure Product Specialist	Nil Declaration		Ongoing		
30/08/2022	Marcus Sandberg	Senior Information Governance Officer	Nil Declaration		Ongoing		
30/08/2022	Claire Heirene	Learning and Development Manager	Nil Declaration		Ongoing		
30/08/2022	Neil Kent	Senior IT Specialist	Nil Declaration		Ongoing		
30/08/2022	Huw Angle	Senior Solutions Architect	Nil Declaration		Ongoing		
31/08/2022	Ann Marie Jones	Principal Project Manager	Nil Declaration		Ongoing		
31/08/2022	Barry Morgan	Informatics Lead for Mental Health	Nil Declaration		Ongoing		
31/08/2022	Cerian John	Senior Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Tracey Agate	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Sandra Jones	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Sarah Ballinger	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Christine Stitfall	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Anita McLaren	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Victoria Acreman	Business Change Facilitator	Other - Questions 18,19, 20, 21, 22;	2.5 years	Ongoing	Chair of Trustees and Director of Cardiff Dogs Home, The Rescue Hotel	No financial reward or benefits in kind gained from roles.
31/08/2022	Michael Jones	Business Change Facilitator	Nil Declaration		Ongoing		
31/08/2022	Rhodri Evans	Senior Solutions Architect	Nil Declaration		Ongoing		
31/08/2022	Karl Robson	Business Change Facilitators	Nil Declaration		Ongoing		
31/08/2022	Tracey Lewis	Service Management Specialist	Nil Declaration		Ongoing		
01/09/2022	Efthynia Mantzourani	Research and Evaluation Lead of Choose Pharmacy	Nil Declaration		Ongoing		

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01/09/2022	Mark Williams	Senior Business Change Facilitator	Nil Declaration		Ongoing		
01/09/2022	Rachael Bevis	Project Support Officer	Nil Declaration		Ongoing		
01/09/2022	Stephen Girt	ISOC Product Specialist	Nil Declaration		Ongoing		
01/09/2022	Anne Watkins	Clinical Informatics Lead	Nil Declaration		Ongoing		
01/09/2022	Terri Reynolds	Senior Business Change Facilitator	Nil Declaration		Ongoing		
01/09/2022	Emma Jones	Project Manager	Nil Declaration		Ongoing		
01/09/2022	Lloyd Willis	Product Specialist	Nil Declaration		Ongoing		
01/09/2022	Lee Everett-Pride	Principal Specialist (Transition and Service Level Management)	Nil Declaration		Ongoing		
01/09/2022	Denise Buckley	Business Change Facilitator	Nil Declaration		Ongoing		
02/09/2022	Rai Kiran Pautla	Specialist Pharmacist Configuration Lead	Nil Declaration		Ongoing		
02/09/2022	Thomas Lyne	Programme Manager Microsoft 365	Nil Declaration		Ongoing		
02/09/2022	Jonathan Booth	Planning Manager	Nil Declaration		Ongoing		
04/09/2022	Bernadette Sam-King	Workforce & OD Project Manager	Nil Declaration		See comment		Trinus Resource Optimisation Ltd - company is dormant but may be restarted in future.
05/09/2022	Luke Prytherch	Senior IT Specialist	Nil Declaration		Ongoing		
05/09/2022	Michelle Griffiths	Senior Business Change Facilitator	Nil Declaration		Ongoing		
05/09/2022	Lisa de Souza	Business Change Facilitator Engagement	Nil Declaration		Ongoing		
05/09/2022	Aaron Haile	Principal Project Manager	Nil Declaration		Ongoing		
05/09/2022	Jonathan Hagen	Single Record Principal Manager	Nil Declaration		Ongoing		
05/09/2022	Leanne Jones	Project Manager	Nil Declaration		Ongoing		
05/09/2022	Bethan Walters	Risk and Regulation Officer	Nil Declaration		Ongoing		
05/09/2022	Susan Mauro	Change Ambassador Facilitator	Nil Declaration		Ongoing		
05/09/2022	Paul Burland	Project Support Officer	Nil Declaration		Ongoing		
05/09/2022	Emma Louise Topham	Estates Officer	Nil Declaration		Ongoing		
05/09/2022	Nicola Turner	Senior Product Specialist	Nil Declaration		Ongoing		
05/09/2022	Ian Cox	Head of Client Services	Nil Declaration		Ongoing		
05/09/2022	Linda Thomas	Service Support Assistant	Nil Declaration		Ongoing		
06/09/2022	Chloe Lee Kinrade-Thomas	Business Change Facilitator	Nil Declaration		Ongoing		
07/09/2022	Jake Harris	Senior IT Specialist (IT Support)	Nil Declaration		Ongoing		
08/09/2022	Jenilee Cardy	Senior Communications Officer	Nil Declaration		Ongoing		

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09/09/2022	Alistair Klaas Neill	Independent Member	Other - Questions 18,19, 20, 21, 22;	Both since May 2022.	Duration: 1/. Probably until 2027; 2/. probably until May 2023	1/. County Councillor and 2/. Chair of Performance and Overview Select Committee	My role as a County Councillor is scheduled to end in May 2027; my role as Chair of The Performance and Overview Select Committee is scheduled to end in May 2023, though it is possible it may be extended.
14/09/2022	Gethin Bateman	Serious Clinical Incident Investigation Manager	Nil Declarations		Ongoing		
14/09/2022	Joanne Davies	Senior Product Specialist	Nil Declarations		Ongoing		
14/09/2022	Jonathan Jones	Senior Solutions Architect	Nil Declaration		Ongoing		
16/09/2022	Rhian Rice	Assistant Chief Architect	Nil Declaration		Ongoing		
16/09/2022	Sarah-Jane Taylor	Director of People & OD	Nil Declaration		Ongoing		
16/09/2022	Michelle Sell	Director of Planning & Performance / Chief Commercial Officer	Nil Declaration		Ongoing		
21/09/2022	Sian Williams	Head of Financial Services and Reporting	Nil Declaration		Ongoing		
21/09/2022	Mark Frayne	Assistant Chief Architect (NDR)	Nil Declaration		Ongoing		
23/09/2022	Marilyn Bryan Jones	Independent Member	Nil Declaration		Ongoing		
26/09/2022	Hywel Williams	Senior Product Specialist	Nil Declaration		Ongoing		
28/09/2022	Gareth Williams	NDR Assistant Chief Architect	Nil Declaration		Ongoing		
28/09/2022	Geri Cudmore	Senior Product Specialist	Nil Declaration		Ongoing		
28/09/2022	Victoria Davies-Embling	Principal Project Manager	Nil Declaration		Ongoing		
28/09/2022	Daniel Thorne	Senor Product Specialist	Nil Declaration		Ongoing		
28/09/2022	Joe Hunt	Primary Care Technical Manager	Nil Declaration		Ongoing		
28/09/2022	Laura Kingdon	Implementation Manager	Directorships - Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	Since 2018	Ongoing	Director of Clarity at Work Ltd	Personal and receives dividends
29/09/2022	Ben Creasey	Server and Storage Operations Lead	Nil Declaration		Ongoing		
29/09/2022	Lyn Tomos Rees	Head of Microsoft 365 Service	Nil Declaration		Ongoing		
30/09/2022	Lucy Bunting	Planning and Coordination Support Manager	Nil Declaration		Ongoing		
30/09/2022	Neal Williams	Cyber Security Specialist	Nil Declaration		Ongoing		
30/09/2022	Benjamin Tuckett	Information Governance Assurance Officer	Nil Declaration		Ongoing		
01/10/2022	Robin Burfield	Senior Product Specialist	Nil Declaration		Ongoing		
03/10/2022	Ian Williams	Assistant Director - Digital Architecture	Nil Declaration		Ongoing		

Agenda Item 5.4i Appendix A – Declarations of Interest Register 22_23

03/10/2022	Gillian Davison	Community Applications Manager	Nil Declaration		Ongoing		
03/10/2022	Carl Davies	Applications Manager (Patient Administration Systems in Wales)	Nil Declaration		Ongoing		
03/10/2022	Gareth O'Gorman	Programme Manager	Nil Declaration		Ongoing		

REGISTER FOR DHCW GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA**DIGITAL HEALTH AND CARE WALES****To date 11 October 2022**

Date entered on Register	Name	Designation or Department	Provided by / From	Date Gift, Hospitality, Honoraria or sponsorship received/to be received	Details	Value	Type	Authorised by	Accepted or Declined
16/06/2022	Claire Osmundsen-Little	Executive Director of Finance	Healthcare IT Expert Hub Strategy	12-13/07/2022	Accommodation – Norton Park Hotel	£250		Helen Thomas	Accepted
16/06/2022	Claire Osmundsen-Little	Executive Director of Finance	The Richmond Finance Directors' Forum	8/06/2022	Accommodation – The Royal Horseguards' Hotel	£495		Helen Thomas	Accepted
16/06/2022	Helen Thomas	Chief Executive	HIMSS22 Conference	14/06/2022	1 Night accommodation at the Holiday Inn Helsinki Expo for speaking at the HIMSS22 Conference	130 euros		Simon Jones	Accepted
16/06/2022	Helen Thomas	Chief Executive	HIMSS22 Conference	14/06/2022	Travel expenses to Helsinki	250 euros		Simon Jones	Accepted
17/06/2022	Rhidian Hurle	Executive Medical Director	HIMSS22 Conference	14/06/2022	1 Night accommodation at the Holiday Inn Helsinki Expo for the HIMSS22 Conference	130 euros		Helen Thomas	Accepted
17/06/2022	Ifan Evans	Executive Director of Strategy	HIMSS22 Conference	14/06/2022	1 Night accommodation at the Holiday Inn Helsinki Expo for the HIMSS22 Conference and travel costs	380 euros		Helen Thomas	Accepted
17/06/2022	Rhidian Hurle	Executive Medical Director	HIMSS22 Conference	14/06/2022	1 Night accommodation at the Holiday Inn Helsinki Expo for the HIMSS22 Conference	130 euros		Helen Thomas	Accepted
17/06/2022	Fran Beadle	Chief Nursing Information Officer	HIMSS22 Conference	14/06/2022	1 Night accommodation at the Holiday Inn Helsinki Expo for the HIMSS22 Conference and travel costs	380 euros		Rhidian Hurle	Accepted
20/06/2022	Rhidian Hurle	Executive Medical Director	AHMEDIA UK	26/04/2022	Clinical Strategy Forum Accommodation and Meal	£180		Helen Thomas	Accepted
12/07/2022	Michelle Sell	Director of Planning & Performance, Chief Commercial Officer	AHMEDIA UK	12-13/07/2022	Healthcare IT Expert Hub	£250		Helen Thomas	Accepted
29/09/2022	Rhidian Hurle	Executive Medical Director	College of Healthcare Information Management Executives (CHIME)	7/10/2022	Hotel and Travel costs	£200		Helen Thomas	Accepted

DIGITAL HEALTH AND CARE WALES

HIGH VALUE PURCHASE ORDER REPORT

Agenda Item	5.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Audit and Assurance Committee is being asked to NOTE the details of major procurements reported since the last Audit Committee meeting.	

Acronyms			
VAT	Value Added Tax		
GP	General Practitioners		

1 SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Audit & Assurance Committee with an update in relation to high value purchase orders over £0.750m (excluding VAT) raised and issued to suppliers over the stated period. The relevance of the £0.750m threshold is that this is consistent with the scheme of delegation financial limits for All Wales Digital Contracts & Agreements (detailed within Schedule 1 page 56 of the organisations Standing Orders). As previously reported, due to the sensitive nature of the transactions, exact order amounts are not detailed within the public portion of this report in order to minimise any possible fraud activity.
- 1.2 The report also details instances where cumulative order values to suppliers have amounted to over £0.750m during the financial year.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 During the period June 17th 2022 and 26th September 2022 one order over £0.750m was raised. The cumulative sum total of all the orders with a value of more than £0.750m stands at £27.473 for the financial year.
- 2.2 There has only been one high value order raised since the last audit report (ref A4) which relates to GP Systems Maintenance Support
- 2.3 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 current quarter.

Table 1: High Value Orders (redacted extract) April 1st 2022 – September 26th 2022

Ref	Date Raised	Area	Supplier	Description
A4	05/07/2022	GP Systems	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS SUPPORT & MAINTENANCE - QUARTER 3 2022/23

- 2.4 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 June 17th 2022 and 26th September 2022 there are 2 suppliers that have since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with Appendix A).

Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year June 17th 2022 – 26th September 2022

Ref	No of Orders	Area	Supplier	Description
B3	4	DSPP	KAINOS SOFTWARE LTD	Contract P659 & P660
B4	56	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet solutions Employee Lease Scheme

- 2.5 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.
- 2.6 For completeness and because of the potential for overlap in appendix A & B the details of suppliers where spend has exceed £0.750 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 26th of September.

Table 3: Suppliers with Spend of over £0.750m for the period of April 1st 2022 – September 26th 2022

Ref	No of Orders	Area	Supplier
C1	21	Networking	BRITISH TELECOMMUNICATIONS PLC
C2	16	Computer Software and hardware	COMPUTACENTER (UK) LTD
C3	3	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)
C4	2	GP Systems Maintenance Support	INFORMATICA SYSTEMS LTD
C5	4	DSPP	KAINOS SOFTWARE LTD
C6	56	Vehicles	NORTHUMBRIA HC NHS TRUST
C7	1	COVID-19 Response	SOLGARI LTD
C8	42	Licence Provision	TRUSTMARQUE SOLUTIONS LTD

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

4.1 The Audit and Assurance Committee are asked to **NOTE** the contents of this report and the high value & cumulative high value orders raised to date.

5 IMPACT ASSESSMENT

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

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

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

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Director of Finance & Business Assurance	20/6/22	Approved

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

AGENDA ITEM 5.5 APP A

HIGH VALUE PURCHASE ORDER TRACKER

2022/23 Purchase Orders						
Ref	Area	Supplier	Service/Good Detail	Date Order Raised	Amount £	Procurement Approved by DHCW Board (Date)
Reported at Audit & Assurance Committee 4th July 2022						
A1	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	All Wales Microsoft Enterprise Agreement	13/06/2022	>£0.750m	26th May Board
A2	COVID-19 Response	SOLGARI LTD	Microsoft Dynamics Integrated Telephony Solution for Test Trace Protect (TTP), Feb 2022 to May 2023	29/04/2022	>£0.750m	31st March Board
A3	GP Systems Maintenance Support	INFORMATICA SYSTEMS LTD	P307 DQS Contract, Extension 01/07/2022 TO 30/06/2023	13/04/2022	>£0.750m	Jan 2022 Mgt Board
Total					25,473	
Reported at Audit & Assurance Committee 18th October 2022						
A4	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS Support & Maintenance - Quarter 3 2022/23	05/07/2022	>£0.750m	N/A Velindre NHS Trust novated approved NWIS contract
Total					2,132	
Grand Total High Value Purchase Orders					27,605	

CUMULATIVE HIGH VALUE PURCHASE ORDER TRACKER

2022/23 Purchase Orders					
Ref	Area	Supplier	Service/Good Detail	Number of Orders	Amount £
Reported at Audit & Assurance Committee 4th July 2022					
Covers orders during the period April 1st 2022 to 16th June 2022					
B1	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs	11	>£0.750m
B2	Computer Software and hardware	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	6	>£0.750m
Total					£1,643
Reported at Audit & Assurance Committee 18th October 2022					
Cover orders up to the 26th of September 2022					
B3	DSPP	KAINOS SOFTWARE LTD	Contract P659 & P660	4	>£0.750m
B4	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme	56	>£0.750m
Total					£1,911
Grand Total High Value Purchase Orders					£3,554

CUMULATIVE HIGH VALUE PURCHASE ORDER TRACKER

2021/22 Purchase Orders					
Ref	Area	Supplier	Service/Good Detail	Number of Orders	Amount £
Reported at Audit & Assurance Committee 6th July 2021					
Emerging Requirement - None Reported					
Total					
Reported at Audit & Assurance Committee 5th October 2021					
B1	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rental costs	41	>£0.750m
B2	Computer Hardware	DELL COMPUTER CORPORATION	Misc. hardware, laptops and server support	33	>£0.750m
B3	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services	4	>£0.750m
Total					
Reported at Audit & Assurance Committee 18th January 2022					
B4	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rack rental costs	51	>£0.750m
B5	Computer Hardware	DELL COMPUTER CORPORATION	Misc. hardware, laptops and server support	74	>£0.750m
B6	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services	6	>£0.750m
B7	Computer Software	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	27	>£0.750m
B8	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support	16	>£0.750m
B9	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme	119	>£0.750m
B10	Computer Software	TRUSTMARQUE SOLUTIONS LTD	Cloud Services/Storage & Miscellaneous Software Licences	87	>£0.750m
B11	Application Development	ALEXANDER MANN SOLUTIONS LTD	Misc. Professional Technical Services	38	>£0.750m
B12	Subscriptions & Electronic Knowledgebases	EBSCO INFORMATION SERVICES	Electronic Journals, Databases and Subscriptions	5	>£0.750m

B13	Computer Software	INFORMATICA SYSTEMS LTD	Data Quality Standards System Maintenance & SAIL Data extracts	6	>£0.750m
	Total				16.090m
Reported at Audit & Assurance Committee 3rd May 2022					
B14	Networking	BRITISH TELECOMMUNICATIONS PLC	PSBA Circuit Upgrade and rack rental costs	51	>£0.750m
B15	Computer Hardware	DELL COMPUTER CORPORATION	Misc. hardware, laptops and server support	113	>£0.750m
B16	All Wales Office 365 Implementation	REDCORTEX LTD	Misc. Professional Technical Services	7	>£0.750m
B17	Computer Software	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	27	>£0.750m
B18	Computer Software	INTERSYSTEMS CORPORATION	WLIMS Systems Provision & Support	19	>£0.750m
B19	Vehicles	NORTHUMBRIA HC NHS TRUST	NHS Fleet Solutions Employee Lease Scheme	147	>£0.750m
B20	Computer Software	TRUSTMARQUE SOLUTIONS LTD	Cloud Services/Storage & Miscellaneous Software Licences	89	>£0.750m
B21	Application Development	ALEXANDER MANN SOLUTIONS LTD	Misc. Professional Technical Services	55	>£0.750m
B22	Subscriptions & Electronic Knowledgebases	EBSCO INFORMATION SERVICES	Electronic Journals, Databases and Subscriptions	42	>£0.750m
B23	Computer Software	INFORMATICA SYSTEMS LTD	Data Quality Standards System Maintenance & SAIL Data extracts	6	>£0.750m
B24	Computer Software	KAINOS SOFTWARE LTD	P659 Lot 1 DSPP Application Partner Work Package 3-A078, work package 2 -A078, work package 1 dev/test/prod	5	>£0.750m
	Total				24.513m

CUMULATIVE HIGH VALUE SPEND BY SUPPLIER

2022/23 Purchase Orders				
Ref	Area	Supplier	Number of Orders	Amount £
Suppliers with spend over £750K YTD as of 26th September 2022				
C1	Networking	BRITISH TELECOMMUNICATIONS PLC	21	>£0.750m
C2	Computer Software and hardware	COMPUTACENTER (UK) LTD	16	>£0.750m
C3	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	3	>£0.750m
C4	GP Systems Maintenance Support	INFORMATICA SYSTEMS LTD	2	>£0.750m
C5	DSPP	KAINOS SOFTWARE LTD	4	>£0.750m
C6	Vehicles	NORTHUMBRIA HC NHS TRUST	56	>£0.750m
C7	COVID-19 Response	SOLGARI LTD	1	>£0.750m
C8	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	42	>£0.750m
	Total			£32,635
Grand Total High Value Purchase Orders				£32,635

DIGITAL HEALTH AND CARE WALES

PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda Item	5.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Mobilising digital transformation and ensuring high quality health and care data
	Delivering High Quality Digital Services
	Driving value from data for better outcomes

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

<u>DHCW QUALITY STANDARDS</u>	ISO 20000
If more than one standard applies, please list below:	
ISO 27001	
ISO 9001	
BS 10008	

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome:
Statement:	
Not required	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Appropriate management of procurement activity ensures high quality of commercial activity for the organisation.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The contracts within the report are legally binding and there could be legal implications arising from activity within the contracts awarded

FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There are financial implications from single tenders and potentially change notices.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PCR 2015	Public Contracts Regulations 2015	SQA	Single Quotation Action
CCN	Change Control Note	STA	Single Tender Action
NDR	National Data Resource		

2 SITUATION/BACKGROUND

- 2.1 The purpose of this report is to provide the Audit and Assurance committee with an update in relation to procurement activity undertaken during the period 1st June 2022 to 31st August 2-22 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.
- 2.2 An explanation of the reasons, circumstance and details of any further action taken is also included.

SFI Reference	Description	Items
12.9.4	Free of Charge Services	0
12.13	Single Quotation Actions	2
12.13	Single Tender Actions	0
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	6

	contract (executed via Contract Change Note (CCN) or Variation of Terms)	
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3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Committee is required to **NOTE** the following DHCW activity :
- Single tender and single quotation activity list (set out in item 4.6i Appendix A)
 - Change control notes (set out in item 4.6i Appendix A)

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

- 5.1 The Committee is being asked to :
NOTE The content of the report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Michelle Sell. Director of Planning and Performance/Chief Commercial Officer	3/10/22	Approved
Ifan Evans, Executive Director of Strategy	4/10/22	Approved

DIGITAL HEALTH AND CARE WALES

AUDIT AND ASSURANCE COMMITTEE

QUALITY, REGULATORY COMPLIANCE AND CYBER RESILIENCE UNIT REPORT

Agenda Item	5.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Ref section 3.2 Impact of internal audits
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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

Acronyms			
ISO	International Standards Organisation	QIAL	Quality Improvement Action List
eQMS	Electronic Quality Management System	MHRA	Medicines and Healthcare Products Regulatory Agency
NIS	Network and Information Systems regulations	CRU	Cyber Resilience Unit
OES	Operators of Essential services (as defined in the NIS regulations)	CAF	Cyber Assessment Framework

2 SITUATION/BACKGROUND

- 2.1 There have been two planned external ISO audit days during this period.
- ISO 9001 Quality Management System Requirements and ISO 14001 Environmental Management Systems, Surveillance 4 visits – 26th & 27th September

These surveillance audits were successful, with no non-conformities raised against either ISO standard

- 2.2 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 and four deliverables.

- 2.3 The quality portal central to improving compliance and increase visibility of quality within DHCW now includes the risk based internal audit programme. The portal continues to be the focal point for all things quality and regulatory based and remains a valuable tool during external audits as it streamlines activities and enables all essential information to be easily located. There have been 26,218 visits to the Quality Portal in the quarter.

The latest addition to the Portal is a set of FAQ's relating to the use of iPassport.

- 2.4 The roll out and on-boarding of the electronic Quality Management System (eQMS) iPassport continues. A plan and implementation strategy have been developed and resourced. The

implementation plan has been approved via the monthly Quality and Regulatory Group meeting and by the Executive Director of Finance. Directorates have accepted the milestones relevant to iPassport roll out. To date 11% of the organisation have been onboarded, a further 30% are currently in the process of onboarding. This is in line with the approved implementation plan.

2.5 The monthly Quality and Regulatory metrics report was presented to the monthly Quality and Regulatory Group meetings for consideration and will now implemented following their feedback.

2.6 There is continuing focus on developing the Medical Devices strategy and an implementation plan. This generates the details and expectations of the regulations and the plan to meet the requirements of an end-to-end compliant software lifecycle including assessment, release, and submission.

Assessment of the existing DHCW Service Portfolio against the requirements of Medical Devices Regulation is 40% completed using current MHRA guidance, with the aim of fully completion by the end of October.

This will be followed by a gap analysis for regulatory compliance requirements of any service/application identified as a Medical Device.

2.7 The CRU unit has undertaken cyber risk analysis workshops with health boards and trust (10 completed to date, remainder to completed by end September). Recruitment to key vacancies completed.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 There are two upcoming ISO audits planned in Quarter 3 2022/23, these are focus visits in readiness for the re-certification audits for both ISO 9001 and ISO 14001.

The current contract for external audit services expires in October 2022, commercial services have issued the Invitation to Tender notice for the new contract.

3.2 The risk based internal audit programme has been implemented to underpin compliance against each of the standard's requirements for internal audit. For the year to date 92% of planned audits (2 per month) have been conducted. One audit has been rescheduled to October due to auditee sickness. This additional audit during October will bring the audit plan back to 100% compliance.

As expected, the increased volume of internal audits has resulted in an increase in QIAL numbers, this should be viewed positively as each non-compliance raised offers an opportunity for improvement within the organisation.

- 3.3 Evidence of the monthly review of the legislation register is now under way within the IMS group and Quality and Regulatory Group meetings. The formal procedure and review of the content and structure of the register is now in place, with bi-annual updates to be provided to this committee.
- 3.4 Quality Improvement Action List (QIAL) figures continue to improve, with the increased target of 95% within target date achieved. Currently 97% of QIAL are within target. There are currently 119 open actions and only 4 of them have passed their target dates. The team are continuing to work with individuals from each Directorate to improve this further. Integrated Management Systems (IMS) document reviews noted a decrease in reviews to 82%, the current target that the team are working towards is for 95% of documents to be within their review dates. The majority of documents overdue for review sit with a small number of teams, the Quality team are working closely with these teams to rectify this position.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

In summary:

- 4.1 In the last period DHCW had successful surveillance audits against ISO 9001 and ISO 14001 with no non-conformities raised and the single open non-conformity for ISO 9001 successfully closed.
- 4.2 The Quality and Regulatory Group will target a standard and directorate view of quality compliance; focus will be on integrating the quality and regulatory plans as part of the directorate Annual Plans. Further development of metrics will continue in line with organisational performance reporting.
- 4.3 The importance of good document management practices and the strengthening of the quality management systems is underway alongside the document management strategy and the on-boarding of departments to iPassport. This is now part of the annual plan process with milestones relating to iPassport implementation accepted by directorates. Training videos on the use of iPassport have been uploaded to the Quality Portal to aid staff development across DHCW.
- 4.4 CRU has completed and reported the first NIS audits on behalf of Welsh Government and following this is conducting analysis of common cyber risk emerging across health boards. CRU have also sought feedback from each OES relating to CAF process and assessment reports using MS Forms.

Team awayday held with Welsh Government reviewing current activity and strategic planning of future activity.

- 4.5 Improved Compliance and commitment to the internal and external audit programme with a view to becoming more aware of impact of regulatory requirements in the organisation.
- 4.6 Enhanced QIAL metric target of 95% complete within target date has been achieved, Quality team will strive to improve this further in the interest of continuous quality improvement.

5 RECOMMENDATION

- 5.1 The Audit and Assurance Committee is being asked to:

NOTE the content of the report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	30/09/2022	

DIGITAL HEALTH AND CARE WALES LEGISLATIVE ASSURANCE FRAMEWORK AND REGISTER

Agenda Item	5.9
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Name of Meeting	Audit & Assurance Committee
Date of Meeting	18 October 2022

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

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

Purpose of the Report	For Approval
Recommendation	The Audit and Assurance Committee are being asked to: APPROVE the Legislative Assurance Framework and NOTE the Legislation Assurance Register.

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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>	Yes, please detail below

IMPLICATION/IMPACT	Compliance with legislation promotes consideration of socio economic duties.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	LAF	Legislative Assurance Framework
SHA	Special Health Authority	IMS	Integrated Management System

2 SITUATION/BACKGROUND

- 2.1 DHCW is responsible for complying with legislation that is applicable to the Special Health Authority. The parameters for the applicability are not just those limited to us as a public healthcare organisation, but include discipline specific areas of work such as the Network and Information Systems Regulations etc.
- 2.2 The Legislative Assurance Framework forms part of the overall governance assurance framework, the requirements of which are outlined in the DHCW Standing Orders to address the legal, regulatory, and contractual requirements of DHCW. This compliance assessment also supports the achievement and maintenance of the ISO and BS accreditations held by the organisation.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Legislative Assurance Framework can be found at item 5.9i – Appendix A.
- 3.2 There has been 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. The Corporate Governance team and Quality and Regulatory team have been working together to ensure the following processes are in place going forward:
 - Bi-annual review of key controls and assurances to comply with the legislation
 - Bi-annual assurance self-assessments by the operational leads on behalf of the accountable Executive Directors
 - Action plans in place for any areas that need additional controls or assurances
 - A bi-annual report to the Audit & Assurance Committee on compliance to provide assurance on behalf of the SHA Board.
- 3.3 The Legislative Assurance Register will be maintained by the Quality and Regulatory team and

will be reviewed by the IMS Assurance Group on a monthly basis. The IMS Assurance Group will escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and / or site operations to the Quality and Regulatory Group.

- 3.4 The Quality and Regulatory Group will review the Legislative Assurance Register monthly, and will review legislation for relevance to the organisation, in addition to undertaking horizon scanning in each of the identified areas of legislation.
- 3.5 The Audit and Assurance Committee will provide oversight and scrutiny of Legislative Assurance reporting against compliance, on behalf of the SHA Board, on a bi-annual basis. This is the first time the Legislation Assurance Register has been presented to the Committee and can be found at item 5.9ii Appendix B.
- 3.6 The Legislation Assurance Register is due to be internally audited in February 2023.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Executive Directors and Operational Leads are currently reviewing the legalisation assurance register to ensure adequate key controls are in place.

5 RECOMMENDATION

- 5.1 The Audit and Assurance Committee are being asked to:

APPROVE the Legislative Assurance Framework and **NOTE** the Legislation Assurance Register.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Quality & Regulatory Group	July 2022	APPROVED
Interim Head of Quality & Regulatory	August 2022	APPROVED
Management Board	August 2022	Framework APPROVED
Executive Team	Sept 2022	Register Noted

<ID Reference>

LEGISLATIVE ASSURANCE FRAMEWORK

This framework outlines how the legislation affecting DHCW is identified, managed, and assessed for impact on the organisation. It also outlines how assurance is provided on behalf of the Board in relation to organisational compliance

Document Version	0.1
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Status	Draft
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Document author:	Laura Tolley, Corporate Governance Manager
Approved by	Chris Darling, Board Secretary
Date approved:	
Review date:	

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

STRATEGIC OBJECTIVE	All Objectives apply
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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: ISO 27001, ISO 9001, ISO 14001, ISO 13485, BS 76000, BS7005, BS 10008, Service Desk Institute	

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: June 2022
Yes, applicable	Outcome: Positive
Statement: DHCW has a responsibility to be compliant with legislation. The legislation and compliance with that legislation has a positive impact on the protected groups.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this		
COMMITTEE OR GROUP	DATE	OUTCOME
Quality and Regulatory Group	July 2022	APPROVED
Management Board	August 2022	APPROVED
Audit and Assurance Committee	18 October 2022	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Clearly outlined compliance with legislation supports increased quality and safety
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	There are legal ramifications of non-compliance with legislation
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	There are clear responsibilities for the workforce to comply with relevant legislation
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Compliance with legislation ensures the organisation are proactively addressing disadvantages due to socio-economic reasons.

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
28.06.22	0.1	Sophie Fuller	Initial Draft
	1	Laura Tolley	Initial Publication


1.2 REVIEWERS


This document requires the following reviews:

Date	Version	Name	Position
24.06.22	0.1	Chris Darling	Board Secretary
24.06.22	0.1	Paul Evans	Interim Head of Quality and Regulatory
24.06.22	0.1	Julie Ash	Head of Corporate Services

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Laura Tolley
Role:	Corporate Governance Manager
Signature:	<div style="text-align: center;">  <hr style="border: 0.5px solid black; width: 200px; margin: 0 auto;"/> <small>Author</small> </div>

Approver's Name:	Chris Darling
Role:	Board Secretary
Signature:	<div style="text-align: center;">  <hr style="border: 0.5px solid black; width: 200px; margin: 0 auto;"/> <small>Approver</small> </div>

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

2 INTRODUCTION

DHCW is responsible for complying with legislation that is applicable to us. The parameters for the applicability are not just those limited to us a public healthcare organisation but include discipline specific areas of work such as the Network and Information Systems etc.

3 PURPOSE

The purpose of this document is to outline the procedure of identifying, documenting, monitoring and updating Legislation requirements within the organisation.

4 SCOPE

This framework applies to all activity across DHCW including those services provided by third parties.

This framework forms part of the 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.

5 OBJECTIVES

- Each piece of legislation has executive and operational ownership for accountability purposes
- Assess the impact of new legislation on DHCW
- Ensure existing legislation affecting DHCW is reviewed for impact on a regular basis
- Review any changes in legislation and their effect on DHCW
- Undertake horizon scanning of the legislative landscape
- Provide assurance to the SHA Board via the Audit and Assurance Committee on the arrangements more managing compliance against legislation within the organisation

6 ROLES AND RESPONSIBILITIES

6.1 Staff

- Will report any non-compliance with legislation through any of the below:
 - their regular team reporting channels
 - report to the Quality and Regulatory team
 - report to the Corporate Governance team
 - follow the all-Wales procedure for staff to raise concerns

6.2 Operational Lead/ Relevant standards lead

- Will undertake a bi-annual review of the relevant legislation and provide and assurance self-

assessment

- Will update the assurance register with information appropriate to their area of work
- Will report to the IMS Assurance Group when amendments are made to existing legislation, or when new legislation is put in place that could have an impact on regulatory compliance and/or site operations

6.3 Corporate Governance

- Will report when amendments are made to existing legislation, or when new legislation is put in place that could have an impact on the compliance of the organisation. Ensure that this is documented and reported to the Audit and Assurance Committee who will provide oversight as assurance on behalf of the Board
- Will report to the Audit and Assurance Committee on the legislative assurance framework and provide evidence of compliance against legislation to assure the Committee as part of a wider governance framework
- Escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and/or site operations to the Audit and Assurance Committee as part of the bi-annual reporting

6.4 Head of Quality and Regulatory Compliance

- Will ensure periodic compliance checks are conducted with all applicable legislation
- Will ensure appropriate storage of all additional documentation that is relevant to the Legislation Register

6.5 Integrated Management System (IMS) Assurance Group

- Review the Legislation Assurance Register at each monthly meeting
- Escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and/or site operations to the Quality & Regulatory Group

6.6 Quality and Regulatory Group

- Review the Legislation Assurance Register at each monthly meeting
- Table any changes in legislation to be reviewed for relevance to the Organisation
- Table any revisions, amendments or new legislation at monthly IMS Assurance Group
- Undertake horizon scanning in each of the identified areas of legislation

6.7 Executive Owner

- Provide oversight and scrutiny of the legislation within their area of responsibility
- Work with the operational lead to provide any information regarding legislation and the impact it may have on DHCW

6.8 Audit and Assurance Committee

- Provide oversight and scrutiny of the legislative assurance reporting against compliance on behalf of the SHA Board
- Provide advice for potential improvements to the process for ensuring legislative compliance

6.9 The DHCW SHA Board

- Accountable for ensuring the organisation complies with all relevant legislation

7 REVIEW PROCESS

7.1 ONGOING MONTHLY REVIEW

The Register will require monthly review of legislation both applicable and those for noting or guidance by the operational lead. The review will include:

- Assessment of any revisions or changes to legislation
- Assessment of any new legislation
- Review of information in the register for accuracy
- Update of last date of review column

7.2 BI-ANNUAL REVIEW

In order to report to the Audit and Assurance Committee on our level of assurance and compliance with legislation a bi-annual review by the Operational Lead on Behalf of the Executive Owner will need to be undertaken to include the following:

- Review of Key controls in place across the organisation detailed in the [Board Assurance Framework Mapping Spreadsheet](#)
- Provide an assurance self-assurance in line with [appendix 1](#)
- Review the identified assurance lines for accuracy in line with [appendix 2](#)
- Update of last date of review column

7.2.1 INSUFFICIENT CONTROLS OR ASSURANCES

If there are insufficient controls or assurances that result in a 'No assurance' or 'Limited assurance' self-assessment, a LAF Assurance Improvement Action Plan must be created.

This plan must be agreed with the relevant strategic mission owner and included as part of the BAF gap action plan work.

The action plan must be presented to the Quality and Regulatory group for discussion and noting.

8 DEFINITIONS

TERM	DEFINITION
LAF	Legislative Assurance Framework
DHCW	Digital Health and Care Wales
SHA	Special Health Authority
IMS	Integrated Management System
Q&R	Quality and Regulatory
SOP	Standard Operating Procedure
Executive Owner	Accountable for the organisational compliance against the legislation within their area of work
Operational Lead	Responsible for reviewing and maintaining the legislation register and the associated reviews of key controls and assurance lines in place

9 REFERENCES

DOCUMENT	VERSION	AVAILABLE
Governance Assurance Framework	1	DHCW website, key documents
Board Assurance Framework	1	DHCW website, key documents
SOP – Maintaining the Legislation Register	1	IMS
TEM – LAF Assurance Improvement Action Plan	1	IMS

10 APPENDIX 1 - ASSURANCE ASSESSMENT RATINGS

Assurance Assessment Ratings		
Key – Control and assurance RAG Rating	NO ASSURANCE - NONE TO LOW NUMBER OF CONTROLS IN PLACE	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks. Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	LIMITED ASSURANCE - LOW TO MEDIUM NUMBER OF CONTROLS IN PLACE	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks. More significant matters require management attention. Moderate impact on residual risk exposure until resolved.

REASONABLE ASSURANCE - MEDIUM NUMBER OF CONTROLS IN PLACE	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
SUSTANTIAL ASSURANCE - HIGH NUMBER OF CONTROLS IN PLACE	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.

11 APPENDIX 2 - ASSURANCE LINE DEFINITIONS

Assurance Line Definitions			
Line	Definition	Example	Impact
1st Line Assurance	Operational	Operational reporting, Department, Directorate, Management Board. Includes Projects/Programmes/Service reporting.	Information may be robust but lacks independence
2nd Line Assurance	Oversight and Scrutiny	Assurance Reporting to Committees and the Board	Information slightly less detailed but does have a degree of Independence
3rd Line Assurance	Independent	External to the Organisation. Internal Audit, Audit Wales, HIW Inspections, Regulators and accreditations	Information may be less detailed, but a source of assurance is truly independent of the organisation

12 APPENDIX – STANDARD HEADINGS FOR THE LEGISLATION ASSURANCE REGISTER

Executive Owner	Operational Lead	Organisational Area	Act, Regulation or Standard	Version	Requirements	Are Key Controls adequate Y/N	Regulatory/Monitoring Body	1st Line Assurance	2nd Line Assurance	3rd Line Assurance	Compliance	Date of Last Review	Comment
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LEGISLATION ASSURANCE REGISTER

Integrated Audit schedule

Executive Owner	Operational Lead	Organisational Area	Act, Regulation or Standard	Version	Requirements	Adequate Key Controls in place Y/N	Regulatory/Monitoring Body	1st Line Assurance	2nd Line Assurance	3rd Line Assurance	Compliance	Date of Last Review	Comment
Board Secretary	Corporate Governance Manager	Welsh Language	Welsh Language Act, 1993	1993	The Welsh Language Act 1993,[1] is an Act of the Parliament of the United Kingdom, which put the Welsh language on an equal footing with the English language in Wales with regard to the public sector.	Y	Welsh Government	Corporate Governance Monthly Meeting, Welsh Language Group	Audit and Assurance Committee	Audit Wales, Internal Audit	Substantial Assurance	03/10/2022	
Board Secretary	Corporate Governance Manager	Welsh Language	The Welsh Language (Wales) Measure 2011	2011		Y	Welsh Government	Corporate Governance Monthly Meeting, Welsh Language Group	Audit and Assurance Committee	Audit Wales, Internal Audit	Substantial Assurance	03/10/2022	
Board Secretary	Corporate Governance Manager	Welsh Language	The Welsh Language Standards (No7) Regulations 2018	2018	The consultation for the DHCW Welsh Language Scheme is currently live to close Cover the employers responsibility for providing suitable and sufficient first aid equipment along with a trained member of staff to administer first aid.	Y	Welsh Government	Corporate Governance Monthly Meeting, Welsh Language Group SHE Group,	Audit and Assurance Committee	Audit Wales, Internal Audit	Substantial Assurance	03/10/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health & Safety (First aid) Regulations 1981	2013		Y	UK Government	Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health and Safety at Work, etc Act 1974	1974	All organisations should operate their businesses with due regard to H&S and how it affects their staff and others. The Act outlines the key duties of employers and employees. Under this Act, employers have a duty to ensure a safe working environment for their employees, to ensure that they are properly trained and competent to carry out the tasks allotted to them. They are also required to have a suitable H&S Policy.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Management of Health and Safety at Work Regulations 1999	2006	Require employers to risk assess their activities and make arrangements to implement their requirements. They also specify a need to appoint competent persons to assist in health and safety matters and provide information and training to staff. The legislation sets obligations for employers to ensure the safe management of H&S at work through communication, assessment of risk and ensuring adequate controls are in place	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Manual Handling Operations Regulations 1992	2002	Employees (and others) who undertake lifting operations should be provided with information to safeguard their health and safety. The Manual Handling Regulations require CMC to identify all hazards associated with the movement of loads by bodily force and to introduce a programme of control and elimination. All manual handling activities should be assessed and the control measures and relevant information communicated to all affected parties.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Control of Asbestos at Work Regulations 2012	2012	Requires employers to manage the risks of asbestos within their buildings through a programme of identification, management, training and control.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Health and Safety (Display Screen Equipment) Regulations 1992	2002	Require employer to identify all hazards associated with the use of DSE and to introduce a programme of control and elimination. All computer workstations should be assessed and the control measures and relevant information communicated to all affected parties. Employees (and others) who use computer workstations should be provided with information to safeguard their health and safety.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Electricity at Work Regulations 1989	1989	This legislation places legal implications on employers to ensure the safety of electrical devices in the workplace. The regulations dictate that all portable equipment must be inspected regularly and tested to ensure that it is safe for use. Highlights what needs to be done by dutyholders to achieve electrical safety compliance in the work place and minimise the potential for electric shock and fire. It is relevant to all work activities including those involved in design, construction, operation or maintenance of electrical systems and equipment.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	2013	RIDDOR requires employers to report certain prescribed accidents and incidents to the enforcing authority by approved means and within allotted timescales	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Control of Substances Hazardous to Health (COSHH) Regulations 2002	2004	Require employer to identify all chemicals used and to introduce a programme of control and elimination. All items should be assessed and the control measures relating to the use, handling and storage of those substances should be communicated to all affected parties. Employees (and others) who have a potential to come into contact with substances used should be provided with information to safeguard their health and safety	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Provision and Use of Work Equipment Regulations (PUWER) 1998	1998	Sets out requirements of employer in relation to the provision and safe use of work equipment, including mobile work equipment, that may be routinely used by employees. Includes requirements for selection, training, maintenance, storage and disposal.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	Construction (Design and Management) (CDM) Regulations 2015	2015	CDM aims to improve health and safety in the industry by helping to: • sensibly plan the work so the risks involved are managed from start to finish • have the right people for the right job at the right time • cooperate and coordinate your work with others • have the right information about the risks and how they are being managed • communicate this information effectively to those who need to know • consult and engage with workers about the risks and how they are being managed	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/09/2022	

Executive Director of Finance	Head of Corporate Services	Health and Safety	Confined Space Regulations 1997	1997	<p>Under domestic law (the Health and Safety at Work etc Act 1974) employers are responsible for ensuring the safety of their employees and others. This responsibility is reinforced by regulations.</p> <ul style="list-style-type: none"> • The Confined Spaces Regulations 1997 [1] <p>Apply where the assessment identifies risks of serious injury from work in confined spaces.</p> <p>These regulations contain the following key duties:</p> <ul style="list-style-type: none"> • avoid entry to confined spaces, e.g. by doing the work from the outside; • if entry to a confined space is unavoidable, follow a safe system of work; and • put in place adequate emergency arrangements before the work start • The Management of Health and Safety at Work Regulations 1999 [2] <p>Require employers and self-employed people to carry out a suitable and sufficient assessment of the risks for all work activities for the purpose of deciding what measures are necessary for safety. For work in confined spaces this means identifying the hazards present, assessing the risks and determining what precautions to take</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			Lifting Operations and Lifting Equipment Regulations (LOLER) 1998	1998	<p>These Regulations (often abbreviated to LOLER) place duties on people and companies who own, operate or have control over lifting equipment. This includes all businesses and organisations whose employees use lifting equipment, whether owned by them or not. In most cases, lifting equipment is also work equipment so the Provision and Use of Work Equipment Regulations (PUWER) will also apply (including inspection[1] and maintenance[2]). All lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner. LOLER also requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic 'thorough examination[3]'. Records must be kept of all thorough examinations and any defects found must be reported to both the person responsible for the equipment and the relevant enforcing authority.</p> <p>What you should do</p> <p>If your business or organisation undertakes lifting operations or is involved in providing lifting equipment for others to use, you must manage and control the risks to avoid any injury or damage.</p> <p>Where you undertake lifting operations involving lifting equipment you must:</p> <ul style="list-style-type: none"> • plan them properly • using people who are sufficiently competent • supervise them appropriately • to ensure that they are carried out in a safe manner 	Y	UK Government					
			Workplace (Health, Safety and Welfare) Regulations 1992	1992	<p>These regulations cover a range of basic safety, health and welfare issues such as ventilation, heating, lighting, workstations, seating and welfare facilities relating to the office. Employers must ensure adequate welfare facilities on sites such as access to toilets and clean water, suitable ventilation, lighting, workstations, etc.</p> <p>Specify a requirement on employers to display a poster telling employees what they need to know about health and safety. The legislation sets out requirements for employers to provide information on contacting H&S representatives and the local HSE</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			Health and Safety Information for Employees Regulations 1989	1989	<p>Employers are required to establish methods of communication with employees through representatives of employee safety to communicate on Health Safety and welfare issues.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			Health and Safety (Consultation with Employees Regulations) 1996	1996	<p>Employers are required to establish methods of communication with employees through appointed TU officials on Health Safety and welfare issues. They must also establish a H&S committee if requested by two or more of these officials. Employers should support the TU appointed officials in the pursuit of their functions.</p> <p>This guidance is for employers, dutyholders and others who have responsibility for the control of workplaces, sites and premises. It is also for those operating equipment that requires verbal and/or non-verbal communications.</p> <p>It sets out what you should do to comply with the Health and Safety (Safety Signs and Signals) Regulations 1996.</p> <p>Safety signs and signals are required where, despite putting in place all other relevant measures, a significant risk to the health and safety of employees and others remains.</p> <p>Signs must be clear and legible, and should be used to identify actions that are prohibited (e.g. no access), safeguards that must be followed (e.g. ear protection must be worn), warning of a hazard (e.g. corrosive material) and to direct towards fire exits/equipment or first-aid equipment.</p> <p>You should avoid using too many signs which may cause confusion.</p> <p>The Regulations enact in UK law an EU Directive designed to harmonise signs across the EU so that signs across the member states will have the same meaning whichever country they are used in. Details of BS EN ISO 7010 are also included in the guidance.</p> <p>This edition brings the document up to date with regulatory and other changes, including those relating to the Classification, Labelling and Packaging of Chemicals (Amendments to Secondary Legislation) Regulations 2015. The version of the Regulations included in the document has been amended to reflect those changes.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	ISO14001:2015 Environmental Management	2015	<p>ISO 14001 Environmental Management System (EMS) is a systematic framework to manage the immediate and long term environmental impacts of an organisation's products, services and processes. By completing ISO 14001 certification your organisation can assure stakeholders that your environmental management system meets international industry specific environmental standards.</p>	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022

Executive Director of Finance	Head of Corporate Services	Estates and Environmental	CRC Energy Efficiency Scheme 2017	2017	Establishes for the UK a new energy efficiency scheme designed to reduce carbon emissions through improving energy efficiency in public and private sector organisations that consume large amounts of electricity, gas and other fuels.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			The Climate Change Agreements, CRC Energy Efficiency Scheme and Energy Savings Opportunity Scheme (Amendment) (EU Exit) Regulations 2020	2020	These Regulations, which come into force immediately before ‘IP’ (Implementation Period) completion day, make amendments in consequence of the European Union (Withdrawal Agreement) Act 2020. This instrument, made under the power in section 41(1) of the European Union (Withdrawal Agreement) Act 2020 (the WAA), replaces references to ‘exit day’ with references to ‘IP completion day’ in the Climate Change Agreements (Amendment of Agreements) (EU Exit) Regulations 2018, the CRC Energy Efficiency Scheme (Amendment) (EU Exit) Regulations 2018 and the Energy Savings Opportunity Scheme (Amendment) (EU Exit) Regulations 2018. The instrument also amends the Energy Savings Opportunity Scheme (Amendment) (EU Exit) Regulations 2018 to retain the provision in the Energy Savings Opportunity Scheme Regulations 2014 for converting the financial threshold to euros with respect to a qualification date that falls before Implementation Period (IP) completion day.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group		Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Energy Performance of Buildings (England and Wales) Regulations 2022	2022	The purpose of these regulations is to improve the Energy Efficiency of Buildings, reduce Carbon Emissions and reduce the impact of Climate Change. The Energy Performance certificates are produced when buildings are built sold or rented and are displayed for large public buildings, also requires air con inspections are carried out for systems above 12kw. These Regulations, which come into force on 01 April 2022, amends the Energy Performance of Buildings (England and Wales) Regulations 2012, to allow new fees to be set for entering data onto the register, which is required to be maintained by the Secretary of State under regulation 27 of the 2012 Regulations. Fees for entering data onto the register are reviewed regularly so that their levels are set to cover the cost of operating the register. This instrument amends the domestic and non-domestic lodgement fees as follows: the fee for entering data from which an Energy Performance Certificate which relates to a dwelling may be produced, is reduced from £1.64 to £1.50; the fee for entering data from which an Energy Performance Certificate which relates to a building other than a dwelling; a Display Energy Certificate or an Air Conditioning Inspection Report may be produced, is reduced from £1.89 to £1.70.	Y	UK Government				Substantial Assurance	21/09/2022
								SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Information Regulations 2004 (EIR)	2004	The Environmental Information Regulations 2004 provides public access to environmental information held by the NHS and other Public Authorities. It does this in two ways: The NHS must make environmental information available proactively; and members of the public are entitled to request environmental information from the NHS	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			Waste (Meaning of Recovery) (Miscellaneous Amendments) Regulations 2016	2016	To implement Commission Directive (EU) 2015/1127 amending Annex II to Directive 2008/98/EC which provides the legislative framework for the collection, transport, recovery and disposal of waste, and includes a common definition of waste.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environment Act 2021	2021	Establishes the Environment Agency and SEPA as the regulating bodies for contaminated land, abandoned mines, national parks, control of pollution, conservation of natural resources, conservation or enhancement of the environment, and fisheries. The Environment Act 2021 which has been updated from 1995, received Royal Assent on 09 November 2021 to make provision about targets, plans and policies for improving the natural environment; for statements and reports about environmental protection; for the Office for Environmental Protection; about waste and resource efficiency; about air quality; for the recall of products that fail to meet environmental standards; about water; about nature and biodiversity; for conservation covenants; about the regulation of chemicals; and for connected purposes. The Act will form the cornerstone of environmental law for decades to come and as a result will have a significant impact on the way in which businesses operate.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
					Aims to put in place legislation that will enable Wales' resources to be managed sustainably.			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environment (Wales) Act 2016	2016		Y	UK Government				Substantial Assurance	21/09/2022
								SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		

Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Protection Act 1990	1990	Defines within England, Scotland and Wales the legal framework for duty of care for waste, contaminated land and statutory nuisance. All organisations should operate their businesses with due regard to the effects of the process to land, water and air. The Act requires the consideration of the best use of disposal of waste products to land, water and air using the principles of BPEO (Best Practicable Environmental Option) and BATNEEC (Best Available Techniques Not Entailing Excessive Cost).	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			Hazardous Waste (England and Wales) Regulations 2005	2018	If waste produced is of a specific type or in specified quantities then its generation will be controlled by either the Environmental Agency or the Local Authority who will monitor to ensure that it remains within the agreed prescribed limits. Relates to all activities These Regulations set out the regime for the control and tracking of the movement of hazardous waste for the purpose of implementing the Hazardous Waste Directive (Directive 91/689/EC). The Regulations extend to England and Wales although the only provisions that apply to Wales are modifications to the Environmental Protection Act 1990 contained in Part 11.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Climate Change Act 2008	2008	Sets a limit on the number of carbon units that may be used to meet the carbon budget which runs up to 2022.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Climate Change Levy (General) Regulations 2001	2016	Sets out who the climate change levy, which is charged on supplies of electricity, gas and solid fuel, applies to, what is taxable, who is exempt and procedures for registering, returns and tax credits. All organisations that use fossil fuels will have a surcharge added to their fuel bills. The results of global climate change will affect everyone. The UK is committed to the Kyoto Protocol, which aims to limit emissions of greenhouse gases and halt the warming of the Earth’s atmosphere. To achieve this, the UK government has put in place financial incentives for UK businesses to use fossil fuels more efficiently, and reduce emissions of carbon dioxide (CO2). One of these incentives is the CCL. The CCL is a surcharge on your business energy bill. The exact CCL rate depends on the type of fuel used. The CCL does not apply to fuel oils as they are already subject to excise duty. Small businesses on domestic tariffs do not pay the CCL. The CCL is not a 'tax' because the revenue from the CCL will be offset by a 0.3% reduction in employers’ National Insurance Contributions. CCL money is also used in a range of incentives to encourage energy efficiency in business, such as: <ul style="list-style-type: none">enhanced capital allowances for energy efficient equipment;free advice and consultation from The Carbon Trust and the Scottish Energy Efficiency Office;interest free loans for good quality Combined Heat and Power plant; andthe UK Emissions Trading Scheme. Relates to all activities	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Ozone-Depleting Substances Regulations 2015	2015	Amends qualifications needed to recover, recycle or destroy substances. Makes it an offence to, or employ someone to, work with controlled substances or methyl bromide unless qualified.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/09/2022
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	European Waste Catalogue	2019	The European Waste Catalogue (EWC) is a standardised way of describing waste. The EWC is a list of waste types which categorises wastes based on a combination of what they are, and the process or activity that produces them.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/09/2022
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Protection (Duty of Care) Regulations 1991	1991	Describes the duty of care of anyone who “imports, produces, carries, keeps, treats or disposes of any controlled waste, or a broker who has control of such waste”	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022

Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste (England and Wales) Regulations 2011	2011	These regulations implement the revised EU Waste Framework Directive 2008/98 which sets requirements for the collection, transport, recovery and disposal of waste. In summary The Waste (England and Wales) Regulations 2011 require businesses to confirm that they have applied the waste management hierarchy when transferring waste and include a declaration to this effect on their waste transfer note or consignment note.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
					Defines household, industrial and commercial waste for waste management licensing purposes.			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group				
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Controlled Waste (England and Wales) Regulations 2012	2012		Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
					It explains the requirements of the Waste Electrical and Electronic Equipment (WEEE) Regulations 2013 on business, how to comply with the law and provides sources of further information.			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee			
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste Electrical and Electronic Equipment Regulations 2013	2013		Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
					Designed to reduce emissions of fluorinated greenhouse gases (F Gases), used predominantly in the refrigeration and air conditioning sectors and which make a significant contribution to climate change							
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Fluorinated Greenhouse Gases Regulations 2021	2021	An amendment to these Regulations, which come into force on 25 May 2021, corrects deficiencies in two European Union Implementing Regulations relating to restrictions on the use of fluorinated greenhouse gases (F-gases) specifically Regulation (EU) 2019/661 and Regulation (EU) No 1191/2014. These corrections are necessary to ensure that the legislation continues to operate effectively following the United Kingdom’s exit from the EU and now that the Transition Period has ended.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
					This guidance aims to provide comprehensive help for those operating, regulating or interested in facilities1 that are covered by the Environmental Permitting			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Environmental Permitting Regulations 2016	2016		Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
					POPs are chemicals which cause harm to human and animal life, and do not break down in the natural environment. Instead, they bioaccumulate up the food chain. Many chemicals have been classified as POPs including a range of pesticides, dioxins and furans. The POPs likely to be found in WEEE are brominated flame retardants such as deca-BDE; these have been added to the plastic to reduce the risk of the items catching fire. The new EU law arises out of concern that if these WEEE-derived plastics are recycled into food containers or toys, members of the public could be put at risk through exposure to POPs, which can be particularly harmful to young children’s development.							
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Persistent Organic Pollutants 2019	2019	Under the new legislation, waste which contains POPs above specified thresholds must be destroyed or transformed in a way that would destroy the POPs. This implies high temperature incineration or combustion in a cement kiln. A 2019 study by the Industry Council for Electronic Equipment Recycling (ICER) found that levels of brominated flame retardants in many items of WEEE were above the thresholds. As a result of this discovery, the Environment Agency issued guidance in October 2019 stating that any plastics from WEEE which are likely to contain POPs must not be recycled. Additionally, once the item has been discarded and therefore become waste, it cannot be reused even if it is in good working order.	Y	UK Government				Reasonable Assurance	21/09/2022
					The implication for business waste producers is that when display screens or small household items become waste, they must be kept separately from other waste in a dedicated storage area or container. Waste management companies will often supply a hazardous waste storage container as part of their collection service. The Hazardous Waste Regulations 2005 prohibit the mixture of hazardous with non-hazardous waste.							
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	The Cleaner Road Transport Vehicles (EU Exit) regulations 2020	2020	As part of your waste Duty of Care, you must ensure that any hazardous waste is taken to a facility that has an appropriate permit. You will need to sign a hazardous waste consignment note when the waste is removed from your premises. Any POPs present in the waste must be listed on the waste description.			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Reasonable Assurance	21/09/2022
					The items most likely to contain unacceptable levels of POPs are: • cathode ray tube plastic, from old TVs and computer screens • flat screen TVs and similar computer displays • small household WEEE such as hairdryers.			SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		

Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Waste (Circular Economy) Regulations 2020	2020	Measures are to be taken to prevent waste generation and to monitor and assess the implementation of those measures. These measures must be included in waste prevention programmes. Requirements for separate collection of waste are amended to provide detail on the circumstances under which separate collection of waste isn't necessary to ensure that waste undergoes preparing for reuse, recycling, or recovery. Amendments will ensure that waste collected separately for preparing for re-use or recycling is not incinerated or landfilled, except for waste resulting from subsequent treatment operations of the separately collected waste for which incineration or landfilling delivers the best environmental outcome in accordance with the waste hierarchy.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
			NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	2021	In 2019 Welsh Government declared a Climate Emergency for Wales to highlight the need for more action to meet the climate change challenge. As part of this, Welsh Government have re-enforced the ambition for the Public Sector in Wales to be carbon neutral by 2030. In response to this NHS Wales has developed a Decarbonisation Strategic Delivery Plan, which has clear targets to reduce emissions from NHS Wales. There are targets for the following activity streams; Building Energy (new and old buildings); Procurement; Travel; Land use and Healthcare provision. The Strategic Delivery Plan is a framework that sets out the actions NHS organisations should look to take to reduce their carbon footprint. Whilst there are elements in the Strategic Delivery Plan that it is strongly advised are followed there is a significant degree of flexibility. The Plan also identifies that each NHS organisation must develop their own Decarbonisation Strategic Delivery plan.	Y	Welsh Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
			The Landfill Disposals Tax (Tax Rates) (Wales) (Amendment) Regulations 2021	2021	These Regulations, which come into force on 01 April 2022, prescribe the standard rate, lower rateand unauthorised disposals rate for landfill disposals tax chargeable on taxable disposals (within the meaning of Part 2 of the Landfill Disposals Tax (Wales) Act 2017) made on or after 1 April 2022. The new rates are as follows: The standard rate is £98.60 per tonne; The lower rate is £3.15 per tonne; and The unauthorised disposals rate is £147.90 per tonne. Taxable disposals made on or after 1 April 2021 but before 1 April 2022 will remain subject to rates set by the Landfill Disposals Tax (Tax Rates) (Wales) (Amendment) (No. 2) Regulations 2020 as a result of the amendment made by regulation 4 of these Regulations.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit		
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Work and Families Act 2006	2006				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022
Director of People and OD	Head of Workforce and OD	WFOD	Employment Rights Act 1996	1996				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002	2002				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	The Cabinet Office Statement of Practice 'Staff Transfers in the Public Sector' (Revised 2007)	2007				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	The Transfer of Undertakings (Protection of Employment) (TUPE) Regulations (2006)	2006				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Part-Time Workers (Prevention of Less Favourable treatment) Regulations 2000	2000				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	The Maternity and Parental Leave Regulations 1998	1998				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	The Maternity and Parental Leave (Amendment) Regulations 2001	2001				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	The Maternity and Parental Leave etc and the Paternity and Adoption Leave (Amendments)2006	2006				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	The Equal Pay Act 1970	1970				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Race Relations Act 1976 amended 2000	2000				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Sex Discrimination Act 1975 (amended as part of Gender Duty within the Equality Act 2006)	1975				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Employment Equality (Sexual Orientation) Regulations 2003	2003				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Employment Act 2002	2002				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Carers Equal Opportunities Act 2004	2004				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Work and Families Act 2006	2006				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Trade Union and Labour Relations Act 1992	1992				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		
Director of People and OD	Head of Workforce and OD	WFOD	Employment Relations Act 1999 and 2004	2004				Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit		

Director of People and OD	Head of Workforce and OD	WFOD	Human Rights Act 1998	1998			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	Employment Equality (Religion, Belief and Non-Belief) Regulations 2003	2003			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	Racial and Religious Hatred Act 2006	2006			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	Civil Partnership Act 2004	2004			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	Rehabilitation of Offenders Act 1974	1974			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	The Education (Work Experience Act)	1996			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	The Health and Safety (Training for Employment) Regulations	1990			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
Director of People and OD	Head of Workforce and OD	WFOD	Working Time Regulations (as amended)	1998			Management Board	Local Partnership Forum	Audit Wales, Internal Audit, ISO/BS Audit				
					Prohibit smoking in enclosed public places, work places and work vehicles. Failing to display No Smoking signs is also an offence. The smoking ban applies to anything that can be smoked. This would therefore include cigarettes, pipes (including shisha and hookah pipes), cigars and herbal cigarettes. The premises covered by the ban are essentially anywhere with a roof and which are enclosed by more than 50% walls – so that could include covered walkways in shopping malls etc. as well as shops, pubs and workplaces etc. The ban also covers work vehicles, including taxis.	Y	UK Government						
Executive Director of Finance	Head of Corporate Services	Health and Safety					SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022		
Executive Director of Finance	Head of Corporate Services	Health and Safety	Legionnaires Disease - The Control of Legionella Bacteria in Water Systems (L8)	2013	Requires employers to manage the risks of legionella within the building water systems through a programme of identification, management, training and control.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Finance	Head of Corporate Services	Health and Safety	ISO45001 Occupational Health and Safety Management 2015	2015	ISO 45001 is the new international standard for occupational health and safety management replacing the OHSAS 18001 standard. The standard reduces workplace risks to improve employee safety.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Board Secretary	Corporate Governance Manager	Socio-Economic	Socio-economic Duty	2020	WG have recommended that organisations: oIdentify the strategic decisions that are taken oWho was involved in the process oEnsure those involved understand the statutory requirement oSteps are taken to integrate the duty into existing processes such as impact assessments, plans for engagement and developing business cases	Y	UK Government	Included in all reporting templates for Management information	Board Briefing	External Audit	Reasonable Assurance	03/10/2022	
Board Secretary	Corporate Governance Manager	Socio-Economic	Well-being of Future Generations (Wales) Act 2015	2015	The Well-being of Future Generations Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.	Y	UK Government	Included in all reporting templates for Management information	Board Briefing Meeting with Commissioner JET Review	External Audit	Reasonable Assurance	03/10/2022	DHCW are not currently under the Act - This is in the process of being consulted on. However there is no longer any WG Policy on the adoption of Caldicott - Wales is currently out of current law changes made by the National Data Guardian
Executive Medical Director	Associate Director of Information Governance	Information Governance	Health and Social Care Caldicott principles		Comply with the Health and Social Care Caldicott principles - both of these support a robust framework to ensure the proper processing of patient identifiable information within the NHS and Social Care	Y	Welsh Government	DG&S Committee	DHCW Board	Audit Wales	Reasonable Assurance	27/09/2022	
Executive Medical Director	Associate Director of Information Governance	Information Governance	NHS Act 2006 - Section 251	2006	NWIS also adheres to other legislative requirements set within section 251 of the NHS Act 2006. The 2006 Act sets down provision for the use of patient identifiable information via the Health Research Authority . Several National Databases held by NWIS on behalf of NHS Wales are scrutinised via the section 251 process. NHS Wales Ministerial sponsored Committee’s also assure the use of patient information derived from the National Databases. The Welsh Information Governance Board (WIGB) have the responsibility for discharging specific responsibilities of the Health Minister and the Chief Information Officer (CIO) for Wales, in respect of justified and proper use of information contained within the National Databases held by NWIS.	Y	UK Government	DG&S Committee	DHCW Board	Audit Wales	Reasonable Assurance	27/09/2022	Corporate Action remains as part of the Data Promise actions and a review of what S251 means for in the context of devolved responsibilities of Welsh Ministers to override the Common Law Duty of Confidentiality (as currently resides with the Sec State for Health in England)
Executive Medical Director	Associate Director of Information Governance	Information Governance	Control of Patient Information Regulations 2002	2002	Regulation 4 requires that anything done by a person that is necessary for the purpose of processing confidential patient information in accordance with the Regulations is taken to be lawfully done, despite any obligation of confidence owed by that person in respect of it	Y	UK Government	DG&S Committee	DHCW Board	Audit Wales	Reasonable Assurance	27/09/2022	Corporate Action remains as part of the Data Promise actions and a review of what S251 means for in the context of devolved responsibilities of Welsh Ministers to override the Common Law Duty of Confidentiality (as currently resides with the Sec State for Health in England)
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	Health and Social Care Act 2012	2012	The provisions in the Act are designed to meet these challenges, by making the NHS more responsive, efficient and accountable. They draw on the evidence and experience of 20 years of NHS reform. Aspects of this Act apply only to England however Wales are still tied to certain provisions within it The Freedom of Information Act 2000 provides public access to information held by the NHS and other Public Authorities.	Y	UK Government	DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	Most of this is set within the context that allows DHCW to "require" NHSD/E to process Welsh Resident Information on their behalf via a Section 255 request
Executive Medical Director	Associate Director of Information Governance	Information Governance	Freedom of Information Act 2000	2000	It does this in two ways: The NHS are obliged to publish certain information about their activities; and members of the public are entitled to request information from the NHS	Y	Information Commissioners Office	DG&S Committee	DHCW Board	Audit Wales/NWSSP Internal Audit	Substantial Assurance	27/09/2022	Compliance on response performance is reported across multiple DHCW reporting streams

Executive Medical Director	Associate Director of Information Governance	Information Governance	Computer Misuse Act 1990	1990	The Computer Misuse Act 1990 is an act of the UK Parliament passed in 1990. The Act is designed to frame legislation and controls over computer crime and internet fraud. The legislation was created to criminalise unauthorised access to computer systems and deter criminals from using a computer in the commissioning of a criminal offence or seek to hinder or impair access to data stored on a computer	Y	UK Government	DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	Linked to compliance with the Data Protection Act 2018 and the UK General Data Protection Regulations (GDPR)
Executive Medical Director	Associate Director of Information Governance	Information Governance	Health Records Act 1990	1990	The access to Health Records Act, which previously provided a right of access to non-computerised health records, has largely been repealed. One part of the Act is still in force and this gives rights of access to someone who may be entitled to bring a claim for negligence resulting from a persons death to see the relevant parts of that persons health records	Y	UK Government	DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	Also sits with the national forum (Chaired by DHCW) of the HHealth Records Managers Advisory Group (HRMAG)
Executive Medical Director	Associate Director of Information Governance	Information Governance	Welsh Ministers (Transfer of Functions) Order 2018	2018	The draft order transfers the remaining Minister of the Crown functions in devolved areas to Welsh Ministers. Many of those functions are pre-commencement functions, which Ministers of the Crown exercised before the National Assembly gained full law-making powers following the 2011 referendum. The Order covers functions relating to Healthcare Services	Y	Welsh Government	DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	Insofar as the provisions of part movement of the responsibility for S251 to sit with Welsh Ministers
Executive Medical Director	Associate Director of Information Governance	Information Governance	BS 10008 Evidential Weight and Legal Admissibility of Electronic Information	2014	BS 10008 is the British Standard that outlines best practice for the implementation and operation of electronic information management systems, including the storage and transfer of information	Y		DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	Audited by British Standards representatives as part of the DHCW overall Standards compliance function
Executive Medical Director	Associate Director of Information Governance	Information Governance	Data Protection Act 2018	2018	The DPA 2018 sets out the framework for data protection law in the UK. It updates and replaces the Data Protection Act 1998, and came into effect on 25 May 2018. It was amended on 01 January 2021 by regulations under the European Union (Withdrawal) Act 2018, to reflect the UK's status outside the EU	Y	Information Commissioners Office	DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	
Executive Medical Director	Associate Director of Information Governance	Information Governance	UK General Data Protection Regulations 2018	2018	The UK GDPR is the UK General Data Protection Regulation. It is a UK law which came into effect on 01 January 2021. It sets out the key principles, rights and obligations for most processing of personal data in the UK, except for law enforcement and intelligence agencies	Y	Information Commissioners Office	DG&S Committee	DHCW Board	Audit Wales	Substantial Assurance	27/09/2022	
Executive Medical Director	Associate Director of Information Governance	Information Governance	The Wales Act 2017	2017	Implements those elements of the St David's Day agreement which required legislative changes to create a clearer and stronger settlement in Wales.								
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	Doing Well, Doing Better: Standards for Health Services in Wales (2010)	2010	These standards come into force from 1 April 2010 and replace the 'Healthcare Standards for Wales (2005)'. They address the provision in Section 47 of the Health and Social Care (Community Health and Standards) Act 20032 for Welsh Ministers to prepare and publish statements of standards.								
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	The Fundamentals of Care Standards (2003)	2003	Fundamentals of Care is a Welsh Assembly Government initiative included in the Plan for Wales as part of "Improving Health and Care Services								
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	The Social Services and Wellbeing Act (2016)	2016	Came into force on the 5th April 2016								
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	Blood Safety and Quality Regulations SI 50/2005 (as amended)	2005									
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	The Medical Devices Directive 93/42/EEC	1993									
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	The Medical Devices Regulation (2013/473/EU)	2013									
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	The Human Tissue Act 2004	2004									
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	The Health and Safety (Sharp Instruments in Healthcare) Regulations (2013)	2013									
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	Health and Social Care (Quaity and Engagement) (Wales) Bill	2019	The bill is to ensure that: *NHS bodies and ministers think about the quality of health services when making decisions *NHS bodies are open and honest with patients and service users *Create a citizen voice body to enable people to provide feedback on health and social services *Enable the appointment of vice chairs for NHS trusts								
Executive Medical Director	Associate Director of Information Governance	Patient/Citizen safety	Public Services Ombudsman (Wales) Act 2019	2019	The Bill makes specific provision to allow the Ombudsman to investigate private medical treatment, including nursing care, when treatment was received as part of a public/private health pathway. The Bill does not make provision for the Ombudsman to investigate private health services in isolation, however.								
Executive Director of Finance	Head of Corporate Services	Estates and Environmental	Facilities Management Standard FMS 001: Facilities Management and Services	2022	This standard is part of a suite of operational standards that set expectations for management within government. It should be read in conjunction with the government functional standard for property, GovS 004. Standards may include both mandatory and advisory elements.	Y	UK Government	SHE Group, Management Board, FBA Directorate Monthly Meetings Decarbonisation Working Group Estates and Compliance Group	Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance		

Executive Director of Operations	Assistant Director of Cyber Security	Security	The Network and Information Systems Regulations 2018	2018	The EU Security of Networks & Information Systems (NIS) Directive aims to raise levels of cyber security and resilience of key systems across the EU. Its implementation in the UK is led by DCMS, and it was transposed into UK law in May 2018 via the NIS regulations. The NCSC has supported the introduction of the NIS regulations in a number of different ways, including via making available some resources for organisations affected by the regulations.	Y	Cyber Resilience Unit	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit, Regulators	Reasonable Assurance	21/09/2022	Action plans in place and nonconformities or opportunities for improvement are tracked internally.
			ISO27001:2013 Security Management	2013	ISO/IEC 27001 is widely known, providing requirements for an information security management system (ISMS), though there are more than a dozen standards in the ISO/IEC 27000 family. Using them enables organizations of any kind to manage the security of assets such as financial information, intellectual property, employee details or information entrusted by third parties.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Internal Audit, ISO/BS Audit			Action plans in place and nonconformities or opportunities for improvement are tracked internally.
Executive Director of Operations	Assistant Director of Cyber Security	Security	Digital Economy Act 2010	2010	The Digital Economy Act regulates the use of digital media in the UK. It deals with issues such as online copyright infringement and the obligations that internet service providers (ISPs) have to tackle online copyright infringement.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, IT Asset management Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit, Regulators	Substantial Assurance	21/09/2022	
Executive Director of Operations	Assistant Director of Cyber Security	Security	Privacy and Electronic Communications Regulations	2003	Section 11 of the Data Protection Act allows individuals to control the direct marketing information they receive from organisations. The Privacy and Electronic Communications Regulations specifically regulate the use of electronic communications (email, SMS text, cold calls) as a form of marketing and allow individuals to prevent further contact.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit, Regulators	Substantial Assurance	21/09/2022	
Executive Director of Operations	Assistant Director of Cyber Security	Security	Regulation of Investigatory Powers Act (RIPA) and Lawful Business Practices Regulations (2000)	2000	RIPA regulates the powers of public bodies to carry out surveillance and investigation and also deals with the interception of communications. In certain circumstances as contained in the Information Commissioner’s code of practice on staff data the organisation may, in a proportionate manner, view personal e-mails as legislation or the Company’s disciplinary procedures permit. In such circumstances, the Regulation of Investigatory Powers Act (2000) and the Lawful Business Practices Regulations (2000) confirms that the organisation’s responsibilities may prevail over a member of staff’s individual rights to confidentiality of correspondence.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Operations	Assistant Director of Cyber Security	Security	Computer Misuse Act	1990	The Computer Misuse Act 1990 is an act of the UK Parliament passed in 1990. The Act is designed to frame legislation and controls over computer crime and internet fraud. The legislation was created to criminalise unauthorised access to computer systems and deter criminals from using a computer in the commissioning of a criminal offence or seek to hinder or impair access to data stored on a computer. The Computer Misuse Act was introduced partly in reaction to a specific legal case (R v Gold and Schifreen) and was intended to deter criminals from using a computer to assist in the commission of a criminal offence or from impairing or hindering access to data stored in a computer. The Act contains three criminal offences for computer misuse: - Unauthorised access to computer material; - Unauthorised access with intent to commit or facilitate commission of further offences; - Unauthorised modification of computer material. The Crown Prosecution Service offer further guidance in relation to the Computer Misuse Act.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Operations	Assistant Director of Cyber Security	Security	Official Secrets Act	1989	Members of staff may at times be required to sign an Official Secrets Act provision where their work relates to security, defence or international relations. Unauthorised disclosures are likely to result in criminal prosecution. Section 8 of the Act makes it a criminal offence for a government contractor to retain information beyond their official need for it and obligates them to properly protect secret information from accidental disclosure.	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	
Executive Director of Operations	Assistant Director of Cyber Security	Security	Copyright, Designs and Patents Act	1988	The Copyright, Designs and Patents Act (CDPA) defines and regulates copyright law in the UK. CDPA categorises the different types of works that are protected by copyright,	Y	UK Government	Combination of Directorate Meetings, IMS Assurance Group, Q&R Group, Incident Review and Learning Group, Welsh Informatics Assurance Group	SHA Board, Digital Governance and Safety Committee, Audit and Assurance Committee	Audit Wales, Internal Audit, ISO/BS Audit	Substantial Assurance	21/09/2022	

DIGITAL HEALTH AND CARE WALES

DECARBONISATION, ESTATES AND COMPLIANCE REPORT

Agenda Item	5.10
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	18 October 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to NOTE the DHCW Estates, Environmental and Health & Safety Report	

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
Choose an item.	Outcome:
Statement: Not applicable	

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The report provides details of health and safety incidents and compliance
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The report demonstrates our progress toward compliance with Welsh Government targets published in their Delivery Plan issued via a Welsh Health Circular and also covers activity required to be undertaken under health & safety and other legislation.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below

	The report details activity necessary to maintain a safe working environment for staff.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	NWSSP	NHS Wales Shared Services Partnership
SHE	Safety, Health & Environmental	MTCO2e	Metric tons of carbon dioxide equivalent

2 SITUATION/BACKGROUND

- 2.1 This report includes information relating to the Estate, including progress made against the DHCW Decarbonisation Strategic Delivery Plan, ISO 14001 certification, compliance statistics and health and safety statistics.
- 2.2 The latest Estates and Compliance Monthly Report is attached as Appendix A for the Committee's attention. The report covers compliance progress to the month of September 2022.
- 2.3 NHS Organisations are required to submit a narrative **qualitative** update twice a year, the first submission being due in September 2022 (covering the period April to August 2022) and the next in April 2023 (covering the period September 2022 to March 2023).
- 2.4 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. We are due to present an overview of our Decarbonisation Strategic Action Plan at a future meeting.
- 2.5 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:

Decarbonisation Working Group
Environmental Awareness Group
Safety, Health and Environmental (SHE) Group
Water Safety Group

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 DHCW Decarbonisation Strategic Delivery Plan

The following successes have been highlighted in our return which also includes detailed reporting against our targets contained in our plan.

The Community of Experts on Climate Change Group and the Decarbonisation Action Plan Peer review have been vital in allowing DHCW to work collaboratively, both gaining and sharing knowledge with other organisations. DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations (particularly NWSSP) in the development of a strategy for low-carbon ICT procurement.

In terms of communication with staff, we run Environmental Awareness Campaign communications, which are produced on a monthly basis, and these, together with our Environmental Awareness intranet page, have been instrumental in communicating the climate emergency to DHCW employees.

DHCW successfully trialed an additional two Electric Fleet Vehicles, this now brings the number of EV within our Fleet to three. We have increased the number of EV Charging Points (EVCPs) with the installation of four additional EVCPs at our Tŷ Glan-yr-Afon office.

A Decarbonisation Cloud Emissions Impact Dashboard is being developed, which will enable DHCW to measure emissions related to cloud computing.

Hybrid working practices have allowed 96% of our workforce to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

3.2 Environmental Management System

DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

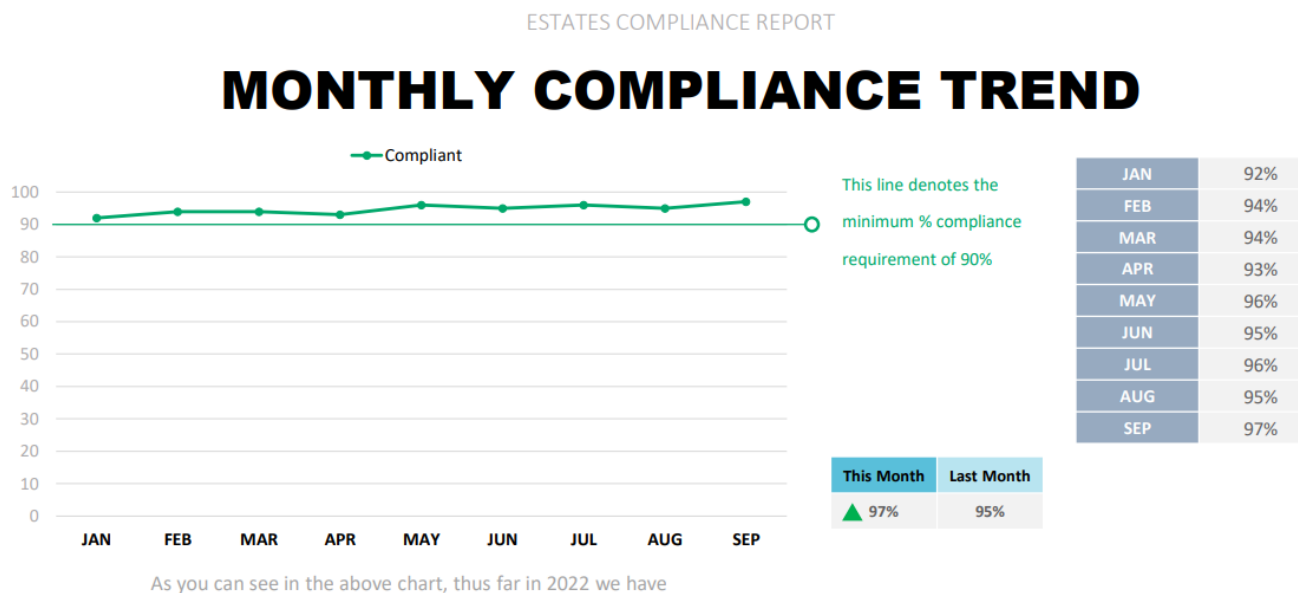
ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system. It helps organizations improve their environmental performance through more efficient use of resources and reduction of waste, gaining a competitive advantage and the trust of stakeholders:

QIAL Actions in progress	QIAL Actions Closed	Queries and Complaints	Environmental, Waste and Energy Training
1	13	0	87%

3.3 Estates Compliance

Overall Compliance of plant systems and equipment is 97%, against our target of 90%.

This means that as of the end of September 2022 we have 241 services complete, 7 with a due date passed and 12 that require testing within one month, to prevent them from going out of date. The graph below shows performance throughout the year:



3.4 Health & Safety

There has been one health & safety incident reported to date this financial year which has been fully investigated and is now closed.

We have received, reviewed and acted upon 42 Welsh Government Alerts to date this year.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The DHCW Decarbonisation Strategic Delivery Plan was approved at the March 2022 Board and submitted with the Integrated Medium Term Plan to Welsh Government on 31st March 2022. DHCW took part in a Welsh Government led Peer Review of all NHS Wales Decarbonisation Action Plans in July 2022.
- 4.2 We have submitted both our Quantitative (emissions) and Qualitative Decarbonisation Returns to Welsh Government on the agreed submission dates.
- 4.3 We have received an advisory report from NWSSP Internal Audit on our management of Decarbonisation which contains helpful recommendations.

- 4.4 Since the last Audit and Assurance Committee, an Exceptional Cost Pressures Group has been established which will identify opportunities for reductions in energy consumption which are in line with our decarbonisation ambitions. Following the conclusions from the first meeting of this Group, together with our new working arrangements, we will prioritise optimising savings in our heated workspaces during Quarter 3 2022/23.

5 RECOMMENDATION

The Committee is being asked to:

NOTE the DHCW Decarbonisation, Estates and Compliance Report

6 APPROVAL / SCRUTINY ROUTE

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

Estates Compliance **REPORT**



September 2022

ESTATES COMPLIANCE REPORT

CONTENTS

3	Executive Summary
4	Estates Compliance
5	Key
6	Overall Compliance
7	Compliance Responsibility
8	Monthly Compliance Trend
9	Key Areas
10	Compliance Action Plan Overview
11	Planned Preventative Maintenance (PPM) Overview
12-20	Environmental Performance

Executive Summary

Estates Compliance

At the end of September 2022 our overall compliance of plant systems and equipment is 97%. This has increased by 2% since last month.

Our compliance has been largely maintained by conducting a large number of testing across all premises and effectively liaising with our landlords to locate documentation. We plan to continue to focus at each site on prioritising the undertaking of out of date services to help to further improve overall compliance.

Planned preventative maintenance is currently at 99%. Actions resulting from water/fire risk assessments and asbestos surveys are being managed.

We are looking at our long term estates strategy and are working with agility during this period following Covid-19 to develop new ways of working.

Environment

Our Environment annual trend is positive, we are working to our decarbonisation plan road map, to further enhance our controls in this area. We continue to measure water, energy usage and waste disposal in order to reduce CO2 levels. We plan to review the structure and frequency of environment reporting.

Estates Compliance

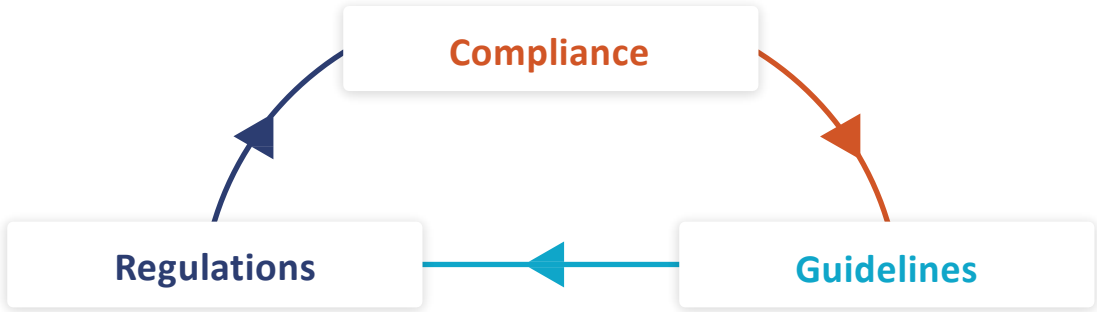


At DHCW, we are fully aware of our responsibilities for ensuring that the workplace is kept safe by compliance with legislation.

We have a robust programme of planned, preventative maintenance (PPM) and schedule of inspections that need to be undertaken across the entire Estate.

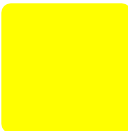
We monitor, on a monthly basis, progress of actions arising as a result of various surveys and inspections, such as Fire, Legionella and Asbestos.

KEY



Green

Systems and equipment that are fully compliant



Yellow



Systems and equipment that are due to be serviced in one month or less



Red

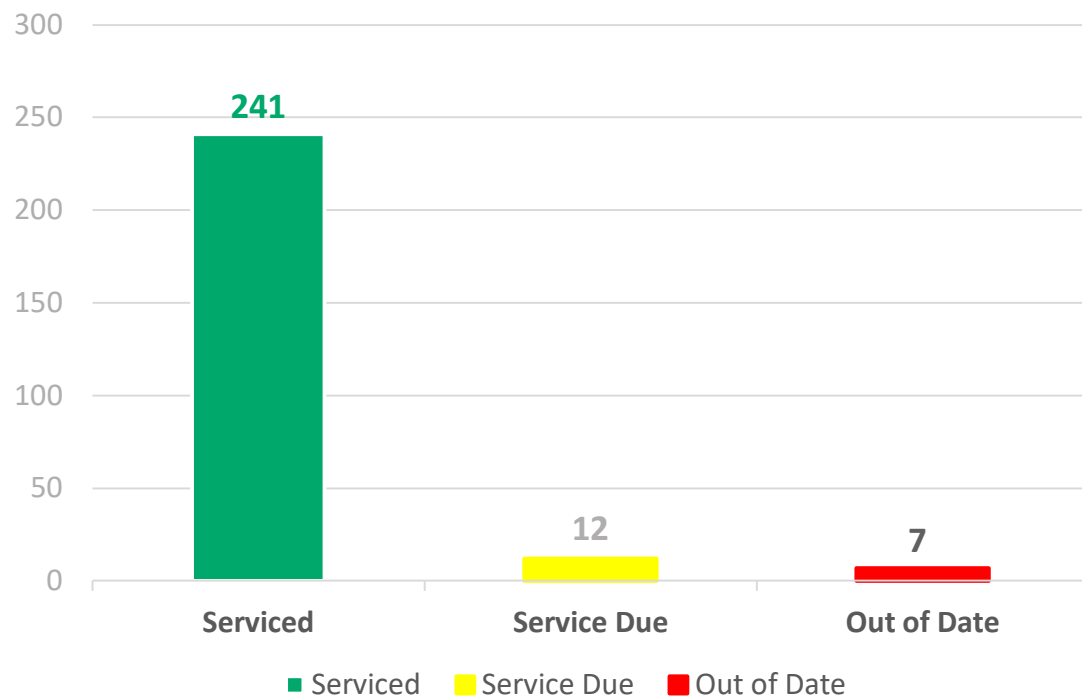
Systems and equipment that are no longer compliant

Arrows denote:-

- ▲ Percentage is higher than previous month
 - ▼ Percentage is lower than previous month
 - ◀ Percentage is the same as the previous month
- All percentages include  and  totals added together.

This report details the statutory and mandatory compliance performance of systems and equipment within Digital Health and Care Wales (DHCW) premises, to confirm that they meet with legal requirements, and to safeguard DHCW employees.

Throughout this report compliance is measured by site, type of system or equipment and based on DHCW or Landlord responsibility.



Overall Compliance of plant systems and equipment is at 97%, against our target of 90%.

This means that as of the end of September 2022 we have 241 services complete, 7 out of date and 12 that require testing within one month, to prevent them from going out of date.

ESTATES COMPLIANCE REPORT

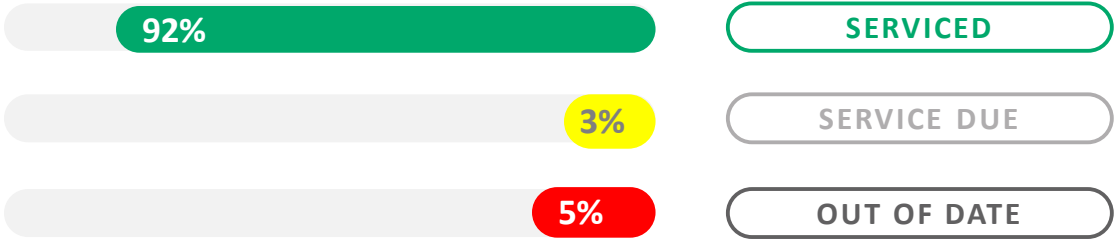
OVERALL COMPLIANCE

Number of System & Equipment that Require Testing.

This Month	Last Month
▲ 97%	95%

COMPLIANCE RESPONSIBILITY

Landlord Compliance Responsibility



We plan to liaise with our landlords in order to locate the required compliance documentation.

This Month	Last Month
▲ 95%	92%

DHCW Compliance Responsibility



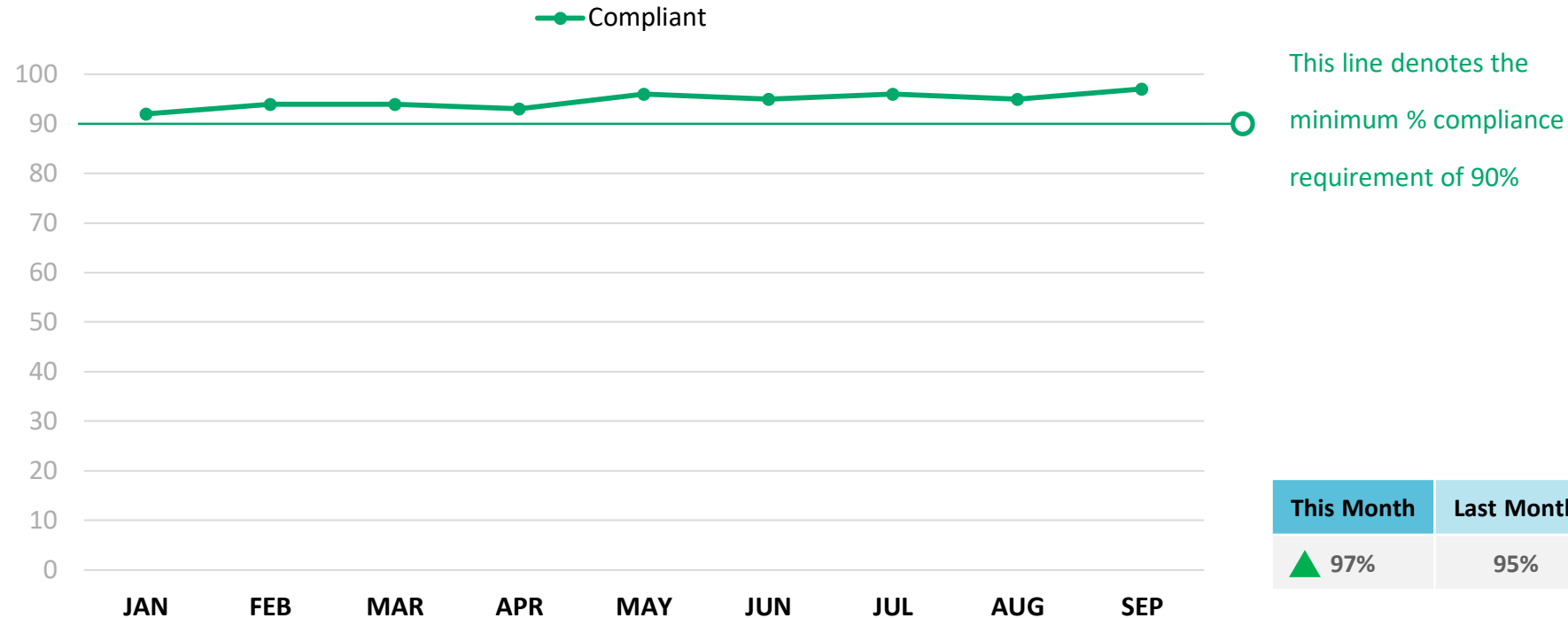
We are in communication with our contractors in order to arrange required compliance testing.

This Month	Last Month
▲ 99%	98%

Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point	Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point
2	0	0	1	3	1	2	3	2	1	0	4

The above chart shows a breakdown per site of the 12 service due and 7 out of date compliance items. We are arranging testing for the 12 service due items. In regards to the out of date services, we are awaiting documentation from our contractors for the 2 services that are DHCW responsibility and we are liaising with our landlords for the remaining 5 out of date services, which are within their areas of responsibility.

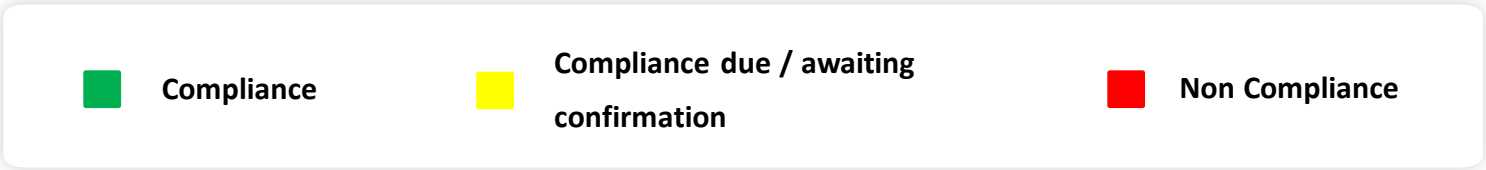
MONTHLY COMPLIANCE TREND



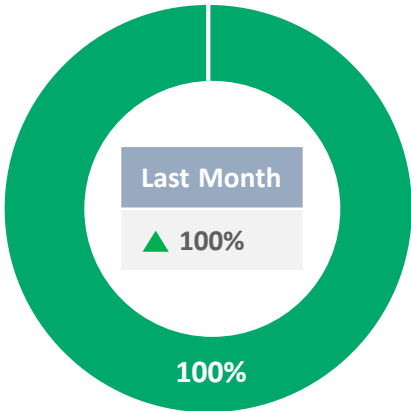
JAN	92%
FEB	94%
MAR	94%
APR	93%
MAY	96%
JUN	95%
JUL	96%
AUG	95%
SEP	97%

As you can see in the above chart, thus far in 2022 we have maintained an above target compliance performance, with an average of 95% in 2022.

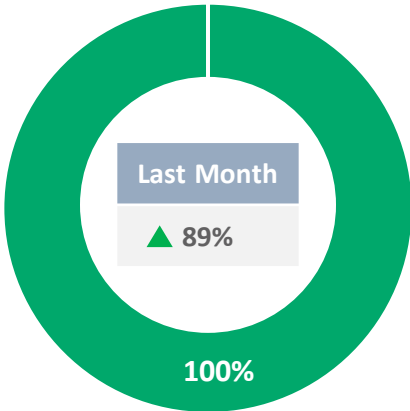
KEY AREAS



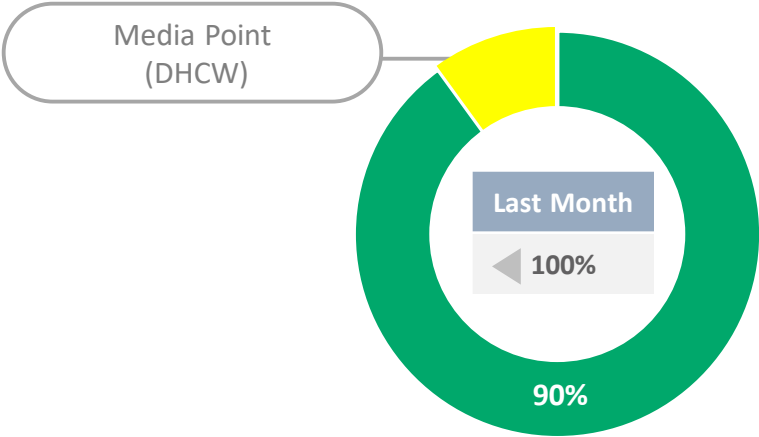
Asbestos Compliance Percentage



Legionella Compliance Percentage



Fire Risk Assessment Compliance Percentage



The graphs show the compliance percentage of Asbestos surveys, as well as Legionella (Water) and Fire risk assessments. At Media Point we will request the Fire Risk Assessment renewal that has a month before expiry.

This Month	Last Month
◀ 99%	99%

Compliance Action Plan Overview

Our compliance is currently at 100%, with 80% of actions complete and 19% of actions on target. One low risk action has passed its agreed completion date not no target for completion by the agreed date. 166 actions have been completed and no actions have gone 6 months beyond the agreed completion date.

Compliance Criteria		Overall Compliance
<div></div>	Green – Action complete	80%
<div></div>	Yellow – Action on target to be completed by agreed date	19%
<div></div>	Orange – Action not on target for completion by agreed date	1%
<div></div>	Red – No Action taken 6 months beyond agreed completion date	0%

Compliance Category	Compliance Subcategory	Number of Actions across DHCW by Priority											
		High				Medium				Low			
Fire	Fire Risk Assessment	0	0	0	0	21	3	0	0	57	3	1	0
Water	Legionella Risk (and other water related) Assessment	35	12	0	0	10	17	0	0	17	6	0	0
Asbestos	Asbestos Risk Assessment	0	0	0	0	1	0	0	0	25	0	0	0

PLANNED PREVENTATIVE MAINTENANCE (PPM) OVERVIEW

Routine testing has been completed as planned at the majority of sites and is currently at 99%.

Compliance Criteria	
<div></div>	Green – PPM above 90% compliant
<div></div>	Yellow – PPM 80% - 89% compliant
<div></div>	Red – PPM 79% compliant and below

Tŷ Glan-Yr-Afon		% Complete
Total Inspections	462	100%
Total Complete	462	

Mamhilad		% Complete
Total Inspections	135	100%
Total Complete	135	

Media Point		% Complete
Total Inspections	90	99%
Total Complete	89	

DHCW – 2021		% Complete
Total Inspections	1298	99%
Total Complete	1291	

Bocam		% Complete
Total Inspections	224	99%
Total Complete	222	

Technium 2		% Complete
Total Inspections	152	99%
Total Complete	151	

Castlebridge 2		% Complete
Total Inspections	235	99%
Total Complete	232	

This Month	Last Month
◀ 99%	99%

Environmental Performance



At DHCW, we acknowledge the potential impact that we may have on the environment due to the nature of our business practices; therefore, we are fully committed to reducing this impact across the scope of our operations and the services that we deliver.

This report details how DHCW has performed against our goals to reduce water consumption and energy (gas and electricity) emissions, and increase the amount of waste that we recycle as an organisation.

IT waste and other emission reporting categories performance is also communicated.

ISO 14001 PERFORMANCE

The Environmental Legislation, Environmental Aspects Registers and KPI's (objectives and targets) continue to be updated and monitored regularly. The Environmental Awareness Group met on September 1st to discuss suggestions and gather feedback.

We are up to date with the EMS Internal Audit Schedule. There are 52 SHE related corrective actions that are in progress, as a result of recent inspections, which primarily relate to compliance documentation and housekeeping.

An EMS Internal Audit was carried out at the start of September. The audit assessed our readiness for the ISO14001 external audit and provided guidance on performance. No opportunities for Improvement (OFIs) or Minor/Major Non Conformities (MinNCs/MajNCs) were identified.

ISO14001 external audit update – The ISO 9001 and ISO 14001 combined surveillance 4 external audit started on 26th September, and is due to continue on October 5th – 6th, there have not currently been any NC's identified during the audit.

Embedded changes contributing to carbon reduction:

- Daily air conditioning management is in place at TGA;
- Biodiversity improvements on the 2nd floor of TGA have been implemented;
- Staff continue to work from home, where suitable;
- Digital solutions continue to be used, where possible to reduce paper usage;
- The EMS Team continue to undertake relevant training and attend online webinars to further knowledge in this area.

QIAL Actions in progress	QIAL Actions Closed	Queries and Complaints	Environmental, Waste and Energy Training
1	13	0	87%

SHE Inspection Actions - Outstanding

Last Month	20
This Month	▲ 52

Environmental Awareness Campaign

This month's campaign provided information for our employees relating to **Recycle Week**.

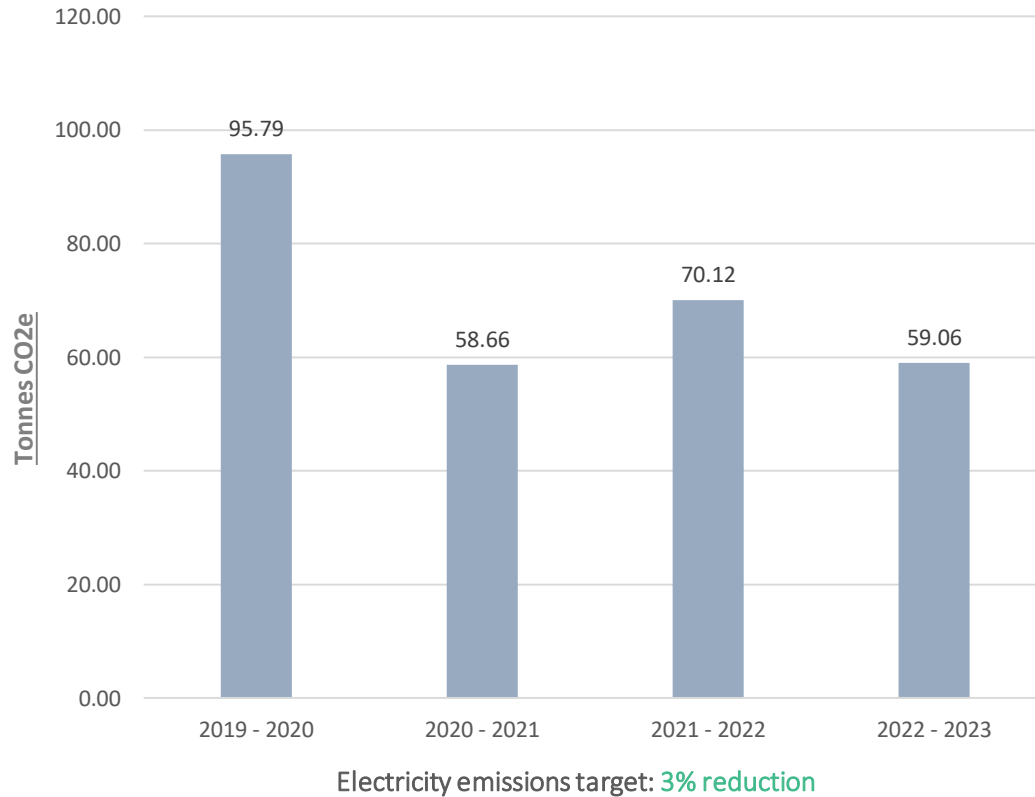
Environmental Training

One member of the Corporate Services team successfully completed a Carbon Literacy Project training course, which was delivered by SOS-UK in conjunction with The Open University.

Training will also be provided by BSI for Road to Net-Zero Training.

ELECTRICITY FIGURES

2022/23 – QTR 1



Total Electricity Accumulative CO2 Emissions per m2

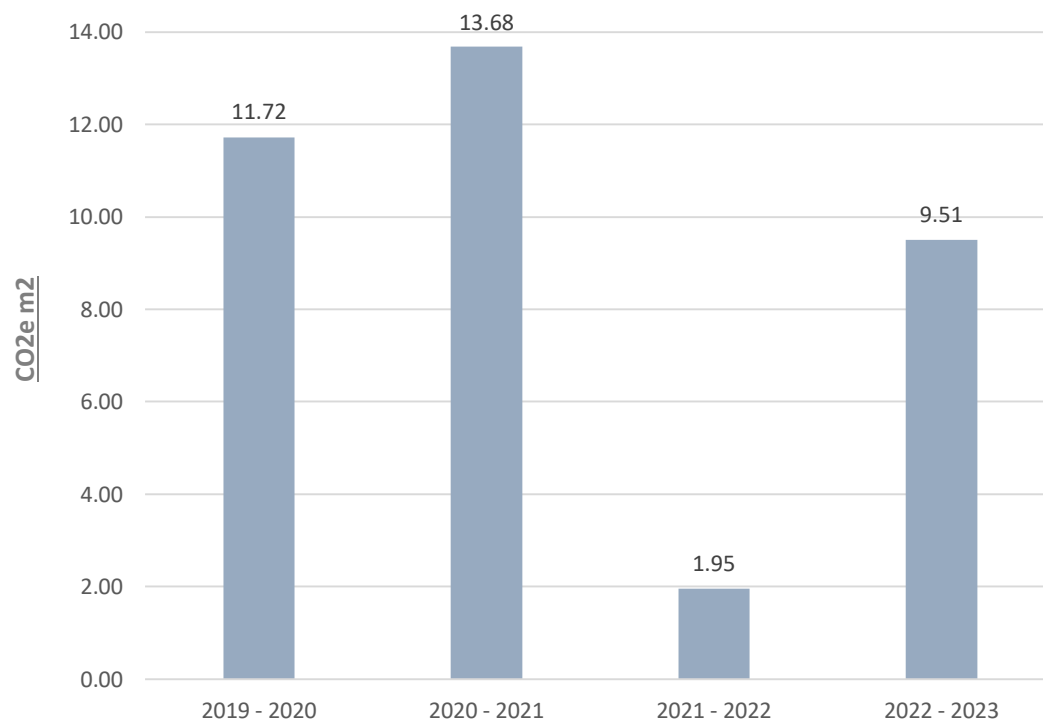
The graph shows DHCW's accumulative CO2 emissions, from electricity usage during QTR 1 2022/23, as well as a comparison to previous years.

From the data we can see a:

- **19% reduction** in 2022/23 compared to 2021/22
- **27% reduction** in 2022/23 compared to our baseline year (2019/20)

The reductions listed above can be attributed to higher rates of staff Working from Home across the organisation together with the use of renewable electricity.

We have had two F-Gas leaks at our sites.



Gas emissions target: 3% reduction

ESTATES COMPLIANCE REPORT

GAS FIGURES

2022/23 – QTR 1

Total Gas Accumulative CO2 Emissions per m2

The graph shows DHCW's accumulative CO2 emissions, from gas usage during QTR 1 2022/23, as well as a comparison to previous years.

From the data we can see a:

- **388% increase** in 2022/23 compared to 2021/22
- **19% reduction** in 2022/23 compared to our baseline year (2019/20)

At Tŷ Glan-yr-Afon we experienced a slow gradual gas leak, which had effected our gas emissions. This has now been resolved and emission data has been corrected accordingly.

WATER FIGURES

2022/23 – QTR 1

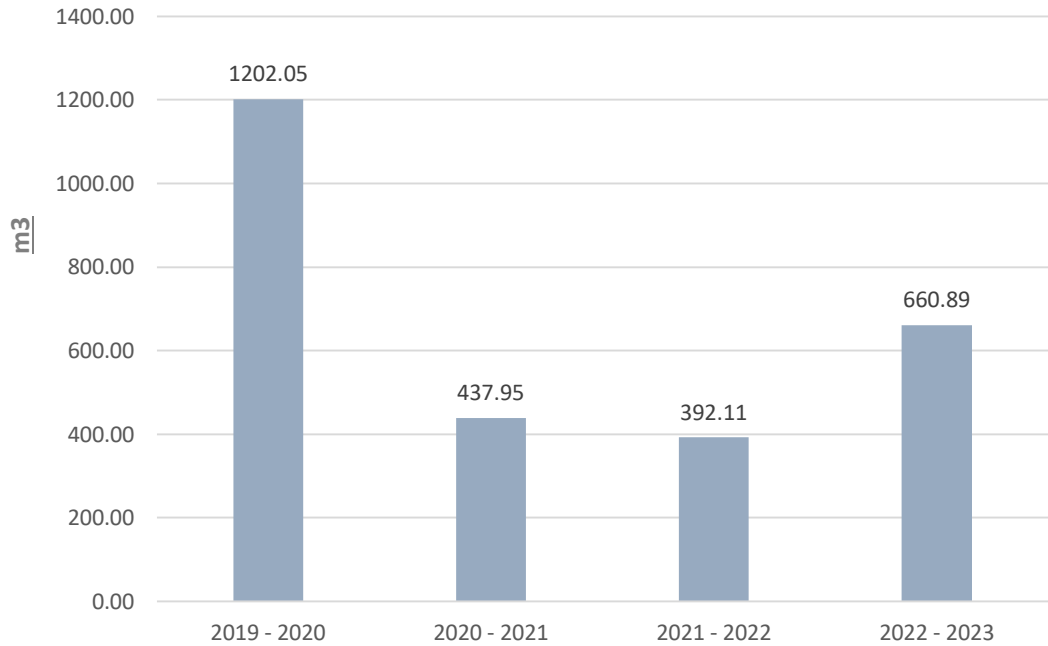
Total Water Accumulative Consumption

The graph shows DHCW's accumulative water consumption (m3) during QTR 1 2022/23, as well as a comparison to previous years.

From the data we can see a:

- **68% increase** in 2022/23 compared to 2021/22
- **45% reduction** in 2022/23 compared to our baseline year (2019/20)

The increase for 22/23 can be attributed to a water meter problem experienced at one of our sites. However this is still greatly reduced compared to the baseline year, which can be attributed to higher rates of staff Working from Home across the organisation.



Water consumption target: **reduce consumption by at least 4% year on year**

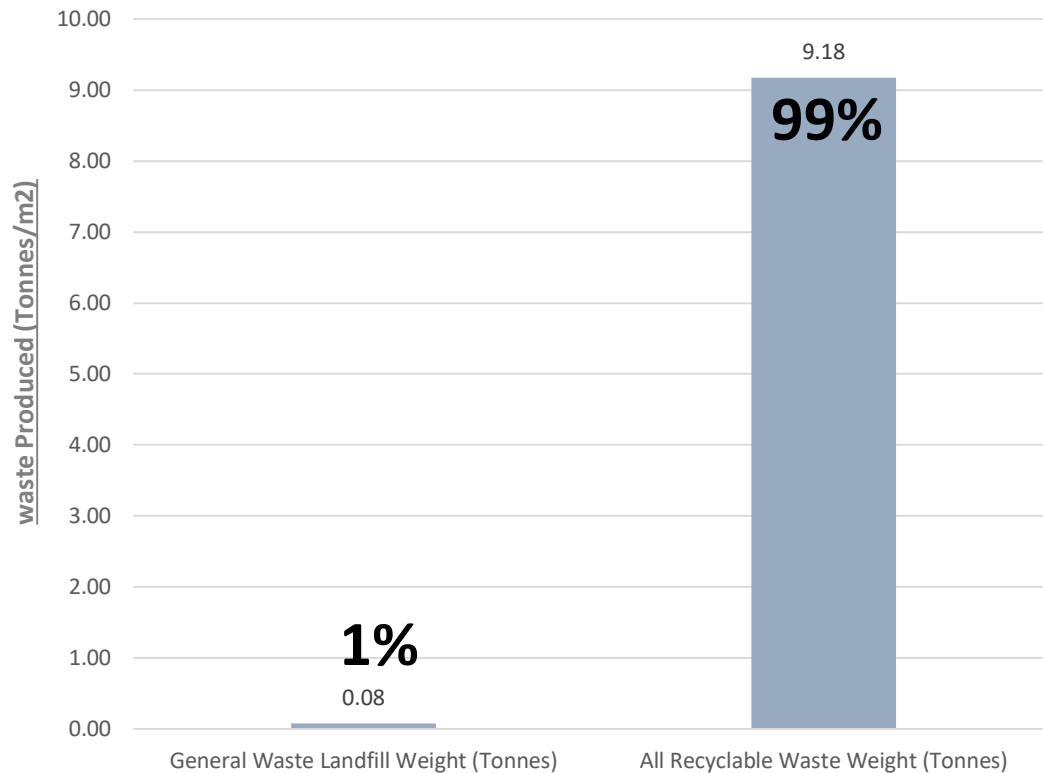
WASTE FIGURES

2022/23 – QTR 1

The graph shows the accumulative recyclable waste weight compared landfill waste weight during QTR 1 2022/23.

From the data we can see that **99% of DHCW's waste has been recycled, repurposed or reused.**

Waste operations across the estate are under control with 5 out of 6 sites sending zero waste to landfill.



Waste target: **at least 68% of DHCW waste to be recycled**

IT WASTE FIGURES

2022/23

DHCW IT Waste Disposed

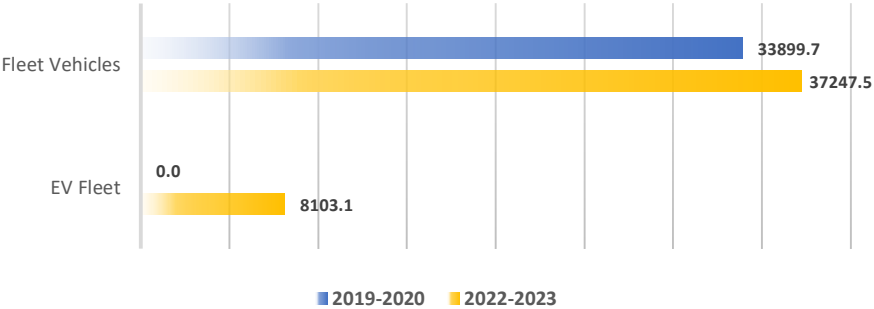
100% of WEEE waste has been recycled, repurposed or reused, in 2022/23. The table (left) shows the total number of IT equipment units (by type).

Row Labels	Sum of Total Number of Units Collected
User terminals and systems	1
UPS	13
TV's	4
Telephones	3
Tablet	17
Servers	66
Scanners/Laminator/Shredder	3
Printers - desktop	56
PC's	362
Networking gear, switches, hubs	62
Monitors (flatscreen)	252
Monitors (CRT)	1
Mobile phones	3
Mixed WEEE	2
Laptops	278
IT Parts	2
Fax	1
Docking Port	76
Boxes of cables, chargers, adapters	7
Grand Total	1209

Total Units
1209

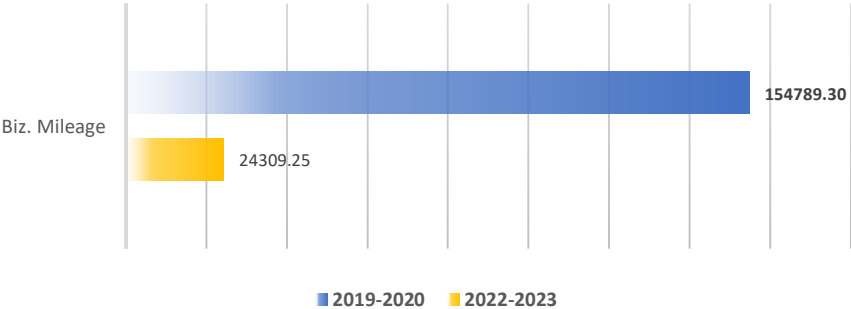
SUSTAINABLE TRAVEL 22/23

FLEET VEHICLES VS. EV FLEET



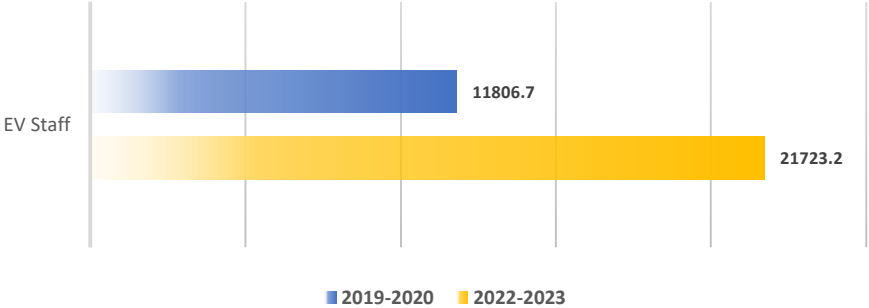
The above graph shows a comparison of kilometres travelled by EV Fleet Vehicles vs Internal Combustion Fleet Vehicles in 2022/23 compared to 2019/20. As you can see, the distance travelled in internal combustion engine vehicles has increased by approximately 9% when compared to the baseline year; however, over 8,000 km’s were travelled in electric fleet vehicles.

BUSINESS TRAVEL (KM)



The above graph shows a comparison of business travel in 22/23 compared to 19/20. As you can see, business travel has reduced by approximately 84% when compared to the baseline year.

STAFF EV USAGE



The above graph shows a comparison of Staff EV Charger usage in 22/23 compared to 19/20. As you can see, the distance travelled in EV vehicles, has increased by approximately 83% when compared to the baseline year.

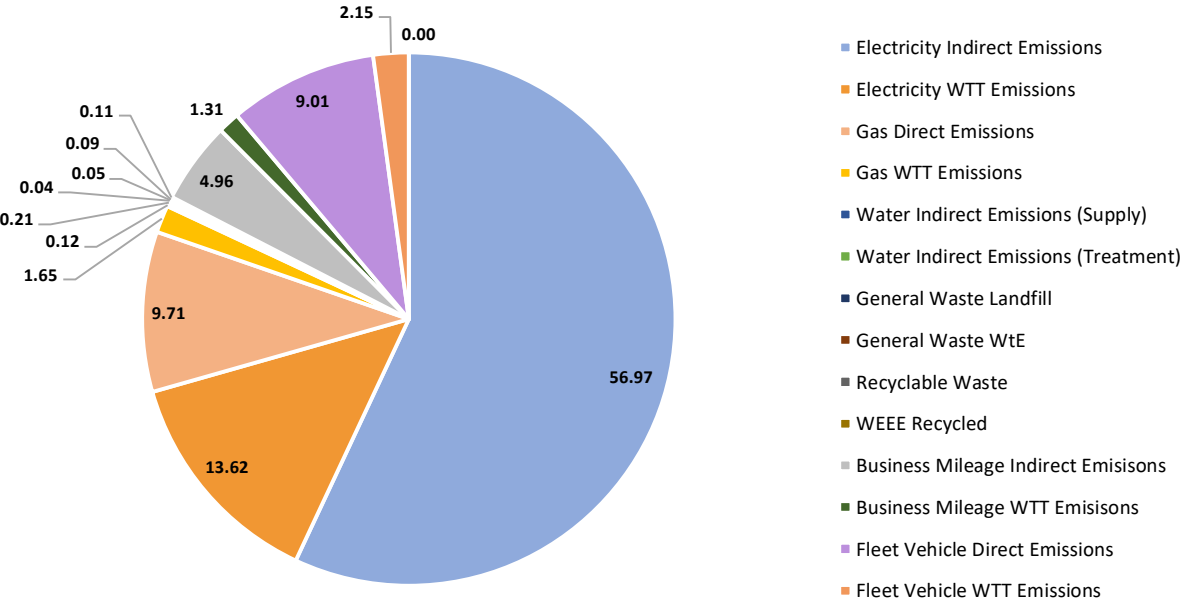
Sustainable Transport Update

- Two additional EV charging points have been installed at TGA. This now brings the total number charging points available at TGA to 8.
- Four sites have EV chargers available for staff to use. DHCW currently has three EV fleet vehicles used by Corporate Services and Client Services.
- Facilities such as bicycle racks, showers and changing rooms are available at several sites that enable staff to make more sustainable commutes. In addition to this, the availability of homeworking for all staff has reduced the need for commuting.

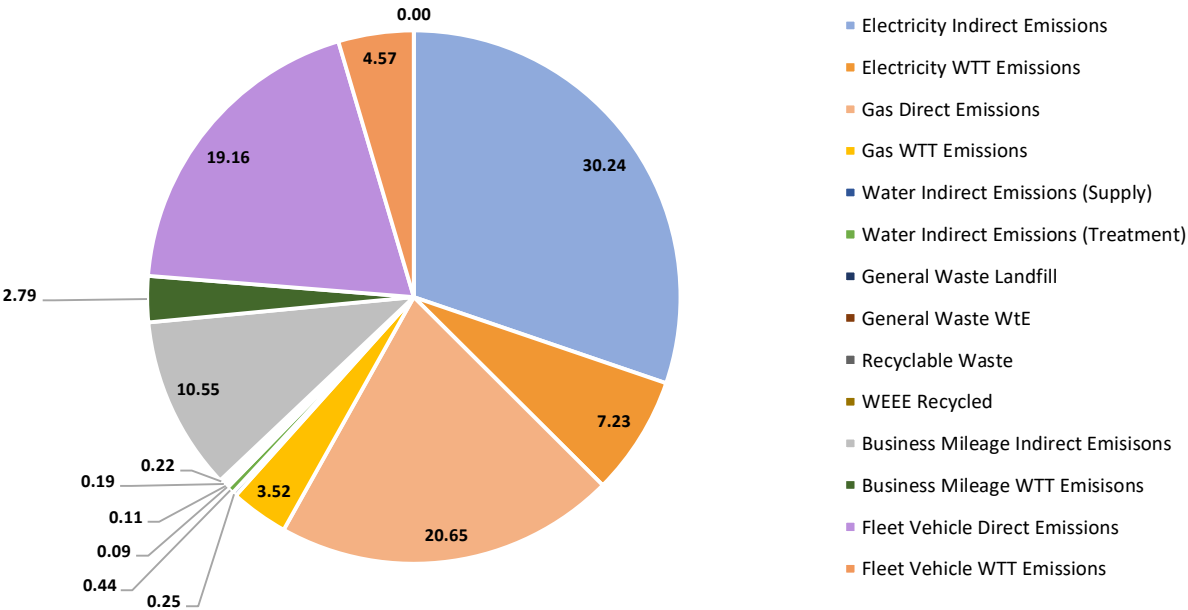
CARBON FOOTPRINT 22/23

Emissions	Performance (22/23 QTR 1) vs Baseline (19/20 QTR 1):	Carbon Footprint 22/23:	Carbon Footprint per m2:	Carbon Footprint per person:
Gross	-51%	83.659 MtCO2e	0.013 MtCO2e	0.095 MtCO2e
Net	-50%	39.338 MtCO2e	0.006 MtCO2e	0.044 MtCO2e

Gross Emisisions (%)



Net Emissions (%)



*Our Net emissions are calculated based on Gross emissions minus REGO supplied electricity.